Image# 201805229113313394				PAGE 1/4
FEC FORM 1	STATEME ORGANIZ			FAGE 174 —
			C	Office Use Only
I. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Milwaukee Polic	e Association PA	NC		
ADDRESS (number and street)	6310 West Bluemound Road			
(Check if address				
is changed)	Milwaukee			213-4147
			L L_I STATE ▲	
COMMITTEE'S E-MAIL ADD				
(Check if address is changed)	johnson@milwaukeeco	ops.org		
	Optional Second E-Mail Ad	ldress		
	polka@milwaukeeco	ops.org		
(Check if address is changed)	www.milwaukeepoliceassoc.			
2. DATE 05	22 / Y Y Y Y 2018			
3. FEC IDENTIFICATION	NUMBER ► C C	00324673		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	I this Statement and to the best	of my knowledge and belief	it is true, correct and	d complete.
Type or Print Name of Treasu	ırer Polka, Sarah, A, ,			
Signature of Treasurer	lka, Sarah, A, ,	[Electronically Filed]	Date 05	/ D D / Y Y Y Y Y 22 2018
NOTE: Submission of false, err	oneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing		e penalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

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TYPE OF (COMMITTEE			
Candidat	e Committee:			
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)			
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candida information below.)				
Name of Candidate				
Candidate Party Affilia	tion Office Sought: House Senate President District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Co	mmittee:			
(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party			
Political A	Action Committee (PAC):			
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is			
	Corporation Corporation w/o Capital Stock Labor Organization			
	Membership Organization Trade Association Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)			
In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint Fun	draising Representative:			
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
Committees Participating in Joint Fundraiser				
1.	FEC ID number			
2.	FEC ID number			
3.	FEC ID number			
4.	FEC ID number			

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Telephone number

Write or Type Committee Name

Milwaukee Police Association PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

١	lilwaukee Police	Association PAC				
L						
		6310 West Bluer	nound Road			
	Mailing Address					
		Milwaukee			WI 53213	-4147
			CITY		STATE	ZIP CODE
	Relationship: 🗴 Co	onnected Organization	Affiliated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor
/.	Custodian of Record books and records.	ds: Identify by name, add	Iress (phone number	optional) and position	on of the person in p	oossession of committee
		hnson, Candy, M, ,				
	Full Name					
		W139S9719 Ro	ckridge Ct			
	Mailing Address					
		l Muskego			WI 53150)
	Title or Position		CITY		STATE	ZIP CODE
				Telephone num	ber	
8.	Treasurer: List the na	ame and address (phone	number optional) o	of the treasurer of the	committee; and the	name and address of
	any designated agent	(e.g., assistant treasure).			
	Full Name Po	lka, Sarah, A, ,				
	of Treasurer					
		6310 W Bluemo	und Rd			
	Mailing Address					
		Milwaukee			WI 53213	_
			CITY		STATE	ZIP CODE
	Title or Position		GIT			
	Treasurer		1		414	778 0740

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Full Name of Designated Agent	Cardenas, Danilo, , ,
Mailing Address	6310 W Bluemound Road
	Milwaukee WI53213
	CITY STATE ZIP CODE
Title or Position	Telephone number 414 - 778 - 0740

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Assoc	iated Bank			
Mailing Address	PO Box 19097			
	Green Bay	WI	54307-9097	
_	CITY	STATE	ZIP CODE	
Name of Bank, Depository, etc.				
Mailing Address				
	CITY	STATE	ZIP CODE	