



"Karen Blackistone" <kab@holtzmanlaw.net> on 10/30/2008 11:35:09 PM

To: <2022190174@fcc.gov>
cc:

Subject: Electioneering Communications Report- Vets for Freedom- Murphy

Please find the attached 24 hours notice of electioneering communications for Vets for Freedom.

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fecfrm9- Murphy- 10.30.08.pdf

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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

10th 27th 2008
through
10th 29th 2008

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

10th 29th 2008

(b) Communication Title "Murphy"

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

5,800.68

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.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name Pete Hegseth	
	(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) Occupation Chairman
B.	(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
C.	(a) Name Kevin Nunnally	
	(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	(e) Occupation
D.	(a) Name David Bellavia	
	(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) Occupation Vice Chairman
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

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<p>A. Full Name of Donor</p> <p style="text-align: center;">None</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YY</p> <hr/> <p>Amount</p> <p>0.00</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> <p>MM / DD / YY</p> <hr/> <p>Amount</p> <p>0.00</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> <p>MM / DD / YY</p> <hr/> <p>Amount</p> <p>0.00</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> <p>MM / DD / YY</p> <hr/> <p>Amount</p> <p>0.00</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> <p>MM / DD / YY</p> <hr/> <p>Amount</p> <p>0.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	

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SCHEDULE 9-B


Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

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 58,006.84		
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: "Murphy"					
Name of Federal Candidate Patrick Murphy		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 8	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) ▶					
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)					

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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<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>
	<i>10/31/08</i>
PREPARER	DATE PREPARED

(3/2005)

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