

# FEC FORM 9

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

### 1. Person Making the Disbursements/Obligations

(a) Name **Frag Out Marketing**

(b) Address (number and street)  check if different than previously reported  
1411 SW 13th St  
Apt. 201 G

(c) City, State and ZIP Code  
Topeka KS 66604

### 2. FEC Identification Number

C C30001994

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

### 3. Is This Statement

New  
or  
 Amended

### 4. Covering Period

MM / DD / YYYY  
05 / 21 / 2012  
through  
MM / DD / YYYY  
05 / 21 / 2050

### 5. (a) Date of Public Distribution(s)

MM / DD / YYYY

### (b) Communication Title

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  
Dlany Conny

(b) Address (number and street)  
1411 SW 13th St  
Apt. 201 G

(c) City, State and ZIP Code  
Topeka KS 66604

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

### 9. Total Donations This Statement

\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.00

### 10. Total Disbursements/Obligations This Statement

\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Dlany Conny

SIGNATURE Dlany Conny

[Electronically Filed] DATE 05/21/2012

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