



"Karen Blackistone" <kab@holtzmanlaw.net> on 11/05/2008 05:21:57 PM

To: <2022190174@fcc.gov>
cc:

Subject: Electioneering Communication Report- Vets for Freedom 11.5.08

The attached Form 9 is filed on behalf of Vets for Freedom.

Thank you,
Karen

Karen A. Blackistone

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fecfm9- One Letter- 11-5-08..pdf

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FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Vets for Freedom, Inc.

(b) Address (number and street) ☐ check if different than previously reported
1200 Eton Court NW, Suite 300

(c) City, State and ZIP Code
Washington, DC 20007

(d) Name of Employer or Principal Place of Business

NA

(e) Occupation

2. FEC Identification Number

C 30001093

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

10 / 30 / 2008
through

11 / 04 / 2008

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

11 / 04 / 2008

(b) Communication Title "One Letter"

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 Wade Zirkle

(b) Address (number and street)
1200 Eton Court, NW Suite 300

(c) City, State and ZIP Code
Washington, DC 20007

(d) Name of Employer or Principal Place of Business

Lehman Brothers

(e) Occupation

Banking

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

14,937.48

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Pete Hegseth

SIGNATURE

Pete Hegseth

DATE 11-5-2008

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 OF 4

11. Person(s) Sharing/Exercising Control

A.	(a) Name Pete Hegseth	
	(b) Address (number and street) 1200 Eton Court, NW Suite 300	
	(c) City, State and ZIP Code Washington, DC 20007	
	(d) Name of Employer or Principal Place of Business Vets for Freedom	(e) Occupation Chairman
B.	(a) Name Wade Zirkle	
	(b) Address (number and street) 1200 Eton Court, NW Suite 300	
	(c) City, State and ZIP Code Washington, DC 20007	
	(d) Name of Employer or Principal Place of Business Lehman Brothers	(e) Occupation Banking
C.	(a) Name Kevin Nunnally	
	(b) Address (number and street) 1200 Eton Court, NW Suite 300	
	(c) City, State and ZIP Code Washington, DC 20007	
	(d) Name of Employer or Principal Place of Business Student	(e) Occupation
D.	(a) Name David Bellavia	
	(b) Address (number and street) 1200 Eton Court, NW Suite 300	
	(c) City, State and ZIP Code Washington, DC 20007	
	(d) Name of Employer or Principal Place of Business Vets for Freedom	(e) Occupation Vice Chairman
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 3 OF 4

A. Full Name of Donor

None

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

B. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

C. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

D. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

E. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

SUBTOTAL of Donations This Page (optional)

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

0 00

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee The Stevens & Schriefer Group			Date of Disbursement or Obligation 10 / 30 / 2008	
Mailing Address of Payee 2120 L St. NW, Suite 510			Amount 14,937.48	
City	State	Zip Code	Communication Date	
Washington,	DC	20036	11 / 04 / 2008	
Name of Employer			Occupation	
Purpose of Disbursement (Including title(s) of communication(s)) Media placement and Production of TV Advertisement: "One Letter"				
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Barack Obama			District: _____	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
			District: _____	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
			District: _____	
B. Full Name (Last, First, Middle Initial) of Payee				
Mailing Address of Payee				
City	State	Zip Code	Communication Date	
			Date of Disbursement or Obligation Amount Communication Date	
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: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
			District: _____	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
			District: _____	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
			District: _____	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				
0.00 14,937.48				

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
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(3/2005)

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