

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name **Constitutional Responsibility Project**

(b) Address (number and street)  check if different than previously reported  
1201 Connecticut Avenue, NW  
Suite 300

(c) City, State and ZIP Code  
Washington DC 20036

### 2. FEC Identification Number

**C** C30002414

(d) Name of Employer or Principal Place of Business N/A (e) Occupation N/A

### 3. Is This Statement

**New**  
or  
 **Amended**

### 4. Covering Period

M M M / D D D / Y Y Y Y Y Y  
05 / 10 / 2016  
through  
M M M / D D D / Y Y Y Y Y Y  
05 / 10 / 2016

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

M M M / D D D / Y Y Y Y Y Y  
05 / 10 / 2016

(b) Communication Title Old Chuck

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  
Amanda Foster

(b) Address (number and street)  
1201 Connecticut Avenue, NW  
Suite 300

(c) City, State and ZIP Code  
Washington DC 20036

(d) Name of Employer or Principal Place of Business Arabella Advisors (e) Occupation Assistant Controller

### 9. Total Donations This Statement

\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.00

### 10. Total Disbursements/Obligations This Statement

\_\_\_\_\_,\_\_\_\_\_,31273.07

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Stephanie Cutter

SIGNATURE Stephanie Cutter

[Electronically Filed] DATE 05/11/2016

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

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

**11. Person(s) Sharing/Exercising Control**

<b>A.</b> (a) Name		<b>Transaction ID : F91.000001</b>	
Stephanie Cutter			
(b) Address (number and street)	1201 Connecticut Avenue, NW Suite 300		
(c) City, State and ZIP Code	Washington	DC	20036
(d) Name of Employer or Principal Place of Business	Precision Strategies	(e) Occupation	Partner
<b>B.</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	
<b>C.</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	
<b>D.</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	
<b>E.</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	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>SKDKnickerbocker</b>			Date of Disbursement or Obligation MM / DD / YYYY 05 / 10 / 2016		
Mailing Address of Payee 1150 18th Street, NW, #800			Amount 11795.47		
City	State	Zip Code			
Washington	DC	20036			
Name of Employer	Occupation		Communication Date MM / DD / YYYY 05 / 10 / 2016		
N/A	N/A		<b>Transaction ID : F93.000001</b>		
Purpose of Disbursement (Including title(s) of communication(s)) Television Production of "Old Chuck" - ESTIMATE					
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For: 2016	
Charles Grassley	<input checked="" type="checkbox"/>	Senate	IA	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.000002</b>					
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>			Date of Disbursement or Obligation		
<b>SKDKnickerbocker</b>			MM / DD / YYYY		
Mailing Address of Payee			05 / 10 / 2016		
1150 18th Street, NW, #800			Amount		
			19477.60		
City	State	Zip Code	Communication Date		
Washington	DC	20036	MM / DD / YYYY		
Name of Employer	Occupation		05 / 10 / 2016		
N/A	N/A		<b>Transaction ID : F93.000002</b>		
Purpose of Disbursement (Including title(s) of communication(s))					
Television Advertising of "Old Chuck"					
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For: 2016	
Charles Grassley	<input checked="" type="checkbox"/>	Senate	IA	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.000004</b>					
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) .....			31273.07		
<b>TOTAL</b> This Period (last page this line number only) .....			31273.07		
(carry total from last page to Line 10)					