

**REPORT OF INDEPENDENT DISBURSEMENTS  
STATE OF WISCONSIN**

**OFFICE USE ONLY**

<b>CAMPAIGN ORGANIZATION MAKING INDEPENDENT DISBURSEMENTS</b>		<b>NAME OF REPORT</b>		
Name of Organization or Individual <i>MADISON PROFESSIONAL POLICE OFFICERS ASSOCIATION</i>	<input type="checkbox"/> January Continuing _____ <input type="checkbox"/> July Continuing _____ <input checked="" type="checkbox"/> Special Report of Late Independent Disbursement	<input type="checkbox"/> Pre-Primary _____ <input checked="" type="checkbox"/> Pre-Election <i>2009</i>	<input checked="" type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special	
Street Address <i>P.O. Box 1188</i>				
City, State and Zip Code <i>MADISON, WI 53701-1188</i>				

**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>03/26/09</i>	<i>BADGER HERALD 326 W. GORTHAM ST MADISON, WI 53703</i>	<i>NEWSPAPER ADVERTISE MENT</i>	<i>\$1552<sup>42</sup></i>	<i>BRADLET MANIACI</i>	<input checked="" type="checkbox"/>		

I, *SCOTT A. FAVOUR* certify that the information in this report is true, correct and complete.

*Scott A Favour*  
Signature of Individual or Treasurer

*03/26/09*  
Date

**RECEIVED**  
MAR 27 2009  
MADISON CITY CLERK

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

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<b>CAMPAIGN ORGANIZATION MAKING INDEPENDENT DISBURSEMENTS</b>		<b>NAME OF REPORT</b>		
Name of Organization or Individual <i>MADISON PROFESSIONAL POLICE ASSOCIATION</i>	<input type="checkbox"/> January Continuing _____ <input type="checkbox"/> July Continuing _____ <input checked="" type="checkbox"/> Special Report of Late Independent Disbursement	<input type="checkbox"/> Pre-Primary _____	<input checked="" type="checkbox"/> Spring	
Street Address <i>P.O. BOX 1188</i>		<input checked="" type="checkbox"/> Pre-Election <i>2009</i>	<input type="checkbox"/> Fall	
City, State and Zip Code <i>MADISON, WI 53701-1188</i>			<input type="checkbox"/> Special	

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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>03/26/09</i>	<i>DAILY CARDINAL MEDIA CORPORATION 2142 VILAS HALL 821 UNIVERSITY AVE MADISON, WI 53706</i>	<i>NEWS PAPER AD</i>	<i>\$900</i>	<i>BRADLET MANIACI</i>	<input checked="" type="checkbox"/>		

I, *SCOTT A. FAVOUR* certify that the information in this report is true, correct and complete.

*Scott A Favour*  
Signature of Individual or Treasurer

*03/26/09*  
Date

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<b>CAMPAIGN ORGANIZATION MAKING INDEPENDENT DISBURSEMENTS</b>		<b>NAME OF REPORT</b>		
Name of Organization or Individual <i>Madison Professional Police Officers Association</i>		<input type="checkbox"/> January	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Spring
Street Address <i>P.O. Box 1188</i>		<input type="checkbox"/> Continuing	<input type="checkbox"/> Pre-Election	<input type="checkbox"/> Fall
City, State and Zip Code <i>Madison, WI. 53703</i>		<input type="checkbox"/> July	<input type="checkbox"/> Pre-Election	<input type="checkbox"/> Special
		<input checked="" type="checkbox"/> Special Report of Late Independent Disbursement		

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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>03/25/09</i>	<i>Littel Printing Company LLC.</i>	<i>Literature Drop/Advertising.</i>	<i>\$113<sup>94</sup></i>	<i>Bridget Maniaci FOR District # 2</i>	<i>X</i>		
				<i>Brenda Konkei - District # 2</i>		<i>X</i>	

I, *David B. Samson* certify that the information in this report is true, correct and complete.

*David B. Samson*  
Signature of Individual or Treasurer

*03/25/09*  
Date

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MAR 25 2009  
MADISON CITY CLERK