

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

CAMPAIGN MONEY WATCH

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

CAMPAIGN MONEY WATCH 1133 19TH STREET NW 9TH FLOOR

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000160

3. Is This Statement

☐

New

or

☒

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

through

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

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

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 1 0

(b) Communication Title Gun Dealer

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

David Donnelly

(b) Address (number and street)

Campaign Money Watch

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Public Campaign Action Fund

(e) Occupation

National Campaigns Director

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

375000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

David Donnelly

SIGNATURE Electronically Filed by David Donnelly

DATE 02/18/2011

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)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transaction ID : F91.000001	
	David Donnelly		
	(b) Address (number and street) Campaign Money Watch 1133 19th Street NW 9th Floor 1133 19th Street NW 9th Floor		
	(c) City, State and Zip Code		
	Washington	DC	20036
	(d) Name of Employer or Principal Place of Business		(e) Occupation
	Public Campaign Action Fund		National Campaigns Director

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

A. Full Name (Last, First, Middle Initial) of Payee MacWilliams Sanders				Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0			
Mailing Address of Payee 7 Trillium Way				Amount 375000.00			
City Amherst		State MA				Zip Code 01002	
Name of Employer n/a		Occupation n/a					
Communication Date M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 0							
Transaction ID : F93.000001							
Purpose of Disbursement (including title(s) of communication(s)) Placement of Gun Dealer							
Name of Federal Candidate Ken Buck		Office Sought: ☒ House ☐ Senate ☐ President		State: <u>CO</u> District: _____			
F94.000002		Disbursement/Obligation For: 2010 ☐ Primary ☒ General ☐ Other (specify) _____					
Name of Federal Candidate		Office Sought: ☐ House ☐ Senate ☐ President		State: _____ District: _____			
Name of Federal Candidate		Office Sought: ☐ House ☐ Senate ☐ President		State: _____ District: _____			
Name of Federal Candidate		Office Sought: ☐ House ☐ Senate ☐ President		State: _____ District: _____			
Disbursement/Obligation For:		☐ Primary ☐ General ☐ Other (specify) _____					
SUBTOTAL of Disbursement/Obligation This Page (optional)				375000.00			
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				375000.00			