

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name **FREEDOM PATH**

(b) Address (number and street)  check if different than previously reported  
2150 SOUTH 1300 EAST  
SUITE 500

(c) City, State and ZIP Code  
SALT LAKE CITY UT 84106

(d) Name of Employer or Principal Place of Business (e) Occupation

### 2. FEC Identification Number

C C30001986

### 3. Is This Statement

New  
or  
 Amended

### 4. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2012  
through  
M M M / D D D / Y Y Y Y Y Y  
04 / 04 / 2012

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

M M M / D D D / Y Y Y Y Y Y  
04 / 04 / 2012

(b) Communication Title Three Men Again

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  
Valerie Phillips

(b) Address (number and street)  
PO BOX 1093

(c) City, State and ZIP Code  
Austin TX 78767

(d) Name of Employer or Principal Place of Business (e) Occupation  
Gober Hilgers PLLC Compliance

### 9. Total Donations This Statement

\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.00

### 10. Total Disbursements/Obligations This Statement

\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.26940.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Valerie Phillips

SIGNATURE Valerie Phillips

[Electronically Filed] DATE 04/05/2012

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)

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

<b>A.</b>	(a) Name Mark Emerson	<b>Transaction ID : F91.000001</b>
	(b) Address (number and street) 2150 South 1300 East Suite 500	
	(c) City, State and ZIP Code Salt Lake City	UT 84106
	(d) Name of Employer or Principal Place of Business Pearson Digital Learning	(e) Occupation Director
<b>B.</b>	(a) Name J. Scott Bensing	<b>Transaction ID : F91.000002</b>
	(b) Address (number and street) 2150 South 1300 East Suite 500	
	(c) City, State and ZIP Code Salt Lake City	UT 84106
	(d) Name of Employer or Principal Place of Business SB Strategic Consulting, Inc.	(e) Occupation Owner
<b>C.</b>	(a) Name Steven Troop	<b>Transaction ID : F91.000003</b>
	(b) Address (number and street) 2150 South 1300 East Suite 500	
	(c) City, State and ZIP Code Salt Lake City	UT 84106
	(d) Name of Employer or Principal Place of Business Unity Title	(e) Occupation Escrow Officer
<b>D.</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
<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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Strategic Media Services Inc.</b>			<b>Date of Disbursement or Obligation</b> M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2012		
Mailing Address of Payee 3299 K Street NW Suite 200			<b>Amount</b> 26940.00		
City	State	Zip Code	<b>Communication Date</b> M M M / D D D / Y Y Y Y Y Y 04 / 04 / 2012		
Washington	DC	20007			
Name of Employer Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) TV Media Buy and Shipping - "Three Men Again"			<b>Transaction ID : F93.000001</b>		
Name of Federal Candidate Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <u>UT</u> District: _____	Disbursement/Obligation For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.000002</b>					
Name of Federal Candidate Orrin Hatch		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>UT</u> District: _____	Disbursement/Obligation For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.000003</b>					
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>					
Mailing Address of Payee			<b>Date of Disbursement or Obligation</b> M M M / D D D / Y Y Y Y Y Y		
City State Zip Code			<b>Amount</b>		
Name of Employer Occupation			<b>Communication Date</b> M M M / D D D / Y Y Y Y Y Y		
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</b> of Disbursements/Obligations This Page (optional) ..... ▶			26940.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)			26940.00		