

Note: Use of this form is required by the Ethics Commission for reporting campaign finance activity. Completion of this form is mandatory for local committees. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

Office Use Only

Received 1/15/26 @ 3:37 pm - MRH

Is this report an amendment? Yes No

COMMITTEE IDENTIFICATION			
Committee Name	Committee to Elect Anne O'Connor		
Mailing Address	5838 N Shore Drive, Whitefish Bay, WI 53217		
Email	annefor1mke@gmail.com	Daytime Phone	414-208-9822

FILING PERIOD			
<input checked="" type="checkbox"/> January Continuing	<input type="checkbox"/> Spring Pre-Primary	<input type="checkbox"/> Fall Pre-Primary	<input type="checkbox"/> Special Pre-Primary
<input type="checkbox"/> July Continuing	<input type="checkbox"/> Spring Pre-Election	<input type="checkbox"/> September	<input type="checkbox"/> Special Pre-Election
	<input type="checkbox"/> Fall Pre-Election	<input type="checkbox"/> Special Post-Election	
Report Year			2026
Is this a Termination Report?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS			
	This Period	Year-to-Date	<i>Office Use Only</i>
Beginning Cash On-Hand	\$ 6.00		
1. Money Received (Receipts)			
1-A. Monetary Contributions from Individuals	\$ 2,049.00	\$ 2,049.00	
1-B. Monetary Contributions from Committees (Transfers-In)			
1-C. Other Income and Commercial Loans			
<i>Total Monetary Receipts</i>	\$ 2,049.00	\$ 2,049.00	
2. Money Spent (Disbursements)			
2-A. Gross Monetary Expenditures	\$ -	\$ -	
2-B. Monetary Contributions to Committees (Transfers-Out)			
<i>Total Monetary Disbursements</i>	\$ -	\$ -	
Ending Cash On-Hand	\$ 2,055.00		

SUMMARY OF OUTSTANDING DEBTS			
3-A. Incurred Obligations (Unpaid Bills)	\$ -		
3-B. Outstanding Loan Balance	\$ -		

I certify that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.

Tracy Rothman

Tracy Rothman

14-Jan-26

Signature of the candidate or treasurer

Print Name

Date

Other Income and Commercial Loans

Date	Name	Address	City	ST	Zip	Reason for Income	Comments	Amount
------	------	---------	------	----	-----	-------------------	----------	--------

Gross Monetary Expenditures

Date	Name	Address	City	ST	Zip	Purpose	Comments	Amount
------	------	---------	------	----	-----	---------	----------	--------

Monetary Contributions to Committees (Transfers-Out)

Date	Committee Name	Address	City	ST	Zip	Comments	Amount
------	----------------	---------	------	----	-----	----------	--------

Incurred Obligations Excluding Loans (Unpaid Bills)

Date	Name	Address	City	ST	Zip	Purpose	Outstanding Balance, Beginning of Period	New Obligation This Period	Outstanding Balance, Close of Period
------	------	---------	------	----	-----	---------	--	----------------------------	--------------------------------------

