## FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

| Corporation (11 CFR 114.10)                                       |
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalities of 2 U.S.C. 437g.

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|  | Obligations                  |   |  |   |  |
|--|------------------------------|---|--|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br>Squire Knapp Dunn Communications |                              |   |  | Date of Disbursement or Obligation<br>M M / D D / Y Y Y<br>09 22 2008 |  |
| Mailing Address of Payee<br>1818 N Street, NW Suite 450                              |                              |   | Amount   | 2000  |  |
| City<br>Washington   | State Zip Code<br>DC 200+3-6 |   | Communication Dat                                  | 340000.00<br>e  |  |
| Name of Employer   | Occupation                   |   | M M / D<br>09 24<br>Transction ID : F93            | 2008  |  |
| Purpose of Disbursement (including t<br>Television Ad - Sweatshop                    | itle(s) of communication(s)) |   | Transonorme : F33                                  | .000001   |  |
| Name of Federal Candidate<br>Bob Schaffer<br>F94.000002                              | χ Se                         | ouse State: CO<br>nate District:<br>esident | Disbursement/Obliga<br>Primary<br>Other (specify)  | χ General   |  |
| Name of Federal Candidate  | Se                           | nate District:<br>esident                   | Disbursement/Obliga<br>Primary<br>Other (specify)  | General   |  |
| Name of Federal Candidate  | Se                           | use State:<br>nate<br>esident District:     | Disbursement/Obligat<br>Primary<br>Other (specify) | General   |  |
|  |                              |   |  |   |  |
| SUBTOTAL of Disbursement/Obligat   | ion This Page (ontional)     |   | 3400   | 00.00   |  |
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| Federal Election Commissior<br>ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS<br>The FEC added this page to the end of this filing to indicate how it was received. |                          |  |  |  |  |
|---|--------------------------|--|--|--|--|
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| USPS First Class Mail   | Postmarked               |  |  |  |  |
| USPS Registered/Certified   | Postmarked (R/C)         |  |  |  |  |
| USPS Priority Mail  | Postmarked               |  |  |  |  |
| Delivery Confirmation <sup>™</sup> or Signature Confirmation <sup>™</sup> Label   |                          |  |  |  |  |
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| Overnight Delivery Service (Specify):   | Shipping Date            |  |  |  |  |
| Next Business D   | ay Delivery              |  |  |  |  |
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| Received from Senate Public Records Office  | Date of Receipt          |  |  |  |  |
| Received from Electronic Filing Office  | Date of Receipt          |  |  |  |  |
| Other (Specify): $W$ of $form^{#} 270$ $\frac{9}{2668}$   | ipt or Postmarked        |  |  |  |  |
| DAL<br>PREPARER<br>(3/2005)   | 9/26/08<br>DATE PREPARED |  |  |  |  |

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