

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

9/25/2008

Form 9

"Advocate"

2008 DEC -5 P 4: 08

28039942203

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
SECTION

2008 DEC -5 P 4: 08

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Freedom's Watch Inc.

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

401 9th St. NW

(c) City, State and ZIP Code

Washington, DC 20004

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C 30000756

3. Is This Statement New
or
 Amended

4. Covering Period

09 23 2008

through

09 25 2008

5. (a) Date of Public Distribution(s) 09 25 2008

(b) Communication Title Advocate

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

Douglas W. Robinson

(b) Address (number and street)

401 9th St. NW

(c) City, State and ZIP Code

Washington, DC 20004

(d) Name of Employer or Principal Place of Business

(e) Occupation

Freedom's Watch, Inc.

Chief Financial Officer

9. Total Donations This Statement , : 0.00

10. Total Disbursements/Obligations This Statement , 450,455.85

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Douglas W. Robinson

SIGNATURE



DATE

11/4/08

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

28039942204

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

11. Person(s) Sharing/Exercising Control

A. (a) Name Mel Sembler	
(b) Address (number and street) 5858 Central Avenue	
(c) City, State and ZIP Code St. Petersburg, FL, 33707-1728	
(d) Name of Employer or Principal Place of Business The Sembler Company	(e) Occupation Chairman
B. (a) Name Matthew Brooks	
(b) Address (number and street) 50 F Street NW Suite 100	
(c) City, State and ZIP Code Washington, DC 20001	
(d) Name of Employer or Principal Place of Business Republican Jewish Coalition	(e) Occupation Executive Director
C. (a) Name Ari Fleischer	
(b) Address (number and street) 624 Old Post Road	
(c) City, State and ZIP Code Bedford, NY 10506	
(d) Name of Employer or Principal Place of Business Fleischer Communications	(e) Occupation President
D. (a) Name William Weidner	
(b) Address (number and street) 3355 Las Vegas Blvd South	
(c) City, State and ZIP Code Las Vegas, NV 89109	
(d) Name of Employer or Principal Place of Business Las Vegas Sands Corporation	(e) Occupation President
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

28039942205

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor</p> <hr/> <p><i>Mailing Address of Donor</i></p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>____</p>
<p>B. Full Name of Donor</p> <hr/> <p><i>Mailing Address of Donor</i></p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>____</p>
<p>C. Full Name of Donor</p> <hr/> <p><i>Mailing Address of Donor</i></p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>____</p>
<p>D. Full Name of Donor</p> <hr/> <p><i>Mailing Address of Donor</i></p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>____</p>
<p>E. Full Name of Donor</p> <hr/> <p><i>Mailing Address of Donor</i></p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>____</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>_____</p>	
<p>TOTAL This Period (last page this line number only) ▶</p> <p>(carry total from last page to Line 9)</p> <p>_____</p>	

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee American Media and Advocacy Group				Date of Disbursement or Obligation 09 23 2008		
Mailing Address of Payee 815 Slaters Lane, Suite 200				Amount 411,760.80		
City Alexandria		State VA	Zip Code 22314		Communication Date 09 25 2008	
Name of Employer _____				Occupation _____		
Purpose of Disbursement (Including title(s) of communication(s)) Media Placement						
Name of Federal Candidate Jeff Merkley		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: OR	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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: _____	Disbursement/Obligation For: <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: _____	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 OnMessage Inc.				Date of Disbursement or Obligation 09 24 2008		
Mailing Address of Payee 2130 Priest Bridge Dr, #11				Amount 38,695.05		
City Crofton,		State MD	Zip Code 21114		Communication Date 09 25 2008	
Name of Employer _____				Occupation _____		
Purpose of Disbursement (Including title(s) of communication(s)) Media Production						
Name of Federal Candidate Jeff Merkley		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: OR	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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: _____	Disbursement/Obligation For: <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: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				450,455.85		
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				450,455.85		

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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
12/5/08

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): Date of Receipt or Postmarked

Jmb
 PREPARER
 (3/2005)

12/5/08
 DATE PREPARED

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