

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

CITIZENS for a Safe and Prosperous America

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

30011 IVY GLENN DR, Ste 223

(c) City, State and ZIP Code

LAGUNA NIGUEL, CA 92677

(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

04 23 2008

through

04 24 2008

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

04 24 2008

(b) Communication Title

Heads you Lose, Tails you Lose

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

BARRETT GARCIA

(b) Address (number and street)

32302 CAMINO CAPISTRANO #214

(c) City, State and ZIP Code

SAN JUAN CAPISTRANO, CA 92675

(d) Name of Employer or Principal Place of Business

(e) Occupation

SELF-EMPLOYED

ACCOUNTANT

9. Total Donations This Statement

11,000.00

10. Total Disbursements/Obligations This Statement

10,764.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

BARRETT GARCIA

SIGNATURE

Barrett Garcia

DATE

4-24-08

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)

28039711197

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

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name	
FLOYD BROWN	
(b) Address (number and street)	
4224 67 th AVE CT W	
(c) City, State and ZIP Code	
UNIVERSITY PLACE, WA 98466	
(d) Name of Employer or Principal Place of Business	(e) Occupation
EXCELLENTIA, INC	MARKETING
B. (a) Name	
CHUCK DEVORE	
(b) Address (number and street)	
4790 IRVINE BLVD, STE 105-191	
(c) City, State and ZIP Code	
IRVINE CA 92620	
(d) Name of Employer or Principal Place of Business	(e) Occupation
CALIFORNIA ASSEMBLY	ASSEMBLYMAN
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	

28039711198

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor

LANDSLIDE COMMUNICATIONS
Mailing Address of Donor

5405 ALTON PARKWAY # 5A 369
City State Zip

IRVINE, CA 92604

Date of Receipt

04 / 19 / 2008

Amount

10,000.00

B. Full Name of Donor

CHUCK DEVORE
Mailing Address of Donor

4790 IRVINE BLVD, STE 105-191
City State Zip

IRVINE, CA 92620

Date of Receipt

04 / 17 / 2008

Amount

1,000.00

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

SUBTOTAL of Donations This Page (optional) ▶

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

11,000.00

28039711199

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee
JAMESTOWN ASSOCIATES
 Mailing Address of Payee
S MAPLETON RD, STE 300
 City State Zip Code
PRINCETON, NJ 08540
 Name of Employer Occupation

Date of Disbursement or Obligation
04 23 2008

Amount
10,764.00

Communication Date
04 24 2008

Purpose of Disbursement (including title(s) of communication(s)) *Cable buy to increase awareness of positions of Barack Obama + Hillary Clinton on taxes, medicine, + drivers licenses, and encourage calls to these Senators to change positions. Title = Heads you lose, tails you lose*

Name of Federal Candidate **BARACK OBAMA** **Office Sought:** House Senate President **State:** _____ **Disbursement/Obligation For:** Primary General Other (specify) _____

Name of Federal Candidate **HILLARY CLINTON** **Office Sought:** House Senate President **State:** _____ **Disbursement/Obligation For:** Primary General Other (specify) _____

Name of Federal Candidate _____ **Office Sought:** House Senate President **State:** _____ **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

Amount

Communication Date

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

Name of Federal Candidate _____ **Office Sought:** House Senate President **State:** _____ **Disbursement/Obligation For:** Primary General Other (specify) _____

Name of Federal Candidate _____ **Office Sought:** House Senate President **State:** _____ **Disbursement/Obligation For:** Primary General Other (specify) _____

Name of Federal Candidate _____ **Office Sought:** House Senate President **State:** _____ **Disbursement/Obligation For:** Primary General Other (specify) _____

SUBTOTAL of Disbursements/Obligations This Page (optional) _____

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

10,764.00

28039711200

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

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

<input type="checkbox"/> USPS Express Mail	Postmarked
--	------------

Postmark Illegible

No Postmark

<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
--	---------------

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
--	-------------------------------

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A PREPARER	N/A DATE PREPARED
-----------------	----------------------

28039711201