

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

COUNCIL FOR CITIZENS AGAINST GOVERNMENT WASTE(b) Address (number and street) ☐ check if different than previously reported1301 CONNECTICUT AVE NW STE 400

(c) City, State and ZIP Code

WASHINGTON DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification NumberC**3. Is This Statement**☒ New

or

☐ Amended**4. Covering Period**08 21 2008

through

08 26 2008**5. (a) Date of Public Distribution(s)**08 21 2008

(b) Communication Title

SUNNY RONDA**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

THOMAS A SCHERZ / R.J. TEDESCO

(b) Address (number and street)

1301 CONNECTICUT AVE NW STE 400

(c) City, State and ZIP Code

WASHINGTON DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement25000.00**10. Total Disbursements/Obligations This Statement**234,998.1

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

R.J. TEDESCO

SIGNATURE

DATE

8/22/08

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

FEC FORM 9 (REV. 12/2007)

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

PAGE / OF /

11. Person(s) Sharing/Exercising Control

A. (a) Name	
THOMAS A. SCHWARTZ	
(b) Address (number and street)	
1301 CONSTITUTION AVE NW SDR 400	
(c) City, State and ZIP Code	
WASHINGTON DC 20036	
(d) Name of Employer or Principal Place of Business	(e) Occupation
COUNCIL FOR CITIZENS AGAINST GOVERNMENT WASTE	PRESIDENT
B. (a) Name	
R. J. FERGUSON	
(b) Address (number and street)	
1301 CONSTITUTION AVE NW SDR 400	
(c) City, State and ZIP Code	
WASHINGTON DC 20036	
(d) Name of Employer or Principal Place of Business	(e) Occupation
COUNCIL FOR CITIZENS AGAINST GOVERNMENT WASTE	Treasurer
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE / OF /

A. Full Name of Donor

CLUB FOR GROWTH
Mailing Address of Donor

2001 L STREET STE 600
City State Zip
WASHINGTON DC 20036

Date of Receipt

08 / 21 / 2008

Amount

25000.00

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

/ /

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

/ /

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

/ /

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

/ /

Amount

SUBTOTAL of Donations This Page (optional) ▶

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

25000.00

28039820499

SCHEDULE 9-B

PAGE 1 OF 1

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <u>Patrick Meara</u>		Date of Disbursement or Obligation <u>08</u> / <u>21</u> / <u>2008</u>	
Mailing Address of Payee <u>200 W Jefferson</u>		Amount <u>22,499.81</u>	
City <u>MARSHFIELD</u>	State <u>MA</u>	Zip Code <u>01906</u>	Communication Date <u>08</u> / <u>21</u> / <u>2008</u>
Name of Employer <u>MASSFIELD</u>		Occupation <u>SENATE</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>MASS AD SUNNY FLORES</u>			
Name of Federal Candidate <u>Don Young</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>AK</u> District: <u>AL</u>	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
B. Full Name (Last, First, Middle Initial) of Payee		Date of Disbursement or Obligation	
Mailing Address of Payee		Amount	
City	State	Zip Code	Communication Date
Name of Employer	Occupation		
Purpose of Disbursement (Including title(s) of communication(s))			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional)			
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		<u>22,499.81</u>	

28039820500

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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<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
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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N/A
PREPARER

N/A
DATE PREPARED

(5/2004)

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