

late

**REPORT OF INDEPENDENT DISBURSEMENTS  
STATE OF WISCONSIN**

OFFICE USE ONLY

CAMPAIGN ORGANIZATION MAKING INDEPENDENT DISBURSEMENTS		NAME OF REPORT			
Name of Organization or Individual <i>Citizens for Madison's Future</i>		<input type="checkbox"/> January	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Spring	
Street Address <i>PO BOX 1004</i>		<input type="checkbox"/> Continuing	<input type="checkbox"/> Pre-Election	<input type="checkbox"/> Fall	
City, State and Zip Code <i>Madison, Wis. 53701-1004</i>		<input type="checkbox"/> July	<input type="checkbox"/> Special Report of Late Independent Disbursement	<input type="checkbox"/> Special	
		<input type="checkbox"/> Continuing			

ATTACH ADDITIONAL SHEETS IF NECESSARY

Date Paid	Name and Address of Person or Business to Whom Payment Was Made	Purpose	Amount This Period	Candidate(s) Affected by Disbursement(s) (Include Office Sought)	Supported	Opposed	Office Use Only
	<i>First Class Mailers 415 N. Fair Oaks Ave Madison, Wis. 53714</i>	<i>Campaign literature &amp; postage</i>	<i>\$449.34</i> <i>\$474.50</i>	<i>Aaron Becker</i> <i>Isadore Kutz, JR</i>	<i>X</i> <i>X</i>		

I, *CAROL BROOKS* certify that the information in this report is true, correct and complete.

*Carol Brooks*  
Signature of Individual or Treasurer

*2/15/05*  
Date

THE INFORMATION ON THIS FORM IS REQUIRED BY ss. 11.06 (1), (j), (7), 11.12(6), 11.20, STATS.  
FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF ss. 11.60, 11.61, 11.66, STATS.  
THIS FORM IS PRESCRIBED BY THE STATE ELECTIONS BOARD, 132 EAST WILSON STREET, SUITE 200, P.O. BOX 2973, MADISON, WI 53702 (608) 266-8005

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3/23/05	First Class Mailers 415 N. Fair Oaks Ave. Madison, Wis. 53714	Postage & mailing services	\$346.77	Isadora Knox	X		
		Postage & mailing services	\$383.10	Larry Palm	X		
3/23/05	Capital Printing 222 S. Baldwin St. Madison, Wis. 53703	Printing	\$227.88	Isadora Knox	X		
		Printing	\$232.16	Larry Palm	X		

I, *Carol Brooks* certify that the information in this report is true, correct and complete.

*Carol Brooks*  
Signature of Individual or Treasurer

*3/24/2005*  
Date

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RECEIVED CITY OF MADISON  
CLERKS OFFICE

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This is an amendment

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STATE OF WISCONSIN

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Street Address <i>PO BX 1004</i>	<input type="checkbox"/> July Continuing _____	<input checked="" type="checkbox"/> Pre-Election _____	<input type="checkbox"/> Fall	
City, State and Zip Code <i>Madison Wis. 53701-1004</i>	<input type="checkbox"/> Special Report of Late Independent Disbursement			<input type="checkbox"/> Special

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2/16/05	First Class Mailers 415 1/2 Fair Oaks Avenue Madison	Campaign literature handling, mailing + postage	\$449.34	ARON Brooks	X		
	First Class Mailers	lit., handling + postage	\$474.50	Isadore Knox	X		
2/10/05	Capital Printing 2212 S. Baldwin St. Madison 53703	Printing services	\$231.05	ARON Brooks	X		
2/10/05	Capital Printing	Printing Services	\$231.05	Isadore Knox	X		

I, CAROL BROOKS certify that the information in this report is true, correct and complete.

Carol Brooks  
Signature of Individual or Treasurer

3/28/05  
Date

THE INFORMATION ON THIS FORM IS REQUIRED BY ss. 11.06 (1), (j), (7), 11.12(6), 11.20, STATS.  
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