



"Karen Blackistone" <kab@holtzmanlaw.net> on 09/17/2008 07:00:24 PM

To: <2022190174@fec.gov>  
cc:

Subject: Form 9- Vets for Freedom

Attached, please find an Electioneering Communications report for Vets for Freedom.

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fecfrm9- Face the Facts 9-16-08.pdf

28039833377

# FEC FORM 9

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

### 1. Person Making the Disbursements/Obligations

(a) Name Vets for Freedom, Inc.

(b) Address (number and street)  check if different than previously reported  
1200 Eton Court NW, Suite 300

(c) City, State and ZIP Code  
Washington, DC 20007

(d) Name of Employer or Principal Place of Business  
NA

(e) Occupation

### 2. FEC Identification Number

**C** 30001093

3. Is This Statement  
 New  
or  
 Amended

### 4. Covering Period

08 / 27 / 2008  
through  
09 / 16 / 2008

5. (a) Date of Public Distribution(s) 09 / 16 / 2008 (b) Communication Title "Face the Facts"

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 Wade Zirkle

(b) Address (number and street)  
1200 Eton Court, NW Suite 300

(c) City, State and ZIP Code  
Washington, DC 20007

(d) Name of Employer or Principal Place of Business  
Lehman Brothers

(e) Occupation  
Banking

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 226,669.41

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Pete Hegseth

SIGNATURE

Pete Hegseth

DATE 9-17-2008

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

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

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A. (a) Name Pete Hegseth	
(b) Address (number and street) 1200 Eton Court, NW Suite 300	
(c) City, State and ZIP Code Washington, DC 20007	
(d) Name of Employer or Principal Place of Business Vets for Freedom	(e) Occupation Chairman
B. (a) Name Wade Zirkle	
(b) Address (number and street) 1200 Eton Court, NW Suite 300	
(c) City, State and ZIP Code Washington, DC 20007	
(d) Name of Employer or Principal Place of Business Lehman Brothers	(e) Occupation Banking
C. (a) Name Joel Arends	
(b) Address (number and street) 1200 Eton Court, NW Suite 300	
(c) City, State and ZIP Code Washington, DC 20007	
(d) Name of Employer or Principal Place of Business Vets for Freedom	(e) Occupation Executive Director
D. (a) Name David Bellavia	
(b) Address (number and street) 1200 Eton Court, NW Suite 300	
(c) City, State and ZIP Code Washington, DC 20007	
(d) Name of Employer or Principal Place of Business Vets for Freedom	(e) Occupation Vice Chairman
E. (a) Name Kevin Nunnally	
(b) Address (number and street) 1200 Eton Court, NW Suite 300	
(c) City, State and ZIP Code Washington, DC 20007	
(d) Name of Employer or Principal Place of Business Student	(e) Occupation

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**SCHEDULE 9-A**  
**Donation(s) Received**

2803983380

**A. Full Name of Donor**  
None

Mailing Address of Donor

City State Zip

Date of Receipt  
MM / DD / YYYY

Amount

**B. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt  
MM / DD / YYYY

Amount

**C. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt  
MM / DD / YYYY

Amount

**D. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt  
MM / DD / YYYY

Amount

**E. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt  
MM / DD / YYYY

Amount

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

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

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> The Stevens & Schriefer Group				<b>Date of Disbursement or Obligation</b> MM / DD / YYYY 08 / 27 / 2008	
<b>Mailing Address of Payee</b> 2120 L St. NW, Suite 510				<b>Amount</b> 2 0 5 8 3 2.80	
<b>City</b> Washington, D.C. <b>State</b> D.C. <b>Zip Code</b> 20037		<b>Communication Date</b> MM / DD / YYYY 09 / 16 / 2008			
<b>Name of Employer</b> NA <b>Occupation</b>		<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Media placement and ad production- Television ad			
<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>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>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>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> The Stevens & Schriefer Group				<b>Date of Disbursement or Obligation</b> MM / DD / YYYY 09 / 11 / 2008	
<b>Mailing Address of Payee</b> 2120 L St. NW, Suite 510				<b>Amount</b> 2 0 8 3 6 61	
<b>City</b> Washington, D.C. <b>State</b> D.C. <b>Zip Code</b> 20037		<b>Communication Date</b> MM / DD / YYYY 09 / 16 / 2008			
<b>Name of Employer</b> NA <b>Occupation</b>		<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Media placement and ad production- Television ad			
<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>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>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>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> ..... ▶				[Empty Amount Field]	
<b>TOTAL This Period (last page this line number only)</b> ..... ▶ (carry total from last page to Line 10)				2 2 6 6 6 9.41	

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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.

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

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>9/17/08</i>
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 PREPARER	<i>9/18/08</i> DATE PREPARED
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