

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

CAMPAIGN MONEY WATCH

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

CAMPAIGN MONEY WATCH 1133 19TH STREET NW 9TH FLOOR

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000160

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 9

through

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Hawaii Five-Oh
0 9 / 2 6 / 2 0 1 0

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

David Donnelly

(b) Address (number and street)

Campaign Money Watch

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Public Campaign Action Fund

(e) Occupation

National Campaigns Director

9. Total Donations This Statement

50000.00

10. Total Disbursements/Obligations This Statement

28718.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM David Donnelly

SIGNATURE Electronically Filed by David Donnelly

DATE 02/18/2011

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)

11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transaction ID : F91.000001	
	David Donnelly		
	(b) Address (number and street)	Campaign Money Watch 1133 19th Street NW 9th Floor 1133 19th Street NW 9th Floor	
	(c) City, State and Zip Code		
	Washington	DC	20036
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	Public Campaign Action Fund	National Campaigns Director	

A. Full Name of Donor

Public Campaign Action Fund

Mailing Address of Donor
1133 19th Street NW 9th Floor

City	State	Zip
Washington	DC	20036

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 1 0

Amount

50000.00

Transaction ID : F92.000001

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

50000.00

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

50000.00

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee MacWilliams Sanders			Date of Disbursement or Obligation <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																
0	9		2	4		2	0	1	0																
Mailing Address of Payee 7 Trillium Way			Amount <table border="1"> <tr> <td colspan="10">28718.00</td> </tr> </table>			28718.00																			
28718.00																									
City Amherst	State MA	Zip Code 01002	Communication Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																
0	9		2	6		2	0	1	0																
Name of Employer n/a		Occupation n/a		Transaction ID : F93.000001																					

Purpose of Disbursement (including title(s) of communication(s))
 Production, placement of Hawaii Five-Oh

Name of Federal Candidate Dan Lungren F94.000002	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 03	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" 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 Disbursement/Obligation This Page (optional)	<table border="1"> <tr> <td>28718.00</td> </tr> </table>	28718.00
28718.00		
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<table border="1"> <tr> <td>28718.00</td> </tr> </table>	28718.00
28718.00		