



"Karen Blackistone" <kab@holtzmanlaw.net> on 10/30/2008 11:36:40 PM

To: <2022190174@fcc.gov>
cc:

Subject: Electioneering Communications Report- Vets for Freedom- Murtha

The attached electioneering communications report is filed on behalf of Vets for Freedom.

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fecfrm9- Murtha- 10.30.08.pdf

28039910274

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Vets for Freedom, Inc.

(b) Address (number and street) check if different than previously reported
1200 Eton Court NW, Suite 300

(c) City, State and ZIP Code
Washington, DC 20007

(d) Name of Employer or Principal Place of Business

NA

(e) Occupation

2. FEC Identification Number

C 30001093

3. Is This Statement

New
or
 Amended

4. Covering Period

10 27 2008
through
10 29 2008

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

10 29 2008

(b) Communication Title "Murtha- Haditha"

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 Wade Zirkle

(b) Address (number and street)
1200 Eton Court, NW Suite 300

(c) City, State and ZIP Code
Washington, DC 20007

(d) Name of Employer or Principal Place of Business

Lehman Brothers

(e) Occupation

Banking

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

62,309.66

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Pete Hegseth

SIGNATURE

Pete Hegseth

DATE 10-30-2008

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

A.	(a) Name Pete Hegseth	(e) Occupation Chairman
	(b) Address (number and street) 1200 Eton Court, NW Suite 300	
	(c) City, State and ZIP Code Washington, DC 20007	
	(d) Name of Employer or Principal Place of Business Vets for Freedom	
B.	(a) Name Wade Zirkle	(e) Occupation Banking
	(b) Address (number and street) 1200 Eton Court, NW Suite 300	
	(c) City, State and ZIP Code Washington, DC 20007	
	(d) Name of Employer or Principal Place of Business Lehman Brothers	
C.	(a) Name Kevin Nunnally	(e) Occupation
	(b) Address (number and street) 1200 Eton Court, NW Suite 300	
	(c) City, State and ZIP Code Washington, DC 20007	
	(d) Name of Employer or Principal Place of Business Student	
D.	(a) Name David Bellavia	(e) Occupation Vice Chairman
	(b) Address (number and street) 1200 Eton Court, NW Suite 300	
	(c) City, State and ZIP Code Washington, DC 20007	
	(d) Name of Employer or Principal Place of Business Vets for Freedom	
E.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	

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SCHEDULE 9-A
Donation(s) Received

28039910277

<p>A. Full Name of Donor None</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>Amount</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>Amount</p> <p>0 00</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

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A. Full Name (Last, First, Middle Initial) of Payee The Stevens & Schriefer Group			Date of Disbursement or Obligation 10 27 2008	
Mailing Address of Payee 2120 L St. NW, Suite 510			Amount 6 2,3 0 9.66	
City Washington,	State DC	Zip Code 20036	Communication Date 10 29 2008	
Name of Employer Occupation				

Purpose of Disbursement (Including title(s) of communication(s))

Media production and placement of TV Advertisement: "Murtha- Haditha"

Name of Federal Candidate John Murtha	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 12	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. Full Name (Last, First, Middle Initial) of Payee			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) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional)	0.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)	6 2,3 0 9.66

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"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/30/08</i>

[Signature]
 PREPARER

10/31/08
 DATE PREPARED