

**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"/> Pre-Primary _____	<input checked="" type="checkbox"/> Spring
Street Address <i>P.O. BOX 1188</i>		<input type="checkbox"/> July Continuing _____	<input checked="" type="checkbox"/> Pre-Election <i>2009</i>	<input type="checkbox"/> Fall
City, State and Zip Code <i>Madison, WI 53703</i>		<input type="checkbox"/> Special Report of Late Independent Disbursement		

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>02/26/09</i>	<i>Adams outdoor.</i>	<i>IS 11 BOARD Advertising</i>	<i>\$1500<sup>00</sup></i>	<i>Bridget Maniaci FOR DISTRICT # 2</i>	<i>X</i>		

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

*David R. Samson* Signature of Individual or Treasurer

*03/30/09* 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 P.O. BOX 2973, MADISON, WI 53701-2973 (608) 266-8005  
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