



Ryan Teague <rteague@freedomswatch.org> on 04/23/2008 03:05:39 PM

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

Subject: Freedom's Watch - 4/23/2008 - FEC Form 9

Please find attached the FEC Form 9, "24 Hour Notice of Disbursements/Obligations" for the Freedom's Watch advertisement entitled "Healthcare."

Ryan Teague, Esq.
Freedom's Watch



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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) <input type="checkbox"/> check if different than previously reported 401 9th St. NW	2. FEC Identification Number C
(c) City, State and ZIP Code Washington, DC 20004	
(d) Name of Employer or Principal Place of Business	(e) Occupation

3. Is This Statement	<input checked="" type="checkbox"/> New	4. Covering Period	04	21	2008
	or				through
	<input type="checkbox"/> Amended		04	23	2008

5. (a) Date of Public Distribution(s) **04 22 2008** (b) Communication Title **Health Care**

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 Freedom's Watch, Inc.	(e) Occupation Chief Financial Officer

9. Total Donations This Statement **0.00**

10. Total Disbursements/Obligations This Statement **204,550.76**

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 **04/23/2008**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 7 U.S.C. §437g.

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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 Carl Forti	
(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 Freedom's Watch Inc.	(e) Occupation Executive Vice President

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SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt</p> <p>____</p> <p>Amount</p> <p>_____</p>
<p>B. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt</p> <p>____</p> <p>Amount</p> <p>_____</p>
<p>C. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt</p> <p>____</p> <p>Amount</p> <p>_____</p>
<p>D. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt</p> <p>____</p> <p>Amount</p> <p>_____</p>
<p>E. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <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 8)</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 Crossroads Media				Date of Disbursement or Obligation " 04 ' 21 ' 2008 "	
Mailing Address of Payee 66 Canal Center Plaza, Suite 555				Amount , 112,845.60	
City Alexandria		State VA		Zip Code 22314	
Name of Employer Occupation				Communication Date " 04 ' 22 ' 2008 "	
Purpose of Disbursement (Including title(s) of communication(s)) Media Placement					
Name of Federal Candidate Don Cazayoux		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>LA</u> District: <u>06</u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Elec.</u>					
Name of Federal Candidate Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ 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) ▶ _____					
B. Full Name (Last, First, Middle Initial) of Payee Upgrade Films				Date of Disbursement or Obligation " 04 ' 21 ' 2008 "	
Mailing Address of Payee 3299 K St, NW Suite 200				Amount , 15,000.00	
City Washington		State DC		Zip Code 20007	
Name of Employer Occupation				Communication Date " 04 ' 22 ' 2008 "	
Purpose of Disbursement (Including title(s) of communication(s)) Media Production					
Name of Federal Candidate Don Cazayoux		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>LA</u> District: <u>06</u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Elec.</u>					
Name of Federal Candidate Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ 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) ▶ _____					
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				, 127,845.60	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				, -	

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

A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media				Date of Disbursement or Obligation 04 21 2008	
Mailing Address of Payee 66 Canal Center Plaza, Suite 555				Amount 76,705.16	
City Alexandria		State VA	Zip Code 22314		Communication Date 04 22 2008
Name of Employer Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) Media Placement					
Name of Federal Candidate Don Cazayoux		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special Elec.	
Name of Federal Candidate Barack Obama		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ 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) ▶	
B. Full Name (Last, First, Middle Initial) of Payee				Date of Disbursement or Obligation	
Mailing Address of Payee				Amount	
City		State	Zip Code		Communication Date
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: _____		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) ▶	
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)				76,705.16	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				204,550.76	

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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): *E-mail* Date of Receipt or Postmarked
4/23/08

JAL
 PREPARER
 (3/2005)

5/8/08
 DATE PREPARED

28039722216