

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 CITIZENS FOR STRENGTH AND SECURITY		2. FEC Identification Number C C30001259
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1718 M STREET NW S342		
(c) City, State and ZIP Code WASHINGTON DC 20036		
(d) Name of Employer or Principal Place of Business		(e) Occupation

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period					
	<table border="0"> <tr> <td>M M / D D / Y Y Y Y</td> <td>through</td> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>1 0 / 2 8 / 2 0 0 8</td> <td></td> <td>1 0 / 2 9 / 2 0 0 8</td> </tr> </table>	M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y	1 0 / 2 8 / 2 0 0 8	
M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y				
1 0 / 2 8 / 2 0 0 8		1 0 / 2 9 / 2 0 0 8				

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y **(b) Communication Title** Making It Worse

1 0 / 2 9 / 2 0 0 8

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: 527 Political Org.

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
Haggard Lora

(b) Address (number and street)
29 Briarwood Drive

(c) City, State and ZIP Code
Ringgold GA 30736

(d) Name of Employer or Principal Place of Business
Citizens For Strength And Security

(e) Occupation
Treasurer

9. Total Donations This Statement 60000.00

10. Total Disbursements/Obligations This Statement .00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Lora Haggard

SIGNATURE Electronically Filed by Lora Haggard DATE 10/30/2008

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)

11. Person(s) Sharing/Exercising Control

A. (a) Name	Transaction ID : F91.000001	
Lora Haggard		
(b) Address (number and street)	29 Briarwood Drive	
(c) City, State and Zip Code	GA	30736
(d) Name of Employer or Principal Place of Business	(e) Occupation	
Citizens For Strength And Security	Treasurer	

<p>A. Full Name of Donor Ironworkers Political Education Fund</p> <hr/> <p>Mailing Address of Donor 1750 New York Avenue Suite 400</p> <hr/> <table border="0"> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20006</td> </tr> </table>	City	State	Zip	Washington	DC	20006	<p>Date of Receipt</p> <table border="0"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount</p> <table border="0"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">10000.00</td> </tr> </table> <p>Transaction ID : F92.000001</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	8	/	2	0	0	8		10000.00
City	State	Zip																											
Washington	DC	20006																											
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1	0	/	0	8	/	2	0	0	8																				
	10000.00																												
<p>B. Full Name of Donor BCTD Political Education Fund</p> <hr/> <p>Mailing Address of Donor 815 16th Street, NW S600</p> <hr/> <table border="0"> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20006</td> </tr> </table>	City	State	Zip	Washington	DC	20006	<p>Date of Receipt</p> <table border="0"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount</p> <table border="0"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">25000.00</td> </tr> </table> <p>Transaction ID : F92.000002</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	8	/	2	0	0	8		25000.00
City	State	Zip																											
Washington	DC	20006																											
M	M	/	D	D	/	Y	Y	Y	Y																				
1	0	/	2	8	/	2	0	0	8																				
	25000.00																												
<p>C. Full Name of Donor Boilermakers-Blacksmiths (LEAP)</p> <hr/> <p>Mailing Address of Donor 753 State Avenue Suite 565</p> <hr/> <table border="0"> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Kansas City</td> <td>KS</td> <td>66101</td> </tr> </table>	City	State	Zip	Kansas City	KS	66101	<p>Date of Receipt</p> <table border="0"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount</p> <table border="0"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">25000.00</td> </tr> </table> <p>Transaction ID : F92.000003</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	8	/	2	0	0	8		25000.00
City	State	Zip																											
Kansas City	KS	66101																											
M	M	/	D	D	/	Y	Y	Y	Y																				
1	0	/	2	8	/	2	0	0	8																				
	25000.00																												

<p>SUBTOTAL of Donations This Page (optional).....</p>	<table border="0"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">60000.00</td> </tr> </table>		60000.00
	60000.00		
<p>TOTAL This Period (last page this line number only)..... (carry total from last page to Line 9)</p>	<table border="0"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">60000.00</td> </tr> </table>		60000.00
	60000.00		

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
Knickerbocker, SKD

Mailing Address of Payee
594 Broadway S610

City State Zip Code
New York NY 10012

Name of Employer Occupation

Date of Disbursement or Obligation

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

Amount

.00									
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Communication Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID : F93.000001

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

Media Buy: Making It Worse

Name of Federal Candidate Office Sought: House State: LA Disbursement/Obligation For: 2008
 John Kennedy Senate District: _____ Primary General
 President F94.000002 Other (specify) _____

Name of Federal Candidate Office Sought: House State: _____ Disbursement/Obligation For:
 Senate District: _____ Primary General
 President Other (specify) _____

Name of Federal Candidate Office Sought: House State: _____ Disbursement/Obligation For:
 Senate District: _____ Primary General
 President Other (specify) _____

Empty space for additional disbursement entries.

SUBTOTAL of Disbursement/Obligation This Page (optional)	0.00
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	0.00