

**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

Texas Stand Up

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

PO Box 6428

2. FEC Identification Number

C C00000000

(c) City, State and ZIP Code

Austin

TX

78762

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

New

or

Amended

4. Covering Period

M M / D D / Y Y Y Y
10 / 17 / 2008

through

M M / D D / Y Y Y Y
11 / 01 / 2008

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y

10 / 17 / 2008

(b) Communication Title Texas Stand Up

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. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name

Noelle Davis

(b) Address (number and street)

PO Box 6428

(c) City, State and ZIP Code

Austin

TX

78762

(d) Name of Employer or Principal Place of Business

Self employed

(e) Occupation

Consultant

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

14922.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Noelle Davis

SIGNATURE Electronically Filed by Noelle Davis

DATE 10/21/2008

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

28039884059

**SCHEDULE 9-B
Disbursement(s) Made or Obligations**

A. Full Name (Last, First, Middle Initial) of Payee Texas Stand Up	Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 17 / 2008						
Mailing Address of Payee PO Box 6428	Amount 14922.00						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Austin</td> <td>TX</td> <td>78762</td> </tr> </table>	City	State	Zip Code	Austin	TX	78762	Communication Date M M / D D / Y Y Y Y 10 / 17 / 2008
City	State	Zip Code					
Austin	TX	78762					
Name of Employer	Occupation						
Transaction ID : F93.000001							

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

Texas Stand Up

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

SUBTOTAL of Disbursement/Obligation This Page (optional)

14922.00

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

14922.00

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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™ or Signature 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
Next Business Day Delivery <input type="checkbox"/>	
<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): <i>Webform # 319</i>	Date of Receipt or Postmarked <i>10/21/08</i>

[Signature]
 PREPARER

10/21/08
 DATE PREPARED

28039884061