

FAX COVER SHEET

TO	Electioneering Communications Filing
COMPANY	FEC
FAX NUMBER	12022190174
FROM	Judy Zamore
DATE	2008-09-09 15:09:15 GMT
RE	Form 9

COVER MESSAGE

28039830363

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name Majority Action(b) Address (number and street) PO Box 76187 ☐ check if different than previously reported(c) City, State and ZIP Code Washington DC 20013

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification NumberC3. Is This Statement ☒ New
or
Amended

4. Covering Period

through

5. (a) Date of Public Distribution(s) 09 09 2008 (b) Communication Title "Truth"

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 Judith Zamore(b) Address (number and street) PO Box 76187(c) City, State and ZIP Code Washington DC 20013

(d) Name of Employer or Principal Place of Business

(e) Occupation

The Zamore Group, LLCConsultant**9. Total Donations This Statement****10. Total Disbursements/Obligations This Statement**434,000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Judith G. Zamore

SIGNATURE

Judith G. Zamore

DATE

9/9/08

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 Mark Longabaugh	
(b) Address (number and street) PO Box 76187	
(c) City, State and ZIP Code Washington DC 20013	
(d) Name of Employer or Principal Place of Business Self	(e) Occupation Consultant
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

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FEC FORM 8 (REV. 12/2007)

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SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor _____ Mailing Address of Donor _____ City _____ State _____ Zip _____	Date of Receipt _____ Amount _____
B. Full Name of Donor _____ Mailing Address of Donor _____ City _____ State _____ Zip _____	Date of Receipt _____ Amount _____
C. Full Name of Donor _____ Mailing Address of Donor _____ City _____ State _____ Zip _____	Date of Receipt _____ Amount _____
D. Full Name of Donor _____ Mailing Address of Donor _____ City _____ State _____ Zip _____	Date of Receipt _____ Amount _____
E. Full Name of Donor _____ Mailing Address of Donor _____ City _____ State _____ Zip _____	Date of Receipt _____ Amount _____
SUBTOTAL of Donations This Page (optional) _____ ▶	
TOTAL This Period (last page this line number only) _____ ▶ (carry total from last page to Line 9)	

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ECC FORM 9 (REV. 12/2007)

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 0F

A. Full Name (Last, First, Middle Initial) of Payee Alcar Hutton Media				Date of Disbursement or Obligation 09 08 2008	
Mailing Address of Payee 6190 Gracedale Ct, Suite 200				Amount 425000.00	
City Alexandria, VA		State VA		Zip Code 22310	
Name of Employer		Occupation		Communication Date 09 09 2008	
Purpose of Disbursement (Including title(s) of communication(s)) Media Buy - "Truth"					
Name of Federal Candidate Gordon Smith	Office Sought ☒ House ☐ Senate ☐ President	State OR	Disbursement/Obligation For: ☐ Primary ☒ General ☐ Other (specify)		
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:		
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:		
B. Full Name (Last, First, Middle Initial) of Payee Wild Bunch Consulting					
Mailing Address of Payee 900 19th St NW #400				Date of Disbursement or Obligation 09 09 2008	
City Washington DC		State DC		Zip Code 20006	
Name of Employer		Occupation		Amount 9000.00	
Name of Employer		Occupation		Communication Date 09 09 2008	
Purpose of Disbursement (Including title(s) of communication(s)) Production expenses - "Truth" (estimate)					
Name of Federal Candidate Gordon Smith	Office Sought ☒ House ☐ Senate ☐ President	State OR	Disbursement/Obligation For: ☐ Primary ☒ General ☐ Other (specify)		
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:		
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:		
SUBTOTAL of Disbursements/Obligations This Page (optional)					
				434000.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					
				434000.00	

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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.

☐ Hand Delivered	Date of Receipt
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☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
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☐ Received from Electronic Filing Office	Date of Receipt
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N/A
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(5/2004)

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