

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN			OFFICE USE ONLY	
Is this report and amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
COMMITTEE IDENTIFICATION				
Name of Committee Lauren Cnare for City Council Street Address 5218 Kevins Way City State Zip Madison WI 53714-3412			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 <input type="checkbox"/>				
NAME OF REPORT				
<input type="checkbox"/> January Continuing 2009 <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special <input type="checkbox"/> Termination <input type="checkbox"/> July Continuing <input checked="" type="checkbox"/> Pre-Election 2009 <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special				
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	\$50 00	\$50 00		
1B Contributions from Committees (transfers in)	\$0 00	\$0 00		
1C Other Income and Commercial Loans	\$0 51	\$0 51		
TOTAL RECEIPTS (Totals 1A, 1B and 1C)	\$50 51	\$50 51		
2. DISBURSEMENTS				
2A Gross expenditures	\$0 00	\$0 00		
2B Contributions to Committees (transfers out)	\$0 00	\$0 00		
TOTAL DISBURSEMENTS (Totals 2A and 2B)	\$0 00	\$0 00		
CASH SUMMARY				
Cash Balance Beginning of Report	\$522 45			
Total Receipts	\$50 51			
Subtotal	\$572.96			
Total Disbursements				
CASH BALANCE AT END OF REPORT	\$572 96			
INCURRED OBLIGATIONS (Balance at close of this period 3B)	\$0 00			
LOANS (Balance at close of this period 3B)	\$500 00			

RECEIVED
 MAR 30 2009
 MADISON CITY CLERK

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: 3/29/09 Daytime phone 608/235-9179
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SCHEDULE 1-A

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
3/16/09	Matt Miller 5701 Running Deer Trail McFarland WI 53558 Conduit		\$50	\$50
				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
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			\$50 00	
TOTAL ITEMIZED CONTRIBUTION			\$50.00	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$0	
TOTAL CONTRIBUTIONS FROM INDIVIDUALS			\$50 00	

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 Lauren Cnare & Ralph Russo 5218 Kevins Way Madison WI 53714	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
		\$500 00	\$0 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 and Communications Specialist			
		Name and Address of Employer In Other Words 5218 Kevins Way Madison WI 53714 And Wisconsin Primary Health Care Association 4600 American Parkway Suite 204 Madison WI 53718			
		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 600 Langdon St Madison WI 53703			
		Amount Guaranteed Outstanding \$250 00			
SUBTOTAL OUTSTANDING LOANS THIS PAGE				\$500 00	
TOTAL OUTSTANDING LOANS				\$500 00	