

Local #21 IUPA-AFL-CIO

OFFICE: 6310 WEST BLUEMOUND ROAD, MILWAUKEE, WI 53213
 PHONE: (414) 778-0740 • FAX: (414) 778-0757 • e-mail: police@execpc.com
 www.milwaukeekeepoliceassoc.com

John A. Balcerzak
 President

Thomas E. Fischer
 Vice-President

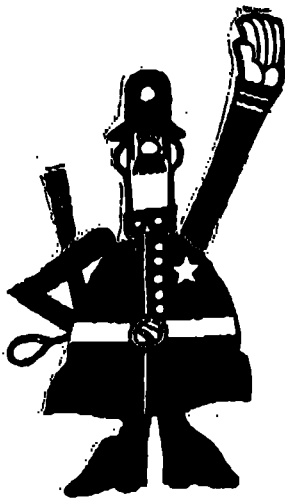
Mark A. Sikora
 Secretary/Treasurer

John T. Belsha
 Troy K. Jankowski

Trustees:
 Mark D. Buetow
 Christopher A. Moews

Office Secretaries: Debra Schneider, Candy Johnson

"THE FAX MA'AM, JUST THE FAX"



DATE: 10/23/2008 TIME: 1:00 PM

TO: FEC

COMPANY/FIRM: FEDERAL ELECTION COMMISSION

FAX NUMBER: 202-219-0174

FROM: DEBRA L. SCHNEIDER, TREASURER

NUMBER OF PAGES INCLUDING COVER: 5

HARD COPY TO FOLLOW IN U S MAIL: (YES) / NO

X

SEE ATTACHED

FOR YOUR INFORMATION

PER OUR DISCUSSION


MESSAGE: ATTACHED IS SCHEDULE E FOR THE POLICE OFFICER
POLITICAL ACTION COMMITTEE FEC ID # C00324673
24 HOUR ITEMIZED INDEPENDENT EXPENDITURES

The document(s) accompanying this facsimile transmission contain information from the sender which is confidential and/or privileged. This information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited and may constitute an invasion of the privacy of the intended recipient. If you have received this transmission in error, if it is incomplete or illegible, or if you have any questions concerning the documents received, please contact the Milwaukee Police Association at 414-778-0740

28039893118

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1 OF 4
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) POLICE OFFICER POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER C00324673	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle Initial) of Payee MILWAUKEE JOURNAL SENTINEL		Date 10 23 2008	
Mailing Address 333 WEST STATE STREET		Amount 21375	
City State Zip Code MILWAUKEE WI 53203			
Purpose of Expenditure NEWSPAPER AD		Category/Type 004	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN MCCAIN		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 21375		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee MILWAUKEE JOURNAL SENTINEL		Date 10 23 2008	
Mailing Address 333 WEST STATE STREET		Amount 21375	
City State Zip Code MILWAUKEE WI 53203			
Purpose of Expenditure NEWSPAPER AD		Category/Type 004	
Name of Federal Candidate Supported or Opposed by Expenditure: PAUL RYAN		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 21375		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures		42750	
(b) SUBTOTAL of Unitemized Independent Expenditures		00	
(c) TOTAL Independent Expenditures		171000	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature 		Date 10 23 2008	

28039893119

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE **2** OF **4**
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) POLICE OFFICER POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER C00324673	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle Initial) of Payee MILWAUKEE JOURNAL SENTINEL		Date 10 23 2008	
Mailing Address 333 WEST STATE STREET		Amount 21375	
City MILWAUKEE	State WI	Zip Code 53203	
Purpose of Expenditure NEWSPAPER AD		Category/Type 004	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 2	
Calendar Year-To-Date Per Election for Office Sought 21375		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee MILWAUKEE JOURNAL SENTINEL		Date 10 23 2008	
Mailing Address 333 WEST STATE STREET		Amount 21375	
City MILWAUKEE	State WI	Zip Code 53203	
Purpose of Expenditure NEWSPAPER AD		Category/Type 004	
Name of Federal Candidate Supported or Opposed by Expenditure: RON KIND		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 3	
Calendar Year-To-Date Per Election for Office Sought 21375		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures		42750	
(b) SUBTOTAL of Unitemized Independent Expenditures		00	
(c) TOTAL Independent Expenditures		171000	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Debra L. Schneider</u>		Date 10 23 2008	

28039893120

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3 OF 4
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) POLICE OFFICER POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER C00324673	
Check # <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle Initial) of Payee MILWAUKEE JOURNAL SENTINEL		Date 10 23 2008	
Mailing Address 333 WEST STATE STREET		Amount 21375	
City State Zip Code MILWAUKEE WI 53203			
Purpose of Expenditure NEWSPAPER AD		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 5	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: F. JAMES SENSENBRENNER			
Calendar Year-To-Date Per Election for Office Sought 21375		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee MILWAUKEE JOURNAL SENTINEL		Date 10 23 2008	
Mailing Address 333 WEST STATE STREET		Amount 21375	
City State Zip Code MILWAUKEE WI 53203			
Purpose of Expenditure NEWSPAPER AD		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 6	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: THOMAS E. PETRI			
Calendar Year-To-Date Per Election for Office Sought 21375		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures		42750	
(b) SUBTOTAL of Unitemized Independent Expenditures		00	
(c) TOTAL Independent Expenditures		171000	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u><i>Debra L. Schneider</i></u>		Date 10 23 2008	

28039893121

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**PAGE **4** OF **4**
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) POLICE OFFICER POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER C00324673	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle Initial) of Payee MILWAUKEE JOURNAL SENTINEL		Date 10 23 2008	
Mailing Address 333 WEST STATE STREET		Amount 21375	
City MILWAUKEE	State WI	Zip Code 53203	
Purpose of Expenditure NEWSPAPER AD	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 7
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID R. OBEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 21375		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee MILWAUKEE JOURNAL SENTINEL		Date 10 23 2008	
Mailing Address 333 WEST STATE STREET		Amount 21375	
City MILWAUKEE	State WI	Zip Code 53203	
Purpose of Expenditure NEWSPAPER AD	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 8
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN GARD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 21375		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures		42750	
(b) SUBTOTAL of Unitemized Independent Expenditures		00	
(c) TOTAL Independent Expenditures		171000	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Debra L. Schneider		Date 10 23 2008	

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
PREPARER

N/A
DATE PREPARED

(5/2004)

28039893123