



Ryan Teague <rteague@freedomswatch.org> on 10/08/2008 05:28:08 PM

To: "2022190174@fcc.gov" <2022190174@fcc.gov>
cc: Ryan Teague <rteague@freedomswatch.org>

Subject: Freedom's Watch - 10/08/2008 - FEC Form 9

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

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

(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

10 06 2008

through

10 08 2008

5. (a) Date of Public Distribution(s) 10 08 2008

(b) Communication Title Pension

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

188,062.99

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



DATE

10/8/08

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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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

<p>A. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <hr/> <p>Amount</p>
<p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <hr/> <p>Amount</p>
<p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <hr/> <p>Amount</p>
<p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <hr/> <p>Amount</p>
<p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <hr/> <p>Amount</p>

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

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

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A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media				Date of Disbursement or Obligation 10 06 2008	
Mailing Address of Payee 66 Canal Center Plaza Suite 555				Amount 175,537.50	
City Alexandria		State VA	Zip Code 22314		Communication Date 10 08 2008
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Media Placement					
Name of Federal Candidate Dina Titus		Office Sought: <input checked="" type="checkbox"/> House	State: NV	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
		<input type="checkbox"/> Senate	District: 03	<input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> President			
Name of Federal Candidate		Office Sought:	State:	Disbursement/Obligation For:	
		<input type="checkbox"/> House	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate	District:	<input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> President			
Name of Federal Candidate		Office Sought:	State:	Disbursement/Obligation For:	
		<input type="checkbox"/> House	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate	District:	<input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> President			
B. Full Name (Last, First, Middle-Initial) of Payee McCarthy Marcus Hennings, Ltd.				Date of Disbursement or Obligation 10 08 2008	
Mailing Address of Payee 1850 M Street, NW Suite 235				Amount 12,525.49	
City Washington		State DC	Zip Code 20036		Communication Date 10 08 2008
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Media Production					
Name of Federal Candidate Dina Titus		Office Sought: <input checked="" type="checkbox"/> House	State: NV	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
		<input type="checkbox"/> Senate	District: 03	<input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> President			
Name of Federal Candidate		Office Sought:	State:	Disbursement/Obligation For:	
		<input type="checkbox"/> House	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate	District:	<input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> President			
Name of Federal Candidate		Office Sought:	State:	Disbursement/Obligation For:	
		<input type="checkbox"/> House	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate	District:	<input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> President			
SUBTOTAL of Disbursements/Obligations This Page (optional)				188,062.99	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				188,062.99	

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

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): *E-mail* Date of Receipt or Postmarked
10/8/08

[Signature] *10/9/08*
 PREPARER DATE PREPARED

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