

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
01 / 01 / 2007
through
M M / D D / Y Y Y Y
10 / 10 / 2008

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title BEER GUT

10

09

2008

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.

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

PAGE 2 / 6

11. Person(s) Sharing/Exercising Control

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

28039852460

SCHEDULE 9-A
Donation(s) Received

PAGE 3/6

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

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

1102100.00

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

28039852461

SCHEDULE 9-A
Donation(s) Received

PAGE 4/6

A. Full Name of Donor

ELIZABETH MARKS

Mailing Address of Donor
241 CENTRAL PARK WEST

City	State	Zip
NEW YORK	NY	10024

Date of Receipt

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
10 / 08 / 2008

Amount

1000.00

Transaction ID : F92.000006

B. Full Name of Donor

CATHERINE STECK

Mailing Address of Donor
329 WEST 87TH STREET

City	State	Zip
NEW YORK	NY	10024

Date of Receipt

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
10 / 10 / 2008

Amount

500.00

Transaction ID : F92.000007

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

1500.00

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

1103600.00

SCHEDULE 9-B
Disbursement(s) Made or Obligations

PAGE 5/6

A. Full Name (Last, First, Middle Initial) of Payee TESSERACT PRODUCTION <hr/> Mailing Address of Payee 260 FIFTH AVENUE 9TH FLOOR <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 34%;">Zip Code</td> </tr> <tr> <td>NEW YORK</td> <td>NY</td> <td>10001</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 40%;">Name of Employer</td> <td>Occupation</td> </tr> </table>					City	State	Zip Code	NEW YORK	NY	10001	Name of Employer	Occupation	Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 01 / 2008 <hr/> Amount 55000.00 <hr/> Communication Date M M / D D / Y Y Y Y 10 / 09 / 2008 <hr/> Transaction ID : F93.000001				
City	State	Zip Code															
NEW YORK	NY	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 Other (specify) _____						
F94.000004					X												
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. Full Name (Last, First, Middle Initial) of Payee BUYING TIME <hr/> Mailing Address of Payee 2715 M STREET NW SUITE 400 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 34%;">Zip Code</td> </tr> <tr> <td>WASHINGTON</td> <td>DC</td> <td>20007</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 40%;">Name of Employer</td> <td>Occupation</td> </tr> </table>					City	State	Zip Code	WASHINGTON	DC	20007	Name of Employer	Occupation	Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 09 / 2008 <hr/> Amount 22600.00 <hr/> Communication Date M M / D D / Y Y Y Y 10 / 09 / 2008 <hr/> Transaction ID : F93.000002				
City	State	Zip Code															
WASHINGTON	DC	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) _____						
SUBTOTAL of Disbursement/Obligation This Page (optional)										77600.00							
TOTAL 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

PAGE 6 / 6

A. Full Name (Last, First, Middle Initial) of Payee BUYING TIME				Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 8	
Mailing Address of Payee 2715 M STREET NW SUITE 400				Amount 227400.00	
City WASHINGTON	State DC	Zip Code 20007		Communication Date M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8	
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:	
Name of Federal Candidate		Office Sought: House Senate President		State: District:	
Name of Federal Candidate		Office Sought: House Senate President		State: District:	
Disbursement/Obligation For: Primary General Other (specify) _____				Disbursement/Obligation For: Primary General Other (specify) _____	
Disbursement/Obligation For: Primary General Other (specify) _____				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.

<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
--	------------

☐ Postmark Illegible

☐ 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): <u>web form filing #290</u>	Date of Receipt or Postmarked <u>10/10/2008</u>
--	--

PREPARER <u>PY</u>	DATE PREPARED <u>10/14/2008</u>
--------------------	------------------------------------

28039852465