

**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

BRING OHIO BACK

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

812 HURON ROAD SUITE 890

(c) City, State and ZIP Code

CLEVELAND

OH

44115

**2. FEC Identification Number**

**C** C00000000

(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 1 / 0 1 / 2 0 0 7

through

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

5. (a) Date of Public Distribution(s) <sup>M M</sup> 1 0 / <sup>D D</sup> 0 9 / <sup>Y Y Y Y</sup> 2 0 0 8 (b) Communication Title BEER GUT

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

MARY GRACE MCGUIRK

(b) Address (number and street)

812 HURON ROAD

(c) City, State and ZIP Code

CLEVELAND

OH

44115

(d) Name of Employer or Principal Place of Business

SELF

(e) Occupation

CONSULTANT

9. Total Donations This Statement 1103600.00

10. Total Disbursements/Obligations This Statement 305000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM MARY GRACE MCGUIRK

SIGNATURE Electronically Filed by MARY GRACE MCGUIRK

DATE 10/10/2008

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

28039852459

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

**11. Person(s) Sharing/Exercising Control**

<b>A. (a) Name</b>		<b>Transaction ID : F91.000001</b>	
JEFF RUSNAK			
<b>(b) Address (number and street)</b>		812 HURON ROAD SUITE 890	
SUITE 890			
<b>(c) City, State and Zip Code</b>		CLEVELAND OH 44115	
<b>(d) Name of Employer or Principal Place of Business</b>		<b>(e) Occupation</b>	
M&R STRATEGIC SERVICES		CONSULTANT	
<b>B. (a) Name</b>		<b>Transaction ID : F91.000002</b>	
MARY GRACE MCGUIRK			
<b>(b) Address (number and street)</b>		812 HURON ROAD SUITE 890	
SUITE 890			
<b>(c) City, State and Zip Code</b>		CLEVELAND OH 44115	
<b>(d) Name of Employer or Principal Place of Business</b>		<b>(e) Occupation</b>	
SELF		CONSULTANT	

28039852460

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

28039852461

<p><b>A. Full Name of Donor</b>            RACHEL HUNTER</p> <hr/> <p>Mailing Address of Donor            3555 TIMMONS LANE</p> <hr/> <table border="0"> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>HOUSTON</td> <td>TX</td> <td>77027</td> </tr> </table>	City	State	Zip	HOUSTON	TX	77027	<p>Date of Receipt            M M / D D / Y Y Y Y            03 / 28 / 2008</p> <p>Amount            87000.00</p> <p>Transaction ID : F92.000001</p>
City	State	Zip					
HOUSTON	TX	77027					
<p><b>B. Full Name of Donor</b>            RACHEL HUNTER</p> <hr/> <p>Mailing Address of Donor            3555 TIMMONS LANE</p> <hr/> <table border="0"> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>HOUSTON</td> <td>TN</td> <td>77027</td> </tr> </table>	City	State	Zip	HOUSTON	TN	77027	<p>Date of Receipt            M M / D D / Y Y Y Y            04 / 12 / 2008</p> <p>Amount            15000.00</p> <p>Transaction ID : F92.000002</p>
City	State	Zip					
HOUSTON	TN	77027					
<p><b>C. Full Name of Donor</b>            RACHEL HUNTER</p> <hr/> <p>Mailing Address of Donor            3555 TIMMONS LANE</p> <hr/> <table border="0"> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>HOUSTON</td> <td>TX</td> <td>77027</td> </tr> </table>	City	State	Zip	HOUSTON	TX	77027	<p>Date of Receipt            M M / D D / Y Y Y Y            09 / 25 / 2008</p> <p>Amount            250000.00</p> <p>Transaction ID : F92.000003</p>
City	State	Zip					
HOUSTON	TX	77027					
<p><b>D. Full Name of Donor</b>            RACHEL HUNTER</p> <hr/> <p>Mailing Address of Donor            3555 TIMMONS LANE</p> <hr/> <table border="0"> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>HOUSTON</td> <td>TX</td> <td>77027</td> </tr> </table>	City	State	Zip	HOUSTON	TX	77027	<p>Date of Receipt            M M / D D / Y Y Y Y            10 / 08 / 2008</p> <p>Amount            750000.00</p> <p>Transaction ID : F92.000004</p>
City	State	Zip					
HOUSTON	TX	77027					
<p><b>E. Full Name of Donor</b>            ERICA PAYNE</p> <hr/> <p>Mailing Address of Donor            135 WEST 16TH STREET            42</p> <hr/> <table border="0"> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>NEW YORK</td> <td>NY</td> <td>10011</td> </tr> </table>	City	State	Zip	NEW YORK	NY	10011	<p>Date of Receipt            M M / D D / Y Y Y Y            10 / 07 / 2008</p> <p>Amount            100.00</p> <p>Transaction ID : F92.000005</p>
City	State	Zip					
NEW YORK	NY	10011					

<p><b>SUBTOTAL</b> of Donations This Page (optional).....</p>	<p><b>1102100.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only).....            (carry total from last page to Line 9)</p>	

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

28039852462

<b>A. Full Name of Donor</b> ELIZABETH MARKS			<b>Date of Receipt</b> M M / D D / Y Y Y Y 10 / 08 / 2008		
<b>Mailing Address of Donor</b> 241 CENTRAL PARK WEST			<b>Amount</b> 1000.00		
<b>City</b> NEW YORK	<b>State</b> NY	<b>Zip</b> 10024	<b>Transaction ID : F92.000006</b>		
<b>B. Full Name of Donor</b> CATHERINE STECK			<b>Date of Receipt</b> M M / D D / Y Y Y Y 10 / 10 / 2008		
<b>Mailing Address of Donor</b> 329 WEST 87TH STREET			<b>Amount</b> 500.00		
<b>City</b> NEW YORK	<b>State</b> NY	<b>Zip</b> 10024	<b>Transaction ID : F92.000007</b>		

<b>SUBTOTAL</b> of Donations This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only)..... (carry total from last page to Line 9)	<b>1103600.00</b>

**SCHEDULE 9-B  
Disbursement(s) Made or Obligations**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> TESSERACT PRODUCTION					<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 10 / 01 / 2008	
Mailing Address of Payee 260 FIFTH AVENUE 9TH FLOOR					Amount  55000.00	
City NEW YORK		State NY	Zip Code 10001			
Name of Employer Occupation						
Purpose of Disbursement (including title(s) of communication(s)) PRODUCTION OF AD ENTITLED BEER GUT						
Name of Federal Candidate JOHN MCCAIN		Office Sought: House Senate President		State: AZ District:	Disbursement/Obligation For: 2008 Primary <input checked="" type="checkbox"/> General	
F94.000004		X		Other (specify) _____		
Name of Federal Candidate		Office Sought: House Senate President		State: District:	Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate		Office Sought: House Senate President		State: District:	Disbursement/Obligation For: Primary General Other (specify) _____	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> BUYING TIME					<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 10 / 09 / 2008	
Mailing Address of Payee 2715 M STREET NW SUITE 400					Amount  22600.00	
City WASHINGTON		State DC	Zip Code 20007			
Name of Employer Occupation						
Purpose of Disbursement (including title(s) of communication(s)) AD TIME FOR AD ENTITLED BEER GUT						
Name of Federal Candidate		Office Sought: House Senate President		State: District:	Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate		Office Sought: House Senate President		State: District:	Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate		Office Sought: House Senate President		State: District:	Disbursement/Obligation For: Primary General Other (specify) _____	
<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....					77600.00	
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)						

28039852463

**SCHEDULE 9-B  
Disbursement(s) Made or Obligations**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> BUYING TIME			<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 10 / 10 / 2008		
<b>Mailing Address of Payee</b> 2715 M STREET NW SUITE 400			<b>Amount</b> 227400.00		
<b>City</b> WASHINGTON	<b>State</b> DC	<b>Zip Code</b> 20007	<b>Communication Date</b> M M / D D / Y Y Y Y 10 / 09 / 2008		
<b>Name of Employer</b>		<b>Occupation</b>	<b>Transaction ID : F93.000003</b>		

Purpose of Disbursement (including title(s) of communication(s))

AD TIME FOR AD ENTITLED BEER GUT

Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____

**SUBTOTAL** of Disbursement/Obligation This Page (optional) .....

227400.00

**TOTAL** This Period (last page this line number only) .....  
(carry total from last page to line 10)

305000.00

28039852464

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.

28039852465

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<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
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>web form filing #290</i>	Date of Receipt or Postmarked <i>10/10/2008</i>
<i>PY</i>	<i>10/14/2008</i>
PREPARER	DATE PREPARED