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**FEC FORM 9****24 Hour Notice of Disbursements/Obligations for Electioneering Communication****Errors:****You must sign the statement. Please read the NOTE carefully.****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligation****(a) Name \***

leedsforcongress

**(b) Address (number and street) \*** ☐ check if different than previously reported

1405 Ten Palms Court

**(c) City**

Las Vegas

**State**

Nevada

**Zip**

89117

**(d) Name of Employer or Principal Place of Business**

1025 S. Rainbow, Las Vegas, NV 89145

**(e) Occupation**

Political

**2. FEC Identification Number** C 00000000**3. Is this report an amendment?\*** ☐ Yes ☒ No**4. Covering Period** 01/01/2007 (mm/dd/yyyy) through 07/19/2007 (mm/dd/yyyy)**5. (a) Date of Public Distribution(s)**

(mm/dd/yyyy)

**(b) Communication Title****6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)?** Yes ☐ No ☐**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☐ No ☐**8. Custodian of Records****(a) Name**

Robert X. Leeds

**(b) Address (number and street)**

1405 Ten Palms Court

**City**

Las Vegas

**State**

Nevada

**Zip**

89117

**(d) Name of Employer or Principal Place of Business**

leeds for congress

**(e) Occupation**

Electing Robert X. Leeds to Congress

**9. Total Donations This Statement**

1.00

**10. Total Disbursements/Obligations This Statement**

1.00

27039531273

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

Add Another Person

(use the Add Another Person button to add as many people as necessary)

**Person Record #1.**

Delete Record

(a) Name \*

Robert X. Leeds

(b) Address (number and street)

1405 Ten Palms Court

City

State

Zip

Las Vegas

Nevada



89117

(d) Name of Employer or Principal Place of Business

leedsforcongress

(e) Occupation

Electing Robert X. Leeds to Congress

**Person Record #2.**

Delete Record

(a) Name \*

Peggy Leeds

(b) Address (number and street)

1405 Ten Palms Court

City

State

Zip

Las Vegas

Nevada



89117

(d) Name of Employer or Principal Place of Business

leedsforcongress

(e) Occupation

Housewife

[Back to Top](#)**SCHEDULE 9-A**

Add Another Donation

**Donation(s) Received**

(use the Add Another Donation button to add as many donations as necessary)

**Donation #1.**

Delete Record

Entity Type of Donor\*

Individual (a person) ☒

Full Name of Donor\*

Organization

Name

Date of Receipt\*

09/17/2007

(mm/dd/yyyy)

-or-

Last Name Leeds

First Name

Marc

Middle

Name

B.

Prefix

Mr.

Suffix

Amount \*

1.00

Mailing Address of Donor

4370 East Alexander Road

City

State

Zip

Las Vegas

Nevada



89115

27039531274

TOTAL This Period (Tally this total to Line 9)

1.00

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## SCHEDULE 9-B

[Add Another Disbursement](#)

## Disbursement(s) Made or Obligation(s)

(use the Add Another Disbursement button to add as many disbursements as necessary)

## Disbursement #1.

[Delete Record](#)

## Entity Type of Payee\*

☒ Organization (not a committee and not a person) ☐

## Name of Payee \*

|                   |  |            |  |        |
|-------------------|--|------------|--|--------|
| Organization Name |  |            |  |        |
| leedsforcongress  |  |            |  |        |
| -or-              |  |            |  |        |
| Last Name         |  | First Name |  |        |
| Middle Name       |  | Prefix     |  | Suffix |

## Mailing Address of Payee

1405 Ten Palms Court

## City

Las Vegas

## State

Nevada ☒

## Zip

89117

## Date of Disbursement or Obligation \*

09/17/2007 (mm/dd/yyyy)

## Amount \*

1.00

## Name of Employer

## Occupation

## Communication Date

(mm/dd/yyyy)

## Purpose of Disbursement (Including title(s) of communication(s)) \*

Stationery

[Add Another Candidate](#)[Delete Record](#)

## Name of Federal Candidate\*

Robert X. Leeds

## Office Sought \*

☒ House☐ Senate☐ President

## State\*

Nevada ☒

## District

## Disbursement/Obligation For \*

☒ Primary ☐ General☐ Other (specify) :

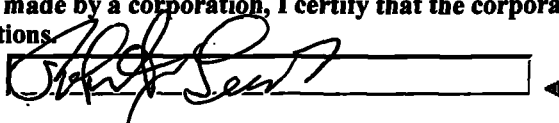
TOTAL This Period (Tally this total to Line 10)

1.00

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Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

SIGNATURE \*



DATE \* 09/17/2007

(mm/dd/yyyy)

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

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FEC Form 9 (Rev. 02/2003)

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463

Toll Free 800-424-9530, Local 202-694-1100

**Check for Validation Errors**[Check](#)[HELP](#)

27039531276

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.

|  |                               |
|--|-------------------------------|
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| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                 |
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| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt               |
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| <input type="checkbox"/> Other (Specify):  | Date of Receipt or Postmarked |

  
PREPARER

9/27/07  
DATE PREPARED

(3/2005)

27039531277