

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name THE ADVOCACY FUND

(b) Address (number and street)  check if different than previously reported  
PO BOX 29229

(c) City, State and ZIP Code  
SAN FRANCISCO CA 94129

(d) Name of Employer or Principal Place of Business \_\_\_\_\_ (e) Occupation \_\_\_\_\_

2. FEC Identification Number  
090011750

3. Is This Statement  New or  Amended

4. Covering Period 07 14 2014 through 07 15 2014

5. (a) Date of Public Distribution(s) 07 14 2014 (b) Communication Title RED CARD / WLABY

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 AMANDA KETON

(b) Address (number and street) PO BOX 29229

(c) City, State and ZIP Code SAN FRANCISCO CA 94129

(d) Name of Employer or Principal Place of Business THE ADVOCACY FUND (e) Occupation SECRETARY/TREASURER

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 12,365.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM AMANDA KETON

SIGNATURE *Amanda Keton* DATE 7/15/2014

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)

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

<b>A.</b>	(a) Name KRISS DEIGLMEIER
	(b) Address (number and street) PO BOX 24229
	(c) City, State and ZIP Code SF, CA 94129
	(d) Name of Employer or Principal Place of Business THE ADVOCACY FUND
	(e) Occupation CEO
<b>B.</b>	(a) Name AMANDA KETON
	(b) Address (number and street) PO BOX 24229
	(c) City, State and ZIP Code SF, CA 94129
	(d) Name of Employer or Principal Place of Business THE ADVOCACY FUND
	(e) Occupation SECRETARY/TREASURER
<b>C.</b>	(a) Name SUE CHINN
	(b) Address (number and street) PO BOX 24229
	(c) City, State and ZIP Code SF, CA 94129
	(d) Name of Employer or Principal Place of Business THE ADVOCACY FUND
	(e) Occupation CAMPAIGN MANAGER
<b>D.</b>	(a) Name
	(b) Address (number and street)
	(c) City, State and ZIP Code
	(d) Name of Employer or Principal Place of Business
	(e) Occupation
<b>E.</b>	(a) Name
	(b) Address (number and street)
	(c) City, State and ZIP Code
	(d) Name of Employer or Principal Place of Business
	(e) Occupation

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A.</b> Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p>
<p><b>B.</b> Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p>
<p><b>C.</b> Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p>
<p><b>D.</b> Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p>
<p><b>E.</b> Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) .....</p>	<p>_____</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p> <p>(carry total from last page to Line 9)</p>	<p>_____</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <b>LATINO RESEARCH &amp; COMMUNICATIONS, LLC</b>		Date of Disbursement or Obligation <b>07 10 2014</b>
Mailing Address of Payee <b>10423 CORLEY DR</b>		Amount <b>6,182.50</b>
City <b>WHITTIER, CA</b>	State <b>CA</b>	Zip Code <b>90604</b>
Name of Employer <b>WHITTIER, CA</b>	Occupation <b>90604</b>	Communication Date <b>07 14 2014</b>

Purpose of Disbursement (Including title(s) of communication(s))  
**"LULLABY" RADIO AD, MEDIA CONSULTING, PRODUCTION, AIR TIME**

Name of Federal Candidate <b>CATHY McMORRIS RODGERS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>WA</b> District: <b>5</b>	Disbursement/Obligation For: <input checked="" 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	State: _____ District: _____	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	State: _____ District: _____	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 <b>LATINO RESEARCH &amp; COMMUNICATIONS, LLC</b>		Date of Disbursement or Obligation <b>07 10 2014</b>
Mailing Address of Payee <b>10423 CORLEY DR</b>		Amount <b>6,182.50</b>
City <b>WHITTIER, CA</b>	State <b>CA</b>	Zip Code <b>90604</b>
Name of Employer <b>WHITTIER, CA</b>	Occupation <b>90604</b>	Communication Date <b>07 14 2014</b>

Purpose of Disbursement (Including title(s) of communication(s))  
**"RED CARD" RADIO AD, MEDIA CONSULTING, PRODUCTION, AIR TIME**

Name of Federal Candidate <b>CATHY McMORRIS RODGERS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>WA</b> District: <b>5</b>	Disbursement/Obligation For: <input checked="" 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	State: _____ District: _____	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	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

**12365.00**

TOTAL This Period (last page this line number only) ▶  
(carry total from last page to Line 10)

**12365.00**

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 type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery 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
<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 checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A  
 PREPARER

N/A  
 DATE PREPARED