

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

RECEIVED-CITY OF MADISON
CLERKS OFFICE

Is This Report an Amendment: Yes No

05 FEB -7 PM 3:02

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

LAUREN CNARE FOR CITY COUNCIL

Street Address

5218 KEVINS WAY

City, State and Zip Code

MADISON WI 53714

OFFICE USE ONLY

WSEB ID Number:

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

January Continuing Pre-Primary 05 Spring Fall Special
 July Continuing Pre-Election Spring Fall Special

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

Column A
This Period

Column B
Calendar
Year-To-Date

Audited Totals
Office Use Only

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals

\$ 705.39 \$ 705.39

1B. Contributions from Committees (Transfers-In)

\$ 200.00 \$ 200.00

1C. Other Income and Commercial Loans

\$.10 \$.10

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ 905.39 \$ 905.39

2. DISBURSEMENTS

2A. Gross Expenditures

\$ 605.24 \$ 605.24

2B. Contributions to Committees (Transfers-Out)

\$ 0 \$ 0

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ 605.24 \$ 605.24

CASH SUMMARY

Cash Balance Beginning of Report

\$ 0

Total Receipts

\$ 905.39

Subtotal

\$ 905.39

Total Disbursements

\$ 605.24

CASH BALANCE END OF REPORT

\$ 300.15

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$ 0

LOANS (Balance at the Close of This Period-3B)

\$ 500.00

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

Type or Print Name of Candidate or Treasurer

LAUREN CNARE

Signature of Candidate or Treasurer

Lauren Cnare

Date:

2/6/05

Daytime Phone:

608-224-1242

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
LAUREN CNARE FOR CITY COUNCIL

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (If year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1/18/05	LAUREN CNARE RALPH RUSSO 2518 KEVINS WAY MADISON WI 53714	RUSSO-WISC. UNION, THEATRE DIRECTOR WISC. UNION 803 LA NISSON MAD WI 53706	500.00	500.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input checked="" type="checkbox"/> Loan	CNARE - CONSULTANT (HOME ADDRESS)		
1/15/05	JULIE LAUNDRIE 117 COACH HOUSE MAD WI 53714		40.29	40.29
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
1/23/05	DOREN BURTON 2607 WITTEWOOD LN COTTAGE GROVE WI 53527		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
1/25/05	DONALD JONES 1213 N SHERMAN AVE MAD WI 53704-4236		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
1/26/05	DAVID DEFELICE 6302 DOMINION DR MAD WI 53718		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
1/26/05	DENNIS COYIER 2866 ALYDAR WAY COTTAGE GROVE WI 53527		15.00	15.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
1/29/05	EDWARD OLSON 2903 N STOWELL AVE MIL WI 53211-3350		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
1/31/05	SUMMIT CREDIT UNION CORRECTION PUT ON IC		0	0
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$705.29
TOTAL ITEMIZED CONTRIBUTIONS \$705.29
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS \$
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$705.29

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
LAUREN CNARE FOR CITY COUNCIL

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
1, 24, 05	DEMOCRATIC PARTY OF DANE CO. PO BOX 2082 MAD WI 53701-2082 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# 300 032	200.00	200.00	
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 200.00		
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 200.00		

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name

LAUREN CHAPE FOR CITY COUNCIL

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /				
1/31/05	SUMMIT CREDIT UNION MADISON WI 537	INTEREST	.10	
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SUBTOTAL OTHER INCOME THIS PAGE			\$ 0	
TOTAL ITEMIZED OTHER INCOME			\$ 0	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$.10	.10
TOTAL OTHER INCOME			\$.10	

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
LAUREN COARE FOR CITY COUNCIL

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
1/15/05	30 KINKOS 3906 E. WASHINGTON AVE MAD WI 53704	LITERATURE PRINTING	40.29	
	Check if: <input checked="" type="checkbox"/> In-Kind Offset			
1/24/05	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made SUMMIT CREDIT UNION	Specific Purpose of Expenditure CHECK PRINTING	Amount 11.25	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
1/27/05	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made US POSTMASTER 3902 MILWAUKEE ST MADISON WI 53704	Specific Purpose of Expenditure STAMPS FOR DONATION APPEAL LTRS	Amount 37.00	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
1/28/05	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made STAPLES 6580 MONONA DR MADISON WI 53716	Specific Purpose of Expenditure LABELS & ENVELOPES	Amount 13.90	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
1/31/05	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made SUMMIT CREDIT UNION	Specific Purpose of Expenditure BANK FEES	Amount 2.80	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
1/28/05	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made THE SHOP 100 S. BALDWIN ST STE 205 MAD WI 53703	Specific Purpose of Expenditure CONSULTING, LIT. DESIGN, AND WALK LISTS	Amount 500.00	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
1/1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
1/1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
1/1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 605.24	
TOTAL ITEMIZED EXPENDITURES			\$ 605.24	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$ 605.24	

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
LAUREN CNARE FOR CITY COUNCIL

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
1 / 1	LAUREN CNARE RALPH RUSSO 5218 KEVINS WAY MADISON WI 53714	0	\$ 50000 0		\$ 500.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
LAUREN CNARE 5218 KEVINS WAY MAD WI 53714	SELF + SPOUSE PUB. RELATIONS CONSULTANT
RALPH RUSSO 5218 KEVINS WAY MAD WI 53714	IN OTHER WORDS 5218 KEVINS WAY MAD 53714 Amount Guaranteed Outstanding \$ 250.00
RALPH RUSSO 5218 KEVINS WAY MAD WI 53714	DIRECTOR UNION THEATRE Name and Address of Employer 425 UNION GOD WAREDON ST MAD WI 53704 Amount Guaranteed Outstanding \$ 250.00

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
1 / 1					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
1 / 1					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 500.00

TOTAL OUTSTANDING LOANS \$ 500.00