

**To: FEC**

**From: Dennis Cortes 312 622 6473**

**Date: 9/17/06**

**Subject: Form 9 Electioneering Communications Report**

**Pages: 4**

2803983311

# FEC FORM 9

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

### 1. Person Making the Disbursements/Obligations

(a) Name BornAliveTruth.org		2. FEC Identification Number  C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. Box 285	(c) City, State and ZIP Code Mokena, IL 60448	
(d) Name of Employer or Principal Place of Business	(e) Occupation	

3. Is This Statement	<input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period	09 11 2008 through 09 16 2008
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5. (a) Date of Public Distribution(a) 09 16 2008 (b) Communication Title "Gianna"

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 Dennis Cortes	
(b) Address (number and street) P.O. Box 285	
(c) City, State and ZIP Code Mokena, IL 60448	
(d) Name of Employer or Principal Place of Business Cantor Fitzgerald & Co.	(e) Occupation Managing Director

9. Total Donations This Statement , 3 3 8, 2 2 6, 00

10. Total Disbursements/Obligations This Statement , 3 3 8, 2 2 6, 00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Dennis Cortes

SIGNATURE Dennis Cortes DATE 9/17/08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV 12/2007)

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

PAGE OF

11. Person(s) Sharing/Exercising Control

**A.** (a) Name  
Dennis Cortes

(b) Address (number and street)  
P.O. Box 285

(c) City, State and ZIP Code  
Mokena, IL 60448

(d) Name of Employer or Principal Place of Business  
Cantor Fitzgerald & Co.

(e) Occupation  
Managing Director

**B.** (a) Name  
Jill Stanek

(b) Address (number and street)  
P.O. Box 285

(c) City, State and ZIP Code  
Mokena, IL 60448

(d) Name of Employer or Principal Place of Business  
BornAliveTruth.org

(e) Occupation  
Executive Director

**C.** (a) Name  
Hadley Arkes

(b) Address (number and street)  
P.O. Box 285

(c) City, State and ZIP Code  
Mokena, IL 60448

(d) Name of Employer or Principal Place of Business  
Amherst College

(e) Occupation  
Professor of Political Science

**D.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**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**

PAGE OF

<b>A. Full Name of Donor</b> <b>Raymond Ruddy</b> <hr/> <b>Mailing Address of Donor</b> <b>26 Rolling Lane</b> <hr/> <b>City</b> <b>State</b> <b>Zip</b> <b>Dover MA 02030</b>	<b>Date of Receipt</b> <b>09 11 2008</b> <hr/> <b>Amount</b> <b>3 3 8 2 2 6 00</b>
<b>B. Full Name of Donor</b> <hr/> <b>Mailing Address of Donor</b> <hr/> <b>City</b> <b>State</b> <b>Zip</b>	<b>Date of Receipt</b>  <hr/> <b>Amount</b>
<b>C. Full Name of Donor</b> <hr/> <b>Mailing Address of Donor</b> <hr/> <b>City</b> <b>State</b> <b>Zip</b>	<b>Date of Receipt</b>  <hr/> <b>Amount</b>
<b>D. Full Name of Donor</b> <hr/> <b>Mailing Address of Donor</b> <hr/> <b>City</b> <b>State</b> <b>Zip</b>	<b>Date of Receipt</b>  <hr/> <b>Amount</b>
<b>E. Full Name of Donor</b> <hr/> <b>Mailing Address of Donor</b> <hr/> <b>City</b> <b>State</b> <b>Zip</b>	<b>Date of Receipt</b>  <hr/> <b>Amount</b>
<b>SUBTOTAL of Donations This Page (optional) ..... ▶</b> <b>3 3 8 2 2 6 00</b> <hr/> <b>TOTAL This Period (last page this line number only) ..... ▶</b> <b>3 3 8 2 2 6 00</b> (carry total from last page to Line 9)	

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**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

PAGE OF

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Sandler-Innocenzi, Inc.			<b>Date of Disbursement or Obligation</b> 09/11/2008		
<b>Mailing Address of Payee</b> 705 Prince Street			<b>Amount</b> 338,226.00		
<b>City</b> Alexandria	<b>State</b> VA	<b>Zip Code</b> 22314	<b>Communication Date</b> 09/16/2008		
<b>Name of Employer</b>			<b>Occupation</b>		

**Purpose of Disbursement (Including title(s) of communication(s))**  
Advertisement production and media placement/ad buy

<b>Name of Federal Candidate</b> Barack Obama	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>B. Full Name (Last, First, Middle Initial) of Payee</b>			<b>Date of Disbursement or Obligation</b>		
<b>Mailing Address of Payee</b>			<b>Amount</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Communication Date</b>		
<b>Name of Employer</b>			<b>Occupation</b>		

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

<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> ▶	338,226.00
<b>TOTAL This Period (last page this line number only)</b> ▶ (carry total from last page to Line 10)	338,226.00

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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.

2803983316

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery 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
<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):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A PREPARER	N/A DATE PREPARED
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