

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
DANE COUNTY CLER
JANUARY 15, 2026**

Is this report an amendment? Yes No

COMMITTEE IDENTIFICATION			
Committee Name	Rick Rose for Dane County		
Mailing Address	[REDACTED], Madison, WI 53718		
Email	rickrosefordanecounty@gmail.com	Daytime Phone	414-403-6286

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			<i>Office Use Only</i>
	This Period	Year-to-Date	
Beginning Cash On-Hand	\$ -		
1. Money Received (Receipts)			
1-A. Monetary Contributions from Individuals	\$ 510.00		
1-B. Monetary Contributions from Committees (Transfers-In)	\$ -		
1-C. Other Income and Commercial Loans	\$ -		
<i>Total Monetary Receipts</i>	\$ 510.00	\$ -	
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	\$ 510.00		

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.



Signature of the candidate or treasurer _____ Print Name _____ Date _____

Monetary Contributions from Individuals (Including Loans from Individuals)

Date	Name	Address	City	ST	Zip	Occupation	Comments	Amount
12/18/25	Corinne Ponce	772 N Brand Blvd	San Fernando	CA	91340			\$ 10.00
12/18/25	Corinne Ponce	772 N Brand Blvd	San Fernando	CA	91340			\$ 500.00

Monetary Contributions from Committees (Transfers-In)

Date	Committee Name	Address	City	ST	Zip	Comments	Amount
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Other Income and Commercial Loans

Date	Name	Address	City	ST	Zip	Reason for Income	Comments	Amount
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Gross Monetary Expenditures

Date	Name	Address	City	ST	Zip	Purpose	Comments	Amount
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Monetary Contributions to Committees (Transfers-Out)

Date	Committee Name	Address	City	ST	Zip	Comments	Amount
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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
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Loans (Personal, Committee, Commercial)

Date	Name	Address	City	ST	Zip	Guarantor (if Any)	Outstanding Balance, Beginning of Period	New Loan Amount This Period	Outstanding Balance, Close of Period
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