

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **Shashamane Ethiopia Federal Agents Association The**

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

Chrysler Building 25th-26th Floors

(c) City, State and ZIP Code
NEW YORK NY 10174

2. FEC Identification Number

C C30002281

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

SEFAA

3. Is This Statement

New

or

Amended

4. Covering Period

MM / DD / YYYY
08 / 01 / 2014

through

MM / DD / YYYY
09 / 01 / 2014

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
CLAYTON M. BERNARD EX

(b) Address (number and street)
405 Lexington Avenue

Chrysler Building 25th-26th Floors

(c) City, State and ZIP Code
NEW YORK NY 10174

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

SEFAA

9. Total Donations This Statement

500.00

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 CLAYTON M. BERNARD EX

SIGNATURE CLAYTON M. BERNARD EX [Electronically Filed] DATE 09/18/2014

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

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
OUR MONEY GOLD ENT, INC.

Mailing Address of Donor
4507 Katherine Ave

City State Zip
SHERMAN OAKS CA 91423

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 01 / 2014

Amount
 500.00

Transaction ID : F92.000001

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt
 M M / D D / Y Y Y Y

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt
 M M / D D / Y Y Y Y

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt
 M M / D D / Y Y Y Y

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt
 M M / D D / Y Y Y Y

Amount

SUBTOTAL of Donations This Page (optional)

500.00

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

500.00