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**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is this report an Amendment? **NO**

**COMMITTEE IDENTIFICATION**

Name of Committee **Kobza for School Board**

Address **308 New Castle Way**

City, State, ZIP **Madison, WI 53704**

OFFICE USE ONLY

WSEB # ID

Please check if address is different than previously reported

**NAME OF REPORT** Jan 20 Continuing Pre-Primary 20            Spring Fall Special  
(Please circle) July 2007 Continuing Pre-election 20            Spring Fall Special

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B YTD	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals	\$ -	\$ -		
B. Contributions from Committees (Transfers-In)	\$ -	\$ -		
C. Other Income and Commercial Loans	\$ -	\$ -		
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B, and 1C)	\$ -	\$ -		

**1. DISBURSEMENTS**

A. Gross Expenditures	\$ -	\$ -		
B. Contributions to Committees (Transfers-Out)	\$ 500.00	\$ 500.00		
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 500.00	\$ 500.00		

**CASH SUMMARY**

Cash Balance at Beginning of Report	\$ 649.27		
Total Receipts	\$ -		
Subtotal	\$ 649.27		
Total Disbursements	\$ 500.00		
<b>CASH BALANCE AT END OF REPORT</b>	\$ 149.27		
<b>INCURRED OBLIGATIONS</b> (at close of period)	\$ -		
<b>LOANS</b> (at close of period)	\$ 2,500.00		

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

*Barbara Schwank*

Signature of Candidate or Treasurer

*Barbara Schwank*

Date **7.19.07**

Daytime Phone **231-3954**

NOTE: The information on this form is required by ss. 11.06, 11.20, Wisconsin Stats  
Failure to provide this information may subject you to the penalties of 11.60, 11.62, Wisconsin Stats



# Kobza for School Board

Loans: Individual, Committee or Commercial

SCHEDULE 3-B

DATE	NAME	ADDRESS	CITY	ST	ZIP	Outstanding Balance Beg of Period	Cumulative Payments This Period	Outstanding Balance End of Period	Guarantor (if any) Name and Address
6/30/07	Lawrie Kobza	308 New Castle Way	Madison	WI	53704	\$ 2,500.00	\$ -	\$ 2,500.00	