

Webform last accessed on Mon Sep 17 13:34:44 PDT 2007

Your webform session will time-out in: 30 minutes from last webform access time.

Click [here](#) to extend your webform session for 1 Hour.**FEC FORM 9****24 Hour Notice of Disbursements/Obligations for Electioneering Communication****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligation**

(a) Name * LEEDSFORCONGRESS

(b) Address (number and street) * ☐ check if different than previously reported

1405 Ten Palms Court

(c) City

State

Zip

Las Vegas

-Select- NV

89117

(d) Name of Employer or Principal Place of Business

(e) Occupation

RECEIVED
FEC MAIL CENTER
2008 APR 10 AM 8:22

2. FEC Identification Number C 00000000 000439141

3. Is this report an amendment? * ☐ Yes ☒ No

4. Covering Period 01/01/2008 (mm/dd/yyyy) through 03/31/2008 (mm/dd/yyyy)

5. (a) Date of Public Distribution(s) (b) Communication Title

(mm/dd/yyyy)

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)? Yes ☒ No ☐

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? THERE WERE NO DISTRIBUTIONS.

Yes ☐ No ☐**8. Custodian of Records**

(a) Name

Robert X. Leeds

(b) Address (number and street)

1405 Ten Palms Court

Las Vegas

City

State

Zip

Las Vegas

-Select- NV

89117

(d) Name of Employer or Principal Place of Business

LEEDSFORCONGRESS

(e) Occupation

Author

9. Total Donations This Statement

0.00 NONE

10. Total Disbursements/Obligations This Statement

0.00 NONE

11. List of Person(s) Sharing/Exercising Control

Add Another Person

Robert X. Leeds

88557965082

(use the Add Another Person button to add as many people as necessary)

Person Record #1.

[Delete Record](#)

(a) Name *

Robert X. Leeds

(b) Address (number and street)

1405 Ten Palms Court

City

Las Vegas

State

-Select- NV

Zip

89117

(d) Name of Employer or Principal Place of Business

Epic Publishing Company, Inc.

(e) Occupation

Author

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SCHEDULE 9-A

[Add Another Donation](#)

Donation(s) Received

(use the Add Another Donation button to add as many donations as necessary)

Donation #1.

NONE

[Delete Record](#)

Entity Type of Donor *

-Select-

Full Name of Donor *

Organization Name				
-or-				
Last Name	First Name			
Middle Name	Prefix	Suffix		

Date of Receipt *

(mm/dd/yyyy)

Amount *

Mailing Address of Donor

City

State

-Select-

Zip

TOTAL This Period (Tally this total to Line 9)

0.00

NONE

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SCHEDULE 9-B

[Add Another Disbursement](#)

Disbursement(s) Made or Obligation(s)

(use the Add Another Disbursement button to add as many disbursements as necessary)

Disbursement #1.

NONE

[Delete Record](#)

Entity Type of Payee *

Name of Payee *

Organization Name				
-or-				
Last Name	First Name			
Middle Name	Prefix	Suffix		

Mailing Address of Payee

City State Zip

Name of Employer

Occupation

Date of Disbursement or Obligation *

 (mm/dd/yyyy)

Amount *

Communication Date

 (mm/dd/yyyy)

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

Name of Federal Candidate*	Office Sought *	State *	Delete Record	
	<input type="radio"/> House	<input type="button" value="-Select-"/>	Disbursement/Obligation For *	
	<input type="radio"/> Senate	District	<input type="radio"/> Primary	<input type="radio"/> General
	<input type="radio"/> President	_____	<input type="radio"/> Other (specify) : _____	

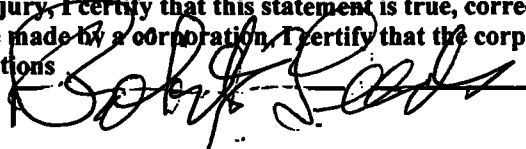
TOTAL This Period (Tally this total to Line 10)

0.00

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Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

SIGNATURE *



DATE * 11/3/2008 (mm/dd/yyyy)

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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FEC Form 9 (Rev. 02/2003)

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463

Toll Free 800-424-9530, Local 202-694-1100

Check for Validation Errors

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 4/5/08
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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

<input type="checkbox"/> No Postmark


<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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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PREPARER
(3/2005)

4/10/08
DATE PREPARED

28039673391