



James_Joseph@aporter.com on 12/27/2007 07:39:56 PM

To: 2022190174@fec.gov
cc: "Lanc, David" <david.lane@ONE.org>

Subject: Form 9

Attached is the initial Form 9 being filed on behalf of The ONE Campaign, as required by FEC regulations that became effective December 26, 2007. The ONE Campaign, a nonpartisan section 501(c)(3) organization, is running a television ad in Iowa, New Hampshire and on national cable outlets from December 15-31, 2007. (The ad will then be available free of charge as a public service announcement.) The ad, called The Scream, asked voters to find out the positions of the Presidential candidates on the issues of global poverty and disease. The ad included a graphic showing campaign buttons for candidates for the Democratic and Republican nominations for President (Biden, Clinton, Dodd, Edwards, Gravel, Kucinich, Obama, Richardson, Giuliani, Huckabee, Hunter, McCain, Paul, Romney, Tancredo and Thompson). The ad makes no other reference to the candidates.

James Joseph
Arnold & Porter, LLP
Counsel to The ONE Campaign

(See attached file: form9.pdf)

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For more information about Arnold & Porter LLP, click here:



<http://www.arnoldporter.com/form9.pdf>

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Webform last accessed on Thu Dec 27 19:10:58 EST 2007

Your webform session will time-out in: 30 minutes from last webform access time.

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FEC FORM 9

24 Hour Notice of Disbursements/Obligations for Electioneering Communicat

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obliga

(a) Name *

The ONE Campaign

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

1400 Eye Street, NW

(c) City

Washington

State

Dist of Columbia

Zip

20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number C 00000000

3. Is this report an amendment? * ☐ Yes ☒ No

4. Covering Period 12/15/2007 (mm/dd/yyyy) through 12/31/2007 (mm/dd/yyyy)

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

12/15/2007 (mm/dd/yyyy)

(b) Communication Title

ONE TV ads ("The Scream")

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)? Yes ☐ No ☒

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

Yes ☐ No ☒

8. Custodian of Records

(a) Name

David Lane

(b) Address (number and street)

1400 Eye Street, NW

City

Washington

State

Dist of Columbia

Zip

20005

(d) Name of Employer or Principal Place of Business

The ONE Campaign

(e) Occupation

President

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

2025000.00

11. List of Person(s) Sharing/Exercising Control[Add Another Person](#)

(use the Add Another Person button to add as many people as necessary)

Person Record #1.[Delete](#)

(a) Name *

David Lane

(b) Address (number and street)

1400 Eye Street, NW

City

Washington

State

Dist of Columbia

Zip

20005

(d) Name of Employer or Principal Place of Business

The ONE Campaign

(e) Occupation

President

[Back to Top](#)**SCHEDULE 9-A**[Add Another](#)**Donation(s) Received**

(use the Add Another Donation button to add as many donations as necessary)

Donation #1.[Delete](#)

Entity Type of Donor*

Organization (not a committee and not a person)

Full Name of Donor*

Organization Name N/A, no donor information req'd per 11 CFR 104.20(c)(9)

-or-

Last Name

First Name

Middle Name

Prefix

Suffix

Date of Receipt*

01/01/2007 (mm/dd/yyyy)

Amount *

0.00

Mailing Address of Donor

City

State

-Select-

Zip

TOTAL This Period (Tally this total to Line 9)

0.00

[Back to Top](#)**SCHEDULE 9-B**[Add Another Disbur](#)

Disbursement(s) Made or Obligation(s)

(use the Add Another Disbursement button to add as many disbursements as necessary)

Disbursement #1.**Delete****Entity Type of Payee***

Organization (not a committee and not a person) ▾

Name of Payee *

Organization Name Various media outlets in IO, NH and nationally				
-or-				
Last Name		First Name		
Middle Name		Prefix		Suffix

Mailing Address of Payee

Date of Disbursement or Obligation

12/15/2007 (mm/dd/yyyy)

Amount *

1,800,000.00

City**State****Zip**

	-Select-	
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Name of Employer**Occupation**

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Communication Date

12/15/2007 (mm/dd/yyyy)

Purpose of Disbursement (Including title(s) of communication(s)) *

ONE TV Ads (

Add Another Candidate

Name of Federal Candidate*		Office Sought *	State*	Disbursement/Obligation *
Biden, Clinton, Giuliani, etc		<input type="radio"/> House	Iowa	<input checked="" type="radio"/> Primary <input type="radio"/> General
		<input type="radio"/> Senate	District	<input type="radio"/> Other (specify):
		<input checked="" type="radio"/> President		

Delete**Disbursement #2.****Delete****Entity Type of Payee***

Organization (not a committee and not a person) ▾

Name of Payee *

Organization Name Strategic Perception				
-or-				
Last Name		First Name		
Middle Name		Prefix		Suffix

Mailing Address of Payee

814 King Street

Date of Disbursement or Obligation

12/15/2007 (mm/dd/yyyy)

27039580116

City State Zip

Amount *

Name of Employer Occupation

Communication Date (mm/dd/yyyy)

Purpose of Disbursement (Including title(s) of communication(s)) *

[Add Another Candidate](#)

Name of Federal Candidate*	Office Sought *	State*	Disbursement/Obligation *
Biden, Clinton, Giuliani	<input type="radio"/> House <input type="radio"/> Senate <input checked="" type="radio"/> President	<input type="text" value="Iowa"/> District <input type="text"/>	<input checked="" type="radio"/> Primary <input type="radio"/> General <input type="radio"/> Other (specify) : <input type="text"/>

TOTAL This Period (Tally this total to Line 10)

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Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

SIGNATURE *

DATE * (mm/dd/yyyy)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 18 U.S.C. § 437g.

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FEC Form 9 (12/27/2007)

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463
Toll Free 800-424-9530, Local 202-694-1100

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27039580117

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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
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☐ Postmark Illegible

☐ 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
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify): <i>e-mail</i>	Date of Receipt or Postmarked <i>12/28/07</i>
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DAD
PREPARER

12/28/07
DATE PREPARED