

Campaign Finance Report Short Form EB-2a State Elections Board	W.S.E.B. ID Number
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<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special	Pre-Primary _____	<input type="checkbox"/> Continuing Report due Jan 31, _____
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special	Pre-Election _____	<input checked="" type="checkbox"/> Continuing Report due July 20, <u>2009</u>

Name of Candidate or Committee (in full) Silveira for School Board
Address (number and street) 5760 Barbara Drive
City, State, Zip Fitchburg, WI 53711

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec 11.06(9), Stats.

Signature of Committee Treasurer or Candidate <u>[Signature]</u>	Date <u>7-19-09</u>	Daytime Phone <u>608-233-3726</u>
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**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee: Silveira for School Board
 Street Address: 5760 Baubam Drive
 City, State and Zip Code: Fitchburg, WI 53711

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 Spring Fall Special
 July Continuing 2009 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	\$ 575.	\$ 2,367.	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$	\$
1C. Other Income and Commercial Loans	\$ 0	\$ 0	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 575.	\$ 2367	\$	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 773.96	\$ 3098.98	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 773.96	\$ 3098.98	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 4660.63	\$
Total Receipts	\$ 575.00	\$
Subtotal	\$ 5235.63	\$
Total Disbursements	\$ 773.96	\$
CASH BALANCE END OF REPORT	\$ 4461.67	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0	\$
LOANS (Balance at the Close of This Period-3B)	\$ 0	\$

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 <u>Baubam J. Katz</u>	Signature of Candidate or Treasurer 	Date: <u>7.19.09</u> Daytime Phone: <u>608.233.3726</u>
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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.

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax: 608-267-0500

Complete Committee Name
Silveira for School Board

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
3/29/09	Jane + James Behrens 4202 Wanevah Trail Madison WI 53711		25.	25. Office Use
3/31/09	Susan O'Leary + James Roseberry 2220 West Lawn Ave Madison 53711		50.	50. Office Use
4/3/09	William Linton 5846 Persimmon St. Fitchburg, WI 53711	CEO, Promega, Inc.	500.	500. Office Use
/ /				Office Use
/ /				Office Use
/ /				Office Use
/ /				Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 575.

TOTAL ITEMIZED CONTRIBUTIONS

\$ 575.

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 575.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Silveira for School Board

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
4/11/09	Badger Herald 326 Graham St. Madison WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	advertising	443.10	
5/29/09	Arlene Silveira 5760 Barbara Drive Pekin WI 53711 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Victory Park	330.86	
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 773.96	
TOTAL ITEMIZED EXPENDITURES			\$ 773.96	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 0	
TOTAL EXPENDITURES			\$ 773.96	