

# REPORT OF INDEPENDENT DISBURSEMENTS STATE OF WISCONSIN

OFFICE USE ONLY

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CAMPAIGN ORGANIZATION MAKING INDEPENDENT DISBURSEMENTS		NAME OF REPORT	
Name of Organization or Individual <b>DANE COUNTY DEPUTY SHERIFFS ASSOC</b>	<input type="checkbox"/> January Continuing	<input type="checkbox"/> Pre-Primary	<input checked="" type="checkbox"/> Spring
Street Address <b>P.O. Box 1472</b>	<input type="checkbox"/> July Continuing	<input checked="" type="checkbox"/> Pre-Election <b>2003</b>	<input type="checkbox"/> Fall
City, State and Zip Code <b>Madison, WI 53701</b>	<input checked="" type="checkbox"/> Special Report of Late Independent Disbursement		

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
	MADISON NEWS PAPERS INC.	ADVERTISING	\$1663.35 TOTAL!!	EACH \$831.68 SHELLEY GAYLORD ED BRUNNER	x x		STATE ELECTIONS BOARD 03 MAR 27 PM 4:18 RECEIVED

I, Roger L. Finch certify that the information in this report is true, correct and complete.  
Roger L. Finch Signature of Individual or Treasurer  
03/27/03 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

HAND DELIVERED

# REPORT OF INDEPENDENT DISBURSEMENTS STATE OF WISCONSIN

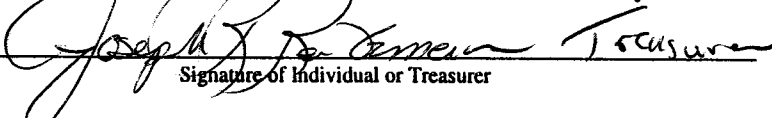
**OFFICE USE ONLY**  
 500220 CM

CAMPAIGN ORGANIZATION MAKING INDEPENDENT DISBURSEMENTS	NAME OF REPORT
Name of Organization or Individual Fond du Lac Political Action Committee	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January Continuing _____         </div> <div> <input type="checkbox"/> Pre-Primary _____         </div> <div> <input type="checkbox"/> Spring _____         </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> July Continuing _____         </div> <div> <input type="checkbox"/> Pre-Election _____         </div> <div> <input type="checkbox"/> Fall _____         </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Special Report of Late Independent Disbursement         </div> <div> <input type="checkbox"/> Special _____         </div> </div>
Street Address 207 N. Main St.	
City, State and Zip Code Fond du Lac, WI 54935	

**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
3/25	Fond du Lac Reporter P.O. Box 630 Fond du Lac, WI 54935	Print ad	\$500.00 est.	Steve Michels Lindee Kimball Mike Schmahl	X X X		

I, Joseph R. Reitemeier certify that the information in this report is true, correct and complete.

  
 Signature of Individual or Treasurer

03/25/03  
 Date

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