

RECEIVED  
GENERAL ELECTION  
COMMISSION  
ENCLOSURE

2008 DEC -5 P 4: 09

10/1/2008

Form 9

"Enough"

28039942252

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
NOV 20 2008

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 26 2008 through 10 01 2008

5. (a) Date of Public Distribution(s) 10 01 2008 (b) Communication Title "Enough"

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 13,720.53

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 *DWR* 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)

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

<b>A.</b>	
(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>B.</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
<b>C.</b>	
(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
<b>D.</b>	
(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
<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	

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**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A.</b> Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <hr/> <p>Amount</p> <p>Thousands Tens Ones</p>
<p><b>B.</b> Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <hr/> <p>Amount</p> <p>Thousands Tens Ones</p>
<p><b>C.</b> Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <hr/> <p>Amount</p> <p>Thousands Tens Ones</p>
<p><b>D.</b> Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <hr/> <p>Amount</p> <p>Thousands Tens Ones</p>
<p><b>E.</b> Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <hr/> <p>Amount</p> <p>Thousands Tens Ones</p>

<p><b>SUBTOTAL</b> of Donations This Page (optional) .....</p>	<p>Thousands Tens Ones</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....          (carry total from last page to Line 9)</p>	<p>Thousands Tens Ones</p>

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**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Strategic Media Services, Inc.				Date of Disbursement or Obligation 09 26 2008	
Mailing Address of Payee 3299 K Street, NW Suite 200				Amount 13,720.53	
City Washington		State DC	Zip Code 20007		Communication Date 10 01 2008
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Media Placement					
Name of Federal Candidate John Adler		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NJ</u> District: <u>03</u>	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>B. Full Name (Last, First, Middle Initial) of Payee</b>				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) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> ..... ▶				13,720.53	
<b>TOTAL This Period (last page this line number only)</b> ..... ▶ (carry total from last page to Line 10)				13,720.53	

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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

*Jms*  
PREPARER  
(3/2005)

12/5/08  
DATE PREPARED

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