

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

24 Hour Notice

RECEIVED
FEC MAIL CENTER
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 MILWAUKEE	State WI	Zip Code 53203
Purpose of Expenditure NEWSPAPER AD	Category/Type 004	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
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN MCCAIN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 21375		

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 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: PAUL RYAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 21375		

(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.

Debra L. Schneider Date **10 23 2008**
Signature

280399902918

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FOR LINE 24 OF FORM 3X

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.

Debra L. Schneider
Signature

Date 10 / 23 / 2008

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 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: 5
Name of Federal Candidate Supported or Opposed by Expenditure: F. JAMES SENSENBRENNER		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: 6
Name of Federal Candidate Supported or Opposed by Expenditure: THOMAS E. PETRI		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

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Debra L. Schneider Date **10/23/2008**
 Signature

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FOR LINE 24 OF FORM 3X


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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

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.

Debra L. Schneider
Signature

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 checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>10/23/08</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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Delivery Confirmation™ or Signature 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
Next Business Day Delivery <input type="checkbox"/>	
<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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	<i>10/28/08</i> DATE PREPARED

(3/2005)

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