

# FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

## 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name CAMPAIGN MONEY WATCH		<b>2. FEC Identification Number</b> <b>C</b> C30000160
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported CAMPAIGN MONEY WATCH 1133 19TH STREET NW 9TH FLOOR		
(c) City, State and ZIP Code WASHINGTON DC 20036		
(d) Name of Employer or Principal Place of Business		(e) Occupation

<b>3. Is This Statement</b> <input type="checkbox"/> <b>New</b> or <input checked="" type="checkbox"/> <b>Amended</b>	<b>4. Covering Period</b>	M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
		through M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0

**5. (a) Date of Public Distribution(s)** M M / D D / Y Y Y Y **(b) Communication Title** Gun Dealer  
1 0 / 0 8 / 2 0 1 0

**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. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?** Yes  No

**8. Custodian of Records**

(a) Name  
David Donnelly

(b) Address (number and street)  
Campaign Money Watch

(c) City, State and ZIP Code  
Washington DC 20036

(d) Name of Employer or Principal Place of Business  
Public Campaign Action Fund

(e) Occupation  
National Campaigns Director

**9. Total Donations This Statement** 350000.00

**10. Total Disbursements/Obligations This Statement** 41000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.  
 TYPE OR PRINT NAME OF PERSON COMPLETING FORM David Donnelly  
 SIGNATURE Electronically Filed by David Donnelly DATE 02/18/2011

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	<b>Transaction ID : F91.000001</b>	
	David Donnelly		
	(b) Address (number and street)		
	Campaign Money Watch 1133 19th Street NW 9th Floor		
	1133 19th Street NW 9th Floor		
	(c) City, State and Zip Code		
	Washington	DC	20036
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	Public Campaign Action Fund	National Campaigns Director	

**A.** Full Name of Donor

Service Employees International Union

Mailing Address of Donor  
1800 Massachusetts Avenue

City	State	Zip
Washington	DC	20036

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 1 0

Amount

350000.00

Transaction ID : F92.000001

**SUBTOTAL** of Donations This Page (optional).....

350000.00

**TOTAL** This Period (last page this line number only).....  
(carry total from last page to Line 9)

350000.00

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee MacWilliams Sanders			Date of Disbursement or Obligation <input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
Mailing Address of Payee 7 Trillium Way			Amount <input type="text" value="41000.00"/>
City Amherst	State MA	Zip Code 01002	Communication Date <input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
Name of Employer n/a		Occupation n/a	<b>Transaction ID :</b> F93.000001

Purpose of Disbursement (including title(s) of communication(s))  
 Placement of Gun Dealer

Name of Federal Candidate Ken Buck  F94.000002	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>  District: _____	Disbursement/Obligation For: 2010 <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>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	<input type="text" value="41000.00"/>
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	<input type="text" value="41000.00"/>