

# REPORT OF INDEPENDENT DISBURSEMENTS STATE OF WISCONSIN

OFFICE USE ONLY

500373 04

CAMPAIGN ORGANIZATION MAKING INDEPENDENT DISBURSEMENTS		NAME OF REPORT	
Name of Organization or Individual MTI VOTERS	<input type="checkbox"/> January <input type="checkbox"/> July <input checked="" type="checkbox"/> Special Report of Late Independent Disbursement	<input type="checkbox"/> Continuing _____ <input type="checkbox"/> Pre-Primary _____ <input checked="" type="checkbox"/> Pre-Election 2003	<input checked="" type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special
Street Address 821 WILLIAMSON ST			
City, State and Zip Code MADISON WI 53703-4503			

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
3/28/03	ENTERCOM 7601 GANSER WAY MADISON WI 53719	Radio Ads(3/31-4/1/03)	1534.00	PAUL SOGLIN / (Madison Mayor)	X		<div>RECEIVED</div> <div>2003 MAR 28 AM 11:21</div> <div>STATE OF WISCONSIN ELECTIONS BOARD</div>

I, JOHN A. MATTHEWS certify that the information in this report is true, correct and complete.

Signature of Individual or Treasurer

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, 132 EAST WILSON STREET, SUITE 200, P.O. BOX 2973, MADISON, WI 53702 (608) 266-8005

EB-7 (6/86) (Reformatted 11/99) (Y2K 11/99)