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To: FEC

From: Rural Votes

Fax #: 202 - 219 - 0174

Phone #: 413 - 433 - 2899

Date: 10/30/2008

Reply Fax #: NA

Number of Pages (Including Cover): 10

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5/06bizsv_009815

28039910185

OCT-30-2008 15:41

P.01

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name: RURALVOTES

(b) Address (number and street) ☐ check if different than previously reported: 54 STAGE ROAD PO BOX 108

(c) City, State and ZIP Code: Chesterfield, MA 01013

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number: C

3. Is This Statement: X New or ☐ Amended

4. Covering Period: 10/25/2008 through 10/29/2008

5. (a) Date of Public Distribution(s): 10/24/2008 **(b) Communication Title**: RURALVOTES AD

6. The filer is a(n): (a) ☐ Individual (b) X 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 X

8. Custodian of Records

(a) Name: DEBRA KOZIKOWSKI

(b) Address (number and street): 34 WHITE STREET

(c) City, State and ZIP Code: CHICOPEE MA 01013

(d) Name of Employer or Principal Place of Business: SELF

(e) Occupation: REALTOR / CONSULTANT

9. Total Donations This Statement: 0

10. Total Disbursements/Obligations This Statement: 13,302.45

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: DEBRA KOZIKOWSKI

SIGNATURE: Debra Kozikowski DATE: 10/24/2008

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

FEC FORM 9 (REV. 12/2007)

28039910186

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

11. Person(s) Sharing/Exercising Control

A. (a) Name
MATT L BARRON

(b) Address (number and street)
54 STAGE ROAD

(c) City, State and ZIP Code
CHESTERFIELD MA 01012

(d) Name of Employer or Principal Place of Business
SELF

(e) Occupation
RESEARCHER/CONSULTANT

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

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

28039910187

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount

SUBTOTAL of Donations This Page (optional) ▶	0
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	0

28039910188

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: CAMBRIA RADIOWORKS

Mailing Address of Payee:

City: Ebensburg State: PA Zip Code:

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 27 2008

Amount: 8820.00

Communication Date:

Purpose of Disbursement (including title(s) of communication(s)): BROADCAST - Rural Voter Ad

Name of Federal Candidate: JOHN MCCAIN
Office Sought: [ ] House [ ] Senate [X] President
State: District:
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶ 2008

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee: WWSM

Mailing Address of Payee: 621 CUMBERLAND ST

City: LEBANON State: PA Zip Code: 17042

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 27 2008

Amount: 7875.00

Communication Date:

Purpose of Disbursement (including title(s) of communication(s)): BROADCAST - RURAL VOTES Ad

Name of Federal Candidate: JOHN MCCAIN
Office Sought: [ ] House [ ] Senate [X] President
State: District:
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶ 2008

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 166950

TOTAL This Period (last page this line number only) ▶ 1330245
(carry total from last page to Line 10)

28031991018 9

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: WMDH

Mailing Address of Payee: 1134 W SR 38

City: NEW CASTLE State: IN Zip Code: 47362

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 / 27 / 2008

Amount: 1,386.00

Communication Date: / /

Purpose of Disbursement (including title(s) of communication(s)): Broadcast - Rural Votes Ad

Name of Federal Candidate: JOHN McCAIN
Office Sought: [ ] House [ ] Senate [✓] President
State: District:
Disbursement/Obligation For: [ ] Primary [✓] General [ ] Other (specify) ▶ 2008

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee: Crossroads Communications

Mailing Address of Payee: 1301 Ohio St

City: Terre Haut State: IN Zip Code: 47807

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 / 27 / 2008

Amount: 5,420.00

Communication Date: / /

Purpose of Disbursement (including title(s) of communication(s)): BROADCAST - RURALVOTES AD

Name of Federal Candidate: John McCain
Office Sought: [ ] House [ ] Senate [✓] President
State: District:
Disbursement/Obligation For: [ ] Primary [✓] General [ ] Other (specify) ▶ 2008

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 19600.00

TOTAL This Period (last page this line number only) ▶ 1330293
(carry total from last page to Line 10)

28039910190

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: WKKU

Mailing Address of Payee: 1534 N. Ewing St

City: Seymour State: IN Zip Code: 47274

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 27 2008

Amount: 8 03 25

Communication Date:

Purpose of Disbursement (including title(s) of communication(s)): Broadcast Rural Voters AD

Name of Federal Candidate: JOHN McCAIN
Office Sought: [ ] House [ ] Senate [✓] President
State: District:
Disbursement/Obligation For: [ ] Primary [✓] General [ ] Other (specify) ▶ 2008

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee: WRTA

Mailing Address of Payee: 2513 6th AVE

City: ALTOONA State: PA Zip Code: 16602

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 27 2008

Amount: 630 00

Communication Date:

Purpose of Disbursement (including title(s) of communication(s)): Broadcast Rural Voters Ad

Name of Federal Candidate: JOHN McCAIN
Office Sought: [ ] House [ ] Senate [✓] President
State: District:
Disbursement/Obligation For: [ ] Primary [✓] General [ ] Other (specify) ▶ 2008

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 1433 25

TOTAL This Period (last page this line number only) ▶ 13,302 45
(carry total from last page to Line 10)

28039910191

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: WKNB

Mailing Address of Payee: 310 Second Ave, 2nd Fl

City: Warren State: PA Zip Code: 16365

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 27 2008

Amount: 81000

Communication Date: MM DD YYYY

Purpose of Disbursement (including title(s) of communication(s)): Broadcast - Rural Voter Ad

Name of Federal Candidate: John McCain
Office Sought: [ ] House [ ] Senate [✓] President
State: District:
Disbursement/Obligation For: [ ] Primary [✓] General [ ] Other (specify) ▶ 2008

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee: WFRM

Mailing Address of Payee: 9 South Main St

City: Coudersport State: PA Zip Code: 16915

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 27 2008

Amount: 693.00

Communication Date: MM DD YYYY

Purpose of Disbursement (including title(s) of communication(s)): Broadcast - Rural Voter Ad

Name of Federal Candidate: John McCain
Office Sought: [ ] House [ ] Senate [✓] President
State: District:
Disbursement/Obligation For: [ ] Primary [✓] General [ ] Other (specify) ▶ 2008

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 1503.00

TOTAL This Period (last page this line number only) ▶ 13302.45
(carry total from last page to Line 10)

28039910192

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: WRAY Radio

Mailing Address of Payee: 1900 West Broadway

City: Princeton, State: IN, Zip Code: 47670

Name of Employer: | Occupation:

Date of Disbursement or Obligation: 10 27 2008

Amount: 1,890.00

Communication Date:

Purpose of Disbursement (including title(s) of communication(s)): Broadcast Rural Votes AD

Name of Federal Candidate: John McCain | Office Sought: [ ] House [ ] Senate [✓] President | State: | District: | Disbursement/Obligation For: [ ] Primary [✓] General [ ] Other (specify) ▶ 2008

Name of Federal Candidate: | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate: | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee: UPS

Mailing Address of Payee: West Springfield MA

City: | State: | Zip Code:

Name of Employer: | Occupation:

Date of Disbursement or Obligation: 10 27 2008

Amount: 88.70

Communication Date:

Purpose of Disbursement (including title(s) of communication(s)): Postage

Name of Federal Candidate: | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate: | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate: | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 1,978.70

TOTAL This Period (last page this line number only) ▶ 13,302.45
(carry total from last page to Line 10)

28039910193

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: Cumulus Radio Indiana

Mailing Address of Payee: 6810 N. Shadeland Avenue

City: Indianapolis State: IN Zip Code: 46220

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 29 2008

Amount: 4,758.00

Communication Date: MM DD YYYY

Purpose of Disbursement (Including title(s) of communication(s)): Broadcast - Rural Votes AD

Name of Federal Candidate: John McCain
Office Sought: [ ] House [ ] Senate [✓] President
State: District:
Disbursement/Obligation For: [ ] Primary [✓] General [ ] Other (specify) ▶ 2008

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee:

Mailing Address of Payee:

City: State: Zip Code:

Name of Employer: Occupation:

Date of Disbursement or Obligation: MM DD YYYY

Amount:

Communication Date: MM DD YYYY

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

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ..... ▶

TOTAL This Period (last page this line number only) ..... ▶ 13,302.95
(carry total from last page to Line 10)

28039910194

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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☐ No Postmark	
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N/A PREPARER	N/A DATE PREPARED

(5/2004)

28039910195