

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **SPECIAL OPERATIONS OPSEC EDUCATION FUND INC**

(b) Address (number and street) check if different than previously reported
 901 KING STREET
 SUITE 400

(c) City, State and ZIP Code
 ALEXANDRIA VA 22314

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30002042

3. Is This Statement

New
 or
 Amended

4. Covering Period

/ /
 through
 / /

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

/ /

(b) Communication Title Bump in the Road - OH

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: not for profit corp

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
 Michael Smith

(b) Address (number and street)
 901 King Street
 Suite 400

(c) City, State and ZIP Code
 Alexandria VA 22314

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Michael Smith

SIGNATURE Michael Smith

[Electronically Filed] DATE 10/24/2012

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Greener and Hook Mailing Address of Payee 2101 Wilson Blvd Suite 402 City State Zip Code Arlington VA 22201 Name of Employer Occupation Purpose of Disbursement (Including title(s) of communication(s)) Media Buy - Bump in the Road - OH	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2012 Amount 110000.00 Communication Date M M / D D / Y Y Y Y Y Y 10 / 24 / 2012 Transaction ID : F93.000001
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ Barack Obama <input type="checkbox"/> Senate District: _____ Transaction ID : F94.000002 <input checked="" type="checkbox"/> President Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 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 Mailing Address of Payee City State Zip Code Name of Employer Occupation Purpose of Disbursement (Including title(s) of communication(s))	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Amount Communication Date M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	110000.00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	110000.00