



Ryan Teague <rteague@freedomswatch.org> on 08/07/2008 02:28:10 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>  
cc: Ryan Teague <rteague@freedomswatch.org>, Abby Peters <apeters@freedomswatch.org>  
Subject: Freedom's Watch - 8/7/2008 - FEC Form 9

Please find attached FEC Form 9, "24 Hour Notice of Disbursements/Obligations" for the Freedom's Watch advertisement entitled "NH Vacation".

Ryan Teague, Esq.  
Freedom's Watch  
202.379.3709



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# FEC FORM 9

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

### 1. Person Making the Disbursements/Obligations

(a) Name Freedom's Watch Inc.

(b) Address (number and street)  check if different than previously reported  
401 9th St. NW

(c) City, State and ZIP Code  
Washington, DC 20004

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

2. FEC Identification Number  
C

3. Is This Statement  New or  Amended

4. Covering Period 08 05 2008 through 08 06 2008

5. (a) Date of Public Distribution(s) 08 06 2008 (b) Communication Title NH Vacation

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 Douglas W. Robinson

(b) Address (number and street)  
401 9th St. NW

(c) City, State and ZIP Code  
Washington, DC 20004

(d) Name of Employer or Principal Place of Business \_\_\_\_\_ (e) Occupation  
Freedom's Watch, Inc. Chief Financial Officer

9. Total Donations This Statement \_\_\_\_\_, 0.00

10. Total Disbursements/Obligations This Statement \_\_\_\_\_, 22,895.20

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Douglas W. Robinson

SIGNATURE  DATE 08/06/2008

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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11. Person(s) Sharing/Exercising Control

A. (a) Name Mel Sembler	
(b) Address (number and street) 5858 Central Avenue	
(c) City, State and ZIP Code St. Petersburg, FL, 33707-1728	
(d) Name of Employer or Principal Place of Business The Sembler Company	(e) Occupation Chairman
B. (a) Name Matthew Brooks	
(b) Address (number and street) 50 F Street NW Suite 100	
(c) City, State and ZIP Code Washington, DC 20001	
(d) Name of Employer or Principal Place of Business Republican Jewish Coalition	(e) Occupation Executive Director
C. (a) Name Ari Fleischer	
(b) Address (number and street) 624 Old Post Road	
(c) City, State and ZIP Code Bedford, NY 10506	
(d) Name of Employer or Principal Place of Business Fleischer Communications	(e) Occupation President
D. (a) Name William Weidner	
(b) Address (number and street) 3355 Las Vegas Blvd South	
(c) City, State and ZIP Code Las Vegas, NV 89109	
(d) Name of Employer or Principal Place of Business Las Vegas Sands Corporation	(e) Occupation President
E. (a) Name Carl Forti	
(b) Address (number and street) 401 9th St NW	
(c) City, State and ZIP Code Washington, DC 20004	
(d) Name of Employer or Principal Place of Business Freedom's Watch Inc.	(e) Occupation Executive Vice President

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

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

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Strategic Media Services, Inc.				<b>Date of Disbursement or Obligation</b> 08 05 2008		
<b>Mailing Address of Payee</b> 3299 K Street, NW Suite 200				<b>Amount</b> , 20,590.20		
<b>City</b> Washington		<b>State</b> DC	<b>Zip Code</b> 20007		<b>Communication Date</b> 08 06 2008	
<b>Name of Employer</b> _____				<b>Occupation</b> _____		
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Media Placement						
<b>Name of Federal Candidate</b> Carol Shea-Porter		<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> NH	<b>District:</b> 01	<b>Disbursement/Obligation For:</b> <input checked="" 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>State:</b> _____	<b>District:</b> _____	<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>State:</b> _____	<b>District:</b> _____	<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> Stevens Reed Curcio & Potholm				<b>Date of Disbursement or Obligation</b> 08 05 2008		
<b>Mailing Address of Payee</b> 201 North Union St, Ste. 200				<b>Amount</b> , 2,305.00		
<b>City</b> Alexandria		<b>State</b> VA	<b>Zip Code</b> 22314		<b>Communication Date</b> 08 06 2008	
<b>Name of Employer</b> _____				<b>Occupation</b> _____		
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Media Production						
<b>Name of Federal Candidate</b> Carol Shea-Porter		<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> NH	<b>District:</b> 01	<b>Disbursement/Obligation For:</b> <input checked="" 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>State:</b> _____	<b>District:</b> _____	<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>State:</b> _____	<b>District:</b> _____	<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> ▶				, 22,895.20		
<b>TOTAL This Period (last page this line number only) .....</b> ▶ (carry total from last page to Line 10)				, 22,895.20		

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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

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *E-Mail* Date of Receipt or Postmarked  
*8/1/08*

*[Signature]* *8/1/08*  
 PREPARER DATE PREPARED

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