"2022190174@fcc.gov" <2022190174@fcc.gov>

CC

Subject: Freedom's Watch - 4/29/2008 - FEC Form 9

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

Ryan Teague, Esq. Freedom's Watch 202.379.3709



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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) check if different than previously reported 401 9th St. NW	2. FEC Identification Number						
	(c) City. State and ZIP Code Washington, DC 20004	С						
	(d) Name of Employer or Principal Place of Business (e) Occupation	1						
	X New	/						
	04	24 2008						
3.	Is This Statement or 4. Covering Period	through						
	Amended 04	28 2008						
5.	(a) Date of Public Distribution(s) 04 28 2008 (b) Communication T	itle Trust						
6.	The filer is a(n): (a) Individuel (b) Unincorporated Organization (c) Qualified (Nonprofit Corporation (11 CFR 114.10)						
	(d) X Corporation, Labor Organization or Qualified Nonprofit Corporation making commu	nications under 11 CFR 114.15						
	(e) Other, specify:							
7.	7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, Yes No X were the disbursements made exclusively from donations to a segregated bank account?							
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	1						
	Freedom's Watch, Inc. Chief F	inancial Officer						
9.	Total Donations This Statement	, 0.00						
	A STATE OF THE STA							
i O.	Total Disbursements/Obligations This Statement , 18	5,110.20						
Under penalty of perjury, I certify that this statement is true, correct and complete.								
TYPE OR PRINT NAME OF RERSON COMPLETING FORM Douglas W. Robinson								
	HATE DAYS							
	SIGNATURE DATE 04	/29/2008						

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

A.	(a) Name Mel Sembler	
	(b) Address (number and street)	
	5858 Central Avenue	
	(c) City. State and ZIP Code	
	St. Petersberg, FL, 33707-1728	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
	The Sembler Company	Chairman
3.	(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 Susiness	(a) Occupation
	Republican Jewish Coalition	Executive Director
).	(a) Nama 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
),	(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	(a) Dealerstina
		.(a) Occupation
	Las Vegas Sands Corporation	President
	(a) Nama 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	(e) Occupation
	Freedom's Watch Inc.	Executive Vice President

SCHEDULE 9-A Donation(s) Received

PAGE 3 OF 4

1	A.	Full Name of Donor			Date of Receipt
İ		Mailing Address of Donor		-	n n . c 2 4 , 1 ,
ĺ		Manua Managa di Cono			Amount
		City	State	Zip	, , ,
E	3.	Full Name of Donor			Date of Receipt
		Mailler Address (Daniel			4 4 5
		Mailing Address of Donor			Amount
		City	State	Zip	, , .
		•			
c	: .	Full Name of Donor			Date of Receipt
		To the Address of the			v y 3 4 + , y r
		Mailing Address of Donor			Amount
		City	State	Zip	
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٥).	Full Name of Donor			Date of Receipt
		Market Address of Day			M M 11 . V Y Y
		Malling Address of Donor			Amount
		City	State	Zíp	
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E	. '	Full Name of Donor			Date of Receipt
1					
		Mailing Address of Donor			Amount
		Cily	Slate	Zip	
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SUBT	O	AL of Donations This Page (optional)			, <u>, ,</u>
ATOTA		This Period (last page this line number	r only)		_
		(carry total from last page to Line 9)	- wingg time min time .		, , , ;

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

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation					
Crossroads Media	04 24 2008					
Mailing Address of Payee	Amount					
66 Canal Center Plaza, Suite 555	170,110.20					
City State Zip Code Alexandria VA 22314	' ' '					
Name of Employer Occupation	Communication Date					
Traine of Employer	04 28 2008					
Purpose of Disbursement (Including title(s) of communication(s))	.1					
Media Placement						
Name of Federal Candidate Office Sought X: House State. LA	Disbursement/Obligation For:					
Senate District: 06	Primary General					
President President	X Other (specify) ➤ Special Elec. Disbursement/Obligation For					
Name of Federal Candidate Office Sought: House State.	Primary General					
President District:	Other (specify)					
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:					
Senate	Primary [] General					
President District	Other (specify)					
B. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation.					
Upgrade Films	04 24 2008					
Mailing Address of Payee	Amount					
3299 K St, NW Suite 200	15,000.00					
City State Zip Code Washington DC 2.0007	, 13,,000.90					
Washington DC 2.0007 Name of Employer Occupation	Communication Date					
Name of Empoyer	04 28 2008					
Purpose of Disbursement (Including fille(s) of communication(s))						
Media Production						
Name of Federal Candidate Office Sought: X House State: LA	Disbursement/Obligation For:					
Senate District: 06	Primary General					
DOIT Cazayoux President	X Other (specify) ▶ Special Elec.					
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For: Primary General					
Senate District:	Other (specify)					
Name of Enderal Condidate Office Sought Can House	Disbursement/Obligation For.					
State:	Primary General					
President District	Other (specify)					
}						
SUBTOTAL of Disbursements/Obligations This Page (optional)	, 185,,110.20					
TOTAL This Period (last page this line number only)	185,110.20					
(carry total from last page to Line 10)						

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. Date of Receipt Hand Delivered **Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 of Postmarked 4/29/08 Z- mail Other (Specify):