

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 Ann Roe for Congress																						
ADDRESS (number and street) PO Box 1075																						
CITY Janesville	STATE WI	ZIP CODE 53547																				
2. NAME OF CANDIDATE Roe, Ann, , ,		3. OFFICE SOUGHT (State and District) House WI 01		4. FEC IDENTIFICATION NUMBER C00784587																		
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">A. FULL NAME Campbell, William, , ,</td> <td style="padding: 5px;">Name of Employer Aurora Medical Group</td> <td style="padding: 5px;">Date (month, day, year) 10/31/2022</td> <td style="padding: 5px;">Amount 1000.00</td> </tr> <tr> <td colspan="3" style="padding: 5px;">MAILING ADDRESS 4965 S Nicolet Dr</td> <td colspan="2" style="padding: 5px;">Transaction ID : 14478972</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY New Berlin</td> <td style="padding: 5px;">STATE WI</td> <td style="padding: 5px;">ZIP CODE 53151-7657</td> <td colspan="2" style="padding: 5px;">Occupation Anesthesiologist</td> <td></td> </tr> </table>					A. FULL NAME Campbell, William, , ,			Name of Employer Aurora Medical Group	Date (month, day, year) 10/31/2022	Amount 1000.00	MAILING ADDRESS 4965 S Nicolet Dr			Transaction ID : 14478972			CITY New Berlin	STATE WI	ZIP CODE 53151-7657	Occupation Anesthesiologist		
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SIGNATURE (optional) Spellman, Cheryl, , , [Electronically Filed]			DATE 11/02/2022		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																	

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FEC FORM 6
(Revised 03/2016)