

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

9/30/2008

2008 DEC -5 P 4: 09

Form 9

"Cowpoke"

28039942231

2008 DEC -5 P 4: 09

# 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 25 '2008"  
through  
"09 30 '2008

5. (a) Date of Public Distribution(s) 09 30 2008

(b) Communication Title "Cowpoke"

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

106,805.25

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

*DW Robinson*

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.

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

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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	
(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**

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

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**SCHEDULE 9-B**

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

PAGE 4 OF 4

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Crossroads Media				<b>Date of Disbursement or Obligation</b> 09 25 2008	
<b>Mailing Address of Payee</b> 66 Canal Center Plaza Suite 555				<b>Amount</b> , 106,805 .25	
<b>City</b> Alexandria	<b>State</b> VA	<b>Zip Code</b> 22314	<b>Communication Date</b> 09 30 2008		
<b>Name of Employer</b> _____				<b>Occupation</b> _____	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Media Placement					
<b>Name of Federal Candidate</b> Dina Titus		<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> NV <b>District:</b> 03	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<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>Mailing Address of Payee</b> _____				<b>Date of Disbursement or Obligation</b> _____	
<b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____				<b>Amount</b> _____	
<b>Name of Employer</b> _____				<b>Communication Date</b> _____	
<b>Occupation</b> _____					
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> _____					
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<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> ..... ▶ , 106, 805 .25					
<b>TOTAL This Period (last page this line number only)</b> ..... ▶ , 106, 805 .25 (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  
12/5/18

☐ 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

*Juss*  
PREPARER  
(3/2005)

12/5/18  
DATE PREPARED

28039942236