

# 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<br>CITIZENS FOR STRENGTH AND SECURITY  |  | <b>2. FEC Identification Number</b><br><b>C</b> C30001259 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>1718 M STREET NW S342 |  |   |
| (c) City, State and ZIP Code<br>WASHINGTON DC 20036   |  |   |
| (d) Name of Employer or Principal Place of Business   |  | (e) Occupation  |

|  |  |                     |  |  |                     |         |  |                     |  |  |                     |  |
|--|--|---------------------|--|--|---------------------|---------|--|---------------------|--|--|---------------------|--|
| <b>3. Is This Statement</b><br><input checked="" type="checkbox"/> <b>New</b><br>or<br><input type="checkbox"/> <b>Amended</b> | <b>4. Covering Period</b>  |                     |  |  |                     |         |  |                     |  |  |                     |  |
|  | <table border="0"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> <td></td> </tr> <tr> <td>0 1 / 1 2 / 2 0 1 0</td> <td>through</td> <td></td> </tr> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> <td></td> </tr> <tr> <td>0 1 / 1 3 / 2 0 1 0</td> <td></td> <td></td> </tr> </table> | M M / D D / Y Y Y Y |  |  | 0 1 / 1 2 / 2 0 1 0 | through |  | M M / D D / Y Y Y Y |  |  | 0 1 / 1 3 / 2 0 1 0 |  |
| M M / D D / Y Y Y Y  |  |                     |  |  |                     |         |  |                     |  |  |                     |  |
| 0 1 / 1 2 / 2 0 1 0  | through  |                     |  |  |                     |         |  |                     |  |  |                     |  |
| M M / D D / Y Y Y Y  |  |                     |  |  |                     |         |  |                     |  |  |                     |  |
| 0 1 / 1 3 / 2 0 1 0  |  |                     |  |  |                     |         |  |                     |  |  |                     |  |

**5. (a) Date of Public Distribution(s)** M M / D D / Y Y Y Y **(b) Communication Title** The Same

0 1 / 1 3 / 2 0 1 0

**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: 527 Political Org.

**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  
Lora Haggard

(b) Address (number and street)  
1718 M Street, NW

(c) City, State and ZIP Code  
Washington DC 20036

(d) Name of Employer or Principal Place of Business  
Citizens For Strength And Security

(e) Occupation  
Treasurer

**9. Total Donations This Statement** 1250313.00

**10. Total Disbursements/Obligations This Statement** 265876.96

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Lora Haggard

SIGNATURE Electronically Filed by Lora Haggard DATE 01/14/2010

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

**A.** Full Name of Donor  
 Communications Worker of America

---

Mailing Address of Donor  
 501 Third Street, NW

---

|            |       |       |
|------------|-------|-------|
| City       | State | Zip   |
| Washington | DC    | 20001 |

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 7 | / | 2 | 0 | 0 | 9 |

Amount  

|           |
|-----------|
| 200000.00 |
|-----------|

**Transaction ID :** F92.000001

**B.** Full Name of Donor  
 SEIU

---

Mailing Address of Donor  
 1800 Massachusetts Avenue, NW

---

|            |       |       |
|------------|-------|-------|
| City       | State | Zip   |
| Washington | DC    | 20036 |

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 1 | 6 | / | 2 | 0 | 0 | 9 |

Amount  

|           |
|-----------|
| 200000.00 |
|-----------|

**Transaction ID :** F92.000002

**C.** Full Name of Donor  
 Communications Worker of America

---

Mailing Address of Donor  
 501 Third Street, NW

---

|            |       |       |
|------------|-------|-------|
| City       | State | Zip   |
| Washington | DC    | 20001 |

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 1 | / | 2 | 0 | 0 | 9 |

Amount  

|           |
|-----------|
| 100000.00 |
|-----------|

**Transaction ID :** F92.000003

**D.** Full Name of Donor  
 SEIU

---

Mailing Address of Donor  
 1800 Massachusetts Avenue, NW

---

|            |       |       |
|------------|-------|-------|
| City       | State | Zip   |
| Washington | DC    | 20036 |

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 0 | 7 | / | 2 | 0 | 0 | 9 |

Amount  

|           |
|-----------|
| 300000.00 |
|-----------|

**Transaction ID :** F92.000004

**E.** Full Name of Donor  
 LUC Media (Refund)

---

Mailing Address of Donor  
 25 Whitlock Avenue, NW  
 Suite 201

---

|          |       |       |
|----------|-------|-------|
| City     | State | Zip   |
| Marietta | GA    | 30064 |

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 8 | / | 2 | 0 | 0 | 9 |

Amount  

|          |
|----------|
| 50313.00 |
|----------|

**Transaction ID :** F92.000005

**SUBTOTAL** of Donations This Page (optional).....

**850313.00**

**TOTAL** This Period (last page this line number only).....  
 (carry total from last page to Line 9)



**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

|  |            |          |          |          |    |       |                  |            |     |     |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|------------|----------|----------|----------|----|-------|------------------|------------|-----|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-----------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial) of Payee<br>LUC Media<br><hr/> Mailing Address of Payee<br>25 Whitlock Place Suite 201<br><hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Marietta</td> <td>GA</td> <td>30064</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> <tr> <td>N/A</td> <td>N/A</td> </tr> </table> | City       | State    | Zip Code | Marietta | GA | 30064 | Name of Employer | Occupation | N/A | N/A | Date of Disbursement or Obligation<br><table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </table> <hr/> Amount<br><table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: right;">250000.00</td> </tr> </table> <hr/> Communication Date<br><table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </table> <hr/> <b>Transaction ID :</b> F93.000001 | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 |  | 1 | 3 |  | 2 | 0 | 1 | 0 | 250000.00 | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 |  | 1 | 3 |  | 2 | 0 | 1 | 0 |
| City   | State      | Zip Code |          |          |    |       |                  |            |     |     |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Marietta   | GA         | 30064    |          |          |    |       |                  |            |     |     |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer   | Occupation |          |          |          |    |       |                  |            |     |     |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| N/A  | N/A        |          |          |          |    |       |                  |            |     |     |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| M  | M          | /        | D        | D        | /  | Y     | Y                | Y          | Y   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 1          |          | 1        | 3        |    | 2     | 0                | 1          | 0   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 250000.00  |            |          |          |          |    |       |                  |            |     |     |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| M  | M          | /        | D        | D        | /  | Y     | Y                | Y          | Y   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 1          |          | 1        | 3        |    | 2     | 0                | 1          | 0   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

Purpose of Disbursement (including title(s) of communication(s))  
 Media Buy: The Same

|  |                |  |              |                 |   |
|--|----------------|--|--------------|-----------------|---|
| Name of Federal Candidate<br>Scott Brown | Office Sought: | <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | State: MA    | District: _____ | Disbursement/Obligation For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <u>Special Election</u> |
| F94.000003                               |                |  |              |                 |   |
| Name of Federal Candidate                | Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | State: _____ | District: _____ | Disbursement/Obligation For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                                   |
| Name of Federal Candidate                | Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | State: _____ | District: _____ | Disbursement/Obligation For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                                   |

|  |            |          |          |            |    |       |                  |            |     |     |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|------------|----------|----------|------------|----|-------|------------------|------------|-----|-----|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|----------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>B.</b> Full Name (Last, First, Middle Initial) of Payee<br>Three Point Media, LLC<br><hr/> Mailing Address of Payee<br>1000 Potomac Street, NW S500<br><hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20007</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> <tr> <td>N/A</td> <td>N/A</td> </tr> </table> | City       | State    | Zip Code | Washington | DC | 20007 | Name of Employer | Occupation | N/A | N/A | Date of Disbursement or Obligation<br><table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </table> <hr/> Amount<br><table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: right;">15876.96</td> </tr> </table> <hr/> Communication Date<br><table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </table> <hr/> <b>Transaction ID :</b> F93.000002 | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 |  | 1 | 2 |  | 2 | 0 | 1 | 0 | 15876.96 | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 |  | 1 | 3 |  | 2 | 0 | 1 | 0 |
| City   | State      | Zip Code |          |            |    |       |                  |            |     |     |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Washington   | DC         | 20007    |          |            |    |       |                  |            |     |     |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer   | Occupation |          |          |            |    |       |                  |            |     |     |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| N/A  | N/A        |          |          |            |    |       |                  |            |     |     |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| M  | M          | /        | D        | D          | /  | Y     | Y                | Y          | Y   |     |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 1          |          | 1        | 2          |    | 2     | 0                | 1          | 0   |     |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 15876.96   |            |          |          |            |    |       |                  |            |     |     |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| M  | M          | /        | D        | D          | /  | Y     | Y                | Y          | Y   |     |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 1          |          | 1        | 3          |    | 2     | 0                | 1          | 0   |     |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

Purpose of Disbursement (including title(s) of communication(s))  
 Media Production: The Same

|  |                |  |              |                 |   |
|--|----------------|--|--------------|-----------------|---|
| Name of Federal Candidate<br>Scott Brown | Office Sought: | <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | State: MA    | District: _____ | Disbursement/Obligation For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <u>Special Election</u> |
| F94.000004                               |                |  |              |                 |   |
| Name of Federal Candidate                | Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | State: _____ | District: _____ | Disbursement/Obligation For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                                   |
| Name of Federal Candidate                | Office Sought: | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | State: _____ | District: _____ | Disbursement/Obligation For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                                   |

|   |           |
|---|-----------|
| <b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....                                       | 265876.96 |
| <b>TOTAL</b> This Period (last page this line number only) .....<br>(carry total from last page to line 10) | 265876.96 |