



Karen Blackistone <kblackistone@holtzmanlaw.net> on 06/04/2010 05:35:52 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>  
cc:

Subject: electioneering communication

Attached please find FEC Form 9 for Send Him Packing.

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fecfm9- SHP.pdf

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# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name

Send Harry Packing

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

14 West Oak Street

(c) City, State and ZIP Code

Alexandria, VA 22301

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C

### 3. Is This Statement

New

or

Amended

### 4. Covering Period

06 / 03 / 2010

through

06 / 03 / 2010

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

06 / 03 / 2010

(b) Communication Title Send Him Packing

### 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. 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

Kara Ahern

(b) Address (number and street)

14 West Oak Street

(c) City, State and ZIP Code

Alexandria, VA 22301

(d) Name of Employer or Principal Place of Business

Self-employed

(e) Occupation

Consultant

### 9. Total Donations This Statement

\$0

### 10. Total Disbursements/Obligations This Statement

\$20,000

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Kara Ahern

SIGNATURE

*Kara M Ahern*

DATE

6/4/2010

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

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**List of Person(s) Sharing/Exercising Control**  
 (use additional pages as necessary)

**11. Person(s) Sharing/Exercising Control**

<b>A.</b> (a) Name Kara Ahern	
(b) Address (number and street) 14 West Oak Street	
(c) City, State and ZIP Code Alexandria, VA 22301	
(d) Name of Employer or Principal Place of Business Self-employed	(e) Occupation Consultant
<b>B.</b> (a) Name Tim Killeen	
(b) Address (number and street) 14 West Oak Street	
(c) City, State and ZIP Code Alexandria, VA 22301	
(d) Name of Employer or Principal Place of Business Self-employed	(e) Occupation Consultant
<b>C.</b> (a) Name Jason Meath	
(b) Address (number and street) 14 West Oak Street	
(c) City, State and ZIP Code Alexandria, VA 22301	
(d) Name of Employer or Principal Place of Business Xenophon Strategies	(e) Occupation Consultant
<b>D.</b> (a) Name Mary Cheney	
(b) Address (number and street) 14 West Oak Street	
(c) City, State and ZIP Code Alexandria, VA 22301	
(d) Name of Employer or Principal Place of Business Self-employed	(e) Occupation Consultant
<b>E.</b> (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

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**SCHEDULE 9-A**  
**Donation(s) Received**

None

<p><b>A. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>
<p><b>B. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>
<p><b>C. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>
<p><b>D. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>
<p><b>E. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>

<p>Date of Receipt</p> <p>MM DD YY</p> <p>Amount</p>
<p>Date of Receipt</p> <p>MM DD YY</p> <p>Amount</p>
<p>Date of Receipt</p> <p>MM DD YY</p> <p>Amount</p>
<p>Date of Receipt</p> <p>MM DD YY</p> <p>Amount</p>
<p>Date of Receipt</p> <p>MM DD YY</p> <p>Amount</p>

<p><b>SUBTOTAL</b> of Donations This Page (optional) .....</p>	<p>Amount</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....          (carry total from last page to Line 9)</p>	<p>Amount</p> <p>\$0.</p>

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**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Crossroads Media				<b>Date of Disbursement or Obligation</b> 06 03 2010	
Mailing Address of Payee 55 Canal Center, Suite 555				<b>Amount</b> \$20,000	
City	State	Zip Code		<b>Communication Date</b> 06 03 2010	
Alexandria, VA	22314				
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Media production- TV: "Send Him Packing"					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District:	<b>Disbursement/Obligation For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Harry Reid					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>				<b>Date of Disbursement or Obligation</b>	
Mailing Address of Payee				<b>Amount</b>	
City	State	Zip Code		<b>Communication Date</b>	
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> .....				\$20,000	
<b>TOTAL This Period (last page this line number only)</b> .....					
(carry total from last page to Line 10)					

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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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *Σ-Mail* Date of Receipt or Postmarked  
*6/4/06*

*[Signature]*  
 PREPARER

*6/2/06*  
 DATE PREPARED

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