

07 JUL 20 PM 2:13

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is this report and amendment?  YES  NO

**COMMITTEE IDENTIFICATION**

Name of Committee: Lauren Cnare for City Council  
 Street Address: 5218 Kevins Way  
 City State Zip: Madison WI 53714-3412

OFFICE USE ONLY  
WSEB ID Number: CFC80

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

**NAME OF REPORT**

January Continuing 2007     Pre-Primary \_\_\_\_     Spring \_\_\_\_     Fall \_\_\_\_     Special \_\_\_\_     Termination Report

July Continuing 2007     Pre-Election     Spring 2007     Fall \_\_\_\_     Special \_\_\_\_

<b>SUMMARY OF RECEIPTS AND DISBURSEMENTS</b>	Column A This Period	Column B Calendar Year-To- Date	Audited Totals Office Use Only	
<b>1. RECEIPTS</b>				
1A Contributions (including loans) from Individuals	\$100 00	\$200 00	-0-	100
1B Contributions from Committees (transfers in)	\$0 00	\$0	100	100
1C Other Income and Commercial Loans	\$0 80	\$1 11		
<b>TOTAL RECEIPTS (Totals 1A, 1B and 1C)</b>	\$100 80	\$201 11		

<b>2. DISBURSEMENTS</b>	Column A This Period	Column B Calendar Year-To- Date	Audited Totals Office Use Only	
2A Gross expenditures	\$0 00	\$0 00		
2B Contributions to Committees (transfers out)	\$0 00	\$0 00		
<b>TOTAL DISBURSEMENTS (Totals 2A and 2B)</b>	\$0 00	\$0 00		

<b>CASH SUMMARY</b>				
Cash Balance Beginning of Report	\$416 96			
Total Receipts	\$100 80			
Subtotal	\$517 76			
Total Disbursements	\$0 00			
<b>CASH BALANCE AT END OF REPORT</b>	\$517 76			
<b>INCURRED OBLIGATIONS</b> (Balance at close of this period 3B)	\$0 00			
<b>LOANS</b> (Balance at close of this period 3B)	\$500 00			

Contribution from committee - should have been recorded on schedule 1 B

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

Candidate Name or Treasurer Lauren Cnare	Candidate signature or treasurer <i>Lauren Cnare</i>	Date: 7/19/07 Daytime phone 608/224-1292
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**SCHEDULE 1-A**

**RECEIPTS**  
Contributions (Including Loans) From Individuals

Complete Committee Name: Lauren Chare 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 \$100	Calendar Year-to-Date Total \$100
3/30/07	United Brotherhood of Carpenters and Joiners of America 1602 S Park St. Madison WI 53715			Office Use
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
				Office Use
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 \$100
				Office Use
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
				Office Use
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
				Office Use
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
				Office Use
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
				Office Use
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
				Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$100 00	
TOTAL ITEMIZED CONTRIBUTION			\$100 00	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$0	
TOTAL CONTRIBUTIONS FROM INDIVIDUALS			\$100 00	

**SCHEDULE 1-C**

**RECEIPTS**  
Other Income and Commercial Loans

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 Source of Income	Type of Income	Amount	Office Use
3/31/07	Summit Credit Union PO Box 8046 Madison WI 53708	interest	17	
4/30/07	Summit Credit Union PO Box 8046 Madison WI 53708	interest	21	
5/31/07	Summit Credit Union PO Box 8046 Madison WI 53708	interest	21	
6/30/07	Summit Credit Union PO Box 8046 Madison WI 53708	interest	21	
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
SUBTOTAL OTHER INCOME THIS PAGE			\$0.80	
TOTAL ITEMIZED OTHER INCOME			\$0	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$0	
TOTAL OTHER INCOME			\$0.80	

**SCHEDULE 3-B**

**ADDITIONAL DISCLOSURES**  
**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 1/18/05	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
	Lauren Cnare & Ralph Russo 5218 Kevins Way Madison WI 53714	\$500 00	\$00 00	\$0	\$500 00
List All Endorsers of Guarantors (if any) Self and spouse					
Full Name, Mailing Address and Zip Code of Guarantor Lauren Cnare 5218 Kevins Way Madison WI 53714		Occupation PR Consultant Communications Specialist Name and Address of Employer In Other Words 5218 Kevins Way Madison WI 53714 Wisconsin Primary Health Care Association 4800 American Parkway Suite 204 Madison WI 53719 Amount Guaranteed Outstanding \$250 00			
Full Name, Mailing Address and Zip Code of Guarantor Ralph Russo 5218 Kevins Way Madison WI 53714		Occupation Cultural Arts Director Name and Address of Employer Wisconsin Union 800 Langdon St Madison WI 53703 Amount Guaranteed Outstanding \$250 00			
SUBTOTAL OUTSTANDING LOANS THIS PAGE				\$500 00	
TOTAL OUTSTANDING LOANS				\$500 00	