



"Karen Blackistone" <kab@holtzmanlaw.net> on 10/01/2008 07:23:58 PM

To: <2022190174@fec.gov>

cc:

Subject: Electioneering Communications Report- Vets for Freedom

Please find the attached electioneering communications report (FEC Form 9), filed on behalf of Vets for Freedom.

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Holtzman Vogel PLLC

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Warrenton, VA 20186

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fecfrm9- Hearings-9-30-08..pdf

28059843042

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **Vets for Freedom, Inc.**

(b) Address (number and street) check if different than previously reported
1200 Eton Court NW, Suite 300

(c) City, State and ZIP Code
Washington, DC 20007

(d) Name of Employer or Principal Place of Business
NA

(e) Occupation

2. FEC Identification Number

C 30001093

3. Is This Statement

New
or
 Amended

4. Covering Period

09 / 25 / 2008
through
09 / 30 / 2008

5. (a) Date of Public Distribution(s)

09 / 30 / 2008

(b) Communication Title **"Hearings"**

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: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes No

8. Custodian of Records

(a) Name **Wade Zirkle**

(b) Address (number and street)
1200 Eton Court, NW Suite 300

(c) City, State and ZIP Code
Washington, DC 20007

(d) Name of Employer or Principal Place of Business

Lehman Brothers

(e) Occupation

Banking

9. Total Donations This Statement

0 00

10. Total Disbursements/Obligations This Statement

2,124,567.93

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Pete Hegseth

SIGNATURE

Pete Hegseth

DATE

9-30-2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Pete Hegseth	(e) Occupation Chairman
	(b) Address (number and street) 1200 Eton Court, NW Suite 300	
	(c) City, State and ZIP Code Washington, DC 20007	
	(d) Name of Employer or Principal Place of Business Vets for Freedom	
B.	(a) Name Wade Zirkle	(e) Occupation Banking
	(b) Address (number and street) 1200 Eton Court, NW Suite 300	
	(c) City, State and ZIP Code Washington, DC 20007	
	(d) Name of Employer or Principal Place of Business Lehman Brothers	
C.	(a) Name Joel Arends	(e) Occupation Executive Director
	(b) Address (number and street) 1200 Eton Court, NW Suite 300	
	(c) City, State and ZIP Code Washington, DC 20007	
	(d) Name of Employer or Principal Place of Business Vets for Freedom	
D.	(a) Name David Bellavia	(e) Occupation Vice Chairman
	(b) Address (number and street) 1200 Eton Court, NW Suite 300	
	(c) City, State and ZIP Code Washington, DC 20007	
	(d) Name of Employer or Principal Place of Business Vets for Freedom	
E.	(a) Name Kevin Nunnally	(e) Occupation
	(b) Address (number and street) 1200 Eton Court, NW Suite 300	
	(c) City, State and ZIP Code Washington, DC 20007	
	(d) Name of Employer or Principal Place of Business Student	

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SCHEDULE 9-A
Donation(s) Received

28039843045

<p>A. Full Name of Donor None</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>_____</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>_____ 0 00</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

28039843046

A. Full Name (Last, First, Middle Initial) of Payee McCarthy Marcus Hennings		Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2008
Mailing Address of Payee 1850 M St., NW, Suite 235		Amount Amount 3,664,393
City Washington,	State DC	Zip Code 20036
Name of Employer _____		Occupation _____
Purpose of Disbursement (Including title(s) of communication(s)) Production and Shipping of TV Advertisement: "Hearings"		
Name of Federal Candidate Barack Obama	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
B. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services		Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2008
Mailing Address of Payee 600 Fairmount Avenue, Suite 305		Amount Amount 2,087,924.00
City Towson	State MD	Zip Code 21286
Name of Employer _____		Occupation _____
Purpose of Disbursement (Including title(s) of communication(s)) Media advertisement placement: "Hearings"		
Name of Federal Candidate Barack Obama	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		_____
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		2,124,567.93

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *E-mail* Date of Receipt or Postmarked
10/1/08

 *10/2/08*
 PREPARER DATE PREPARED

28059843047