

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Tammy Baldwin for Senate						
ADDRESS (number and street) PO Box 696						
CITY Madison		STATE WI		ZIP CODE 53701		
2. NAME OF CANDIDATE Baldwin, Tammy, , ,			3. OFFICE SOUGHT (State and District) Senate WI		4. FEC IDENTIFICATION NUMBER C00326801	
5. IS THIS AN AMENDMENT? ☐ NO, THIS IS A NEW FILING ☒ YES, IT AMENDS THE NOTICE FILED ON 11 / 03 / 2024						
A. FULL NAME Bradford, Betsy, , ,			Name of Employer Information Requested		Date (month, day, year) 10/18/2024	
MAILING ADDRESS 1201 Yale Pl			Transaction ID : 14479797		Amount 1000.00	
CITY Minneapolis	STATE MN	ZIP CODE 55403-1901	Occupation Information Requested			
B. FULL NAME Carrington, Martin, , ,			Name of Employer Information Requested		Date (month, day, year) 10/18/2024	
MAILING ADDRESS 37538 N 104Th Pl			Transaction ID : 14480463		Amount 2500.00	
CITY Scottsdale	STATE AZ	ZIP CODE 85262-3472	Occupation Information Requested			
C. FULL NAME Coyle, Sheila, R, ,			Name of Employer N/A		Date (month, day, year) 10/18/2024	
MAILING ADDRESS PO Box 1153			Transaction ID : 14480034		Amount 1000.00	
CITY Bayfield	STATE WI	ZIP CODE 54814-1153	Occupation Not Employed			
D. FULL NAME Currie, Mary, C, ,			Name of Employer N/A		Date (month, day, year) 10/18/2024	
MAILING ADDRESS 1401 North Pkwy			Transaction ID : 14480281		Amount 1000.00	
CITY Midland	STATE MI	ZIP CODE 48640-3392	Occupation Retired			
E. FULL NAME Flaws, James, B, ,			Name of Employer N/A		Date (month, day, year) 10/18/2024	
MAILING ADDRESS 138 W Hill Ter			Transaction ID : 14515332		Amount 3300.00	
CITY Painted Post	STATE NY	ZIP CODE 14870-1002	Occupation Retired			
SIGNATURE (optional) Childers, Michael, , ,				DATE 01/30/2025	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov	

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 03/2016)

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Schram, Henry, , ,		Name of Employer	
2 Melrose Ln		N/A	
Mendham NJ 07945-1300		Date (month, day, year) 10/18/2024	
		Amount 2500.00	
		Transaction ID : 14453808	
		Occupation	
		Retired	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Seevak, Alison, , ,		Name of Employer	
1079 Neilson St		N/A	
Albany CA 94706-2448		Date (month, day, year) 10/18/2024	
		Amount 1000.00	
		Transaction ID : 14532736	
		Occupation	
		Not Employed	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Sherwin, Julia, , ,		Name of Employer	
6260 Castle Dr		Haddad & Sherwin LLP	
Oakland CA 94611-2740		Date (month, day, year) 10/18/2024	
		Amount 1000.00	
		Transaction ID : 14479931	
		Occupation	
		Civil Right Lawyer	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Stevens, Margaret, E, ,		Name of Employer	
N9284 S Koro Rd		N/A	
Ripon WI 54971-9567		Date (month, day, year) 10/18/2024	
		Amount 1000.00	
		Transaction ID : 14526326	
		Occupation	
		Retired	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Sulmasy, Lori, L, ,		Name of Employer	
3502 Dennett Dr		N/A	
Apt 204		Date (month, day, year) 10/18/2024	
Madison WI 53714-2854		Amount 1000.00	
		Transaction ID : 14480190	
		Occupation	
		Retired	

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Wisconsin Association Of Campground Owners PAC N1503 State Road 22 Montello WI 53949-8719		Name of Employer Date (month, day, year) 10/18/2024 Amount 1000.00 Transaction ID : 14453845 Occupation	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Date (month, day, year) Amount	
		Occupation	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Date (month, day, year) Amount	
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D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Date (month, day, year) Amount	
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