"Macy Shubak" <Mshubak@gklaw.com> on 08/16/2004 05:36:46 PM

To: <202219017 4@fcc.gov>
cc: "Brian Dillon" <Bdillon@gklaw.com>, "Mike Witteswyler" <Mwitteslw@gklaw.com>, <egardiner1@yahoo.com>

Subject: Form 9

Dear Sir/Madam:

Attached for filing is a Form 9 signed on behalf of Committee for Milwaukee's Future. I am also simultaneously faxing the Form 9 to you.

Macy Shubak
Paralegal
LaFollette Godfrey & Kahn
One East Main Street, Suite 500
Madison, WI 53703
Direct Line: (608) 284-2629
Fax: (608) 257-0609
E-mail: mshubak@gklaw.com

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Form9Signed.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name
Committee For Milwaukee's Future

(b) Address (number and street) ☐ check, if different than previously reported
P.O. Box 510361

(c) City, State and ZIP Code
Milwaukee, WI 53203

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number
C

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period 08 / 12 / 2004 through 08 / 22 / 2004

5. (a) Date of Public Distribution(s) See Schedule 9-B (b) Communication Title

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes ☐ No ☒

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes ☐ No ☒

8. Custodian of Records

(a) Name
Elizabeth Gardiner

(b) Address (number and street)
P.O. Box 510361

(c) City, State and ZIP Code
Milwaukee, WI 53203

(d) Name of Employer or Principal Place of Business (e) Occupation

9. Total Donations This Statement 46,490.00

10. Total Disbursements/Obligations This Statement 46,490.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Elizabeth Gardiner

SIGNATURE Elizabeth Gardiner DATE 8/16/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business (e) Occupation

B. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business (e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business (e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business (e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business (e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor Chris Abele Mailing Address of Donor P.O. Box 510361 City State Zip Milwaukee, WI 53203	Date of Receipt 08 / 09 / 2004 Amount 4649000
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount

SUBTOTAL of Donations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee: Campaign Communications

Mailing Address of Payee: 2937 South Superior Street

City / State / Zip Code: Milwaukee, WI 53207

Date of Disbursement or Obligation: 08 / 09 / 2004

Amount: 46,490.00

Communication Date: 08 / 12 / 2004

Radio Advertisements --

Purpose of Disbursement (including title(s) of communication(s)): THRU 08/22/2004

"Promoting Leadership and Issues Affecting the Greater Milwaukee Area"

Name of Federal Candidate: Matt Flynn

Office Sought: [X] House [ ] Senate [ ] President — State: WI — District: 4

Disbursement/Obligation For: [X] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President — State: — District:

Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President — State: — District:

Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee

Mailing Address of Payee

City / State / Zip Code

Name of Employer / Occupation

Date of Disbursement or Obligation

Amount

Communication Date

Purpose of Disbursement (including title(s) of communication(s))

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President — State: — District:

Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President — State: — District:

Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President — State: — District:

Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 46,490.00

TOTAL This Period (last page this line number only) ▶ 46,490.00
(carry total from last page to line 10)

24038500258

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.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
	Delivery Confirmation ™ Label ☐
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☑ Other (Specify): E mail	Date of Receipt or Postmarked 8-17-04

PREPARER

8-17-04
DATE PREPARED

(5/2004)