

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 Judicial Crisis Network		2. FEC Identification Number C C30001689
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO Box 3141		
(c) City, State and ZIP Code Manassas VA 20108		
(d) Name of Employer or Principal Place of Business		(e) Occupation

3. Is This Statement

New

or

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

through

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 1 0

5. (a) Date of Public Distribution(s) 0 9 / 1 0 / 2 0 1 0 (b) Communication Title Stand with Them

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 Gary Marx	
(b) Address (number and street) PO Box 3141	
(c) City, State and ZIP Code Manassas VA 20108	
(d) Name of Employer or Principal Place of Business Judicial Crisis Network	(e) Occupation

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Gary Marx

SIGNATURE Electronically Filed by Gary Marx

DATE 09/11/2010

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

A. (a) Name	Transaction ID : F91.000001		
Gary Marx			
(b) Address (number and street)	PO Box 3141		
(c) City, State and Zip Code	Manassas	VA	20108
(d) Name of Employer or Principal Place of Business	(e) Occupation		

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Smart Media Group <hr/> Mailing Address of Payee 814 King Street Suite 400 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 0 8 / 2 0 1 0</td> </tr> </table> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">47245.00</div> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 1 0 / 2 0 1 0</td> </tr> </table> Transaction ID : F93.000001	M M / D D / Y Y Y Y	0 9 / 0 8 / 2 0 1 0	M M / D D / Y Y Y Y	0 9 / 1 0 / 2 0 1 0
City	State	Zip Code											
Alexandria	VA	22314											
Name of Employer	Occupation												
M M / D D / Y Y Y Y													
0 9 / 0 8 / 2 0 1 0													
M M / D D / Y Y Y Y													
0 9 / 1 0 / 2 0 1 0													

Purpose of Disbursement (including title(s) of communication(s))
 Stand with Them radio ad

Name of Federal Candidate Kelly Ayotte	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: _____	Disbursement/Obligation For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000002				
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) _____

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px;">47245.00</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px;">47245.00</div>