

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **SPECIAL OPERATIONS OPSEC EDUCATION FUND INC**

(b) Address (number and street) check if different than previously reported
901 KING STREET
SUITE 400

(c) City, State and ZIP Code
ALEXANDRIA VA 22314

2. FEC Identification Number

C C30002042

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

3. Is This Statement New or Amended

4. Covering Period

10 / 17 / 2012 through 10 / 20 / 2012

5. (a) Date of Public Distribution(s) 10 / 20 / 2012 (b) Communication Title Media buy - FL

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
Chris Marston

(b) Address (number and street)
PO Box 26141

(c) City, State and ZIP Code
Alexandria VA 22313

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

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 12000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Chris Marston

SIGNATURE Chris Marston [Electronically Filed] DATE 03/29/2013

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F9A

Transaction ID :

This amendment responds to an RFAI dated 3/12/2013. The RFAI raised two issues. The Committee has amended the report to include the appropriate information on Line 11 and the name of the candidate identified on Line 9-B. The Committee has also checked box (e) on line 6. It is a non-profit corporation.

Form/Schedule:

Transaction ID:

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

11. Person(s) Sharing/Exercising Control

| | | | |
|-----------|--|----------------------------------|-------|
| A. | (a) Name Scott Taylor | Transaction ID : F91.4098 | |
| | (b) Address (number and street) 1206 Laskin Rd Ste 201 | | |
| | (c) City, State and ZIP Code Virginia Beach | VA | 23451 |
| | (d) Name of Employer or Principal Place of Business Assurance International | (e) Occupation Consulting | |
| 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 | |
| C. | (a) Name | | |
| | (b) Address (number and street) | | |
| | (c) City, State and ZIP Code | | |
| | (d) Name of Employer or Principal Place of Business | (e) Occupation | |
| 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 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Payee Greener and Hook Mailing Address of Payee 2101 Wilson Blvd Ste 402 City State Zip Code Arlington VA 22201 Name of Employer Occupation Purpose of Disbursement (Including title(s) of communication(s)) Media buy - FL | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2012 Amount 12000.00 Communication Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2012 Transaction ID : F93.4104 |
| Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ BARACK OBAMA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President Transaction ID : F94.4099F93.4104 Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ 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 Mailing Address of Payee City State Zip Code Name of Employer Occupation Purpose of Disbursement (Including title(s) of communication(s)) Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Amount Communication Date M M / D D / Y Y Y Y Y Y Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |
| SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ | 12000.00 |
| TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10) | 12000.00 |