



"Karen Blackistone" <kab@holtzmanlaw.net> on 09/11/2008 10:44:16 PM

To: <2022190174@fec.gov>
cc: "Jason Torchinsky" <JTorchinsky@Holtzmanlaw.net>

Subject: Vets for Freedom- amended Form 9 filing

Attached, please find an amended electioneering communications report (Form 9) filed on behalf of Vets for Freedom

Thank you.

Karen A. Blackistone
Holtzman Vogel PLLC
98 Alexandria Pike
Suite 53
Warrenton, VA 20186
540-341-8808

Cell: 202-657-9371
Fax: 540-341-8809
kblackistone@holtzmanlaw.net

This email contains information that is privileged and confidential. The correspondence and any attachments are intended only for the addressee. If you have received this in error, please do not read or copy these documents. Please call 540-341-8808 immediately and ask for the sender. Also, you are kindly requested to forward the message back to the sender and then delete it from your files.



fecfrm9-Support they deserve9-5-08.pdf

28039831577

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

08 / 27 / 2008
through

09 / 05 / 2008

5. (a) Date of Public Distribution(s) 09 / 03 / 2008

(b) Communication Title "Support they Deserve"

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

0000.00

10. Total Disbursements/Obligations This Statement

43,100.00

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

9/11/08

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

28039831578

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

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	(e) Occupation
Vets for Freedom	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	(e) Occupation
Lehman Brothers	Banking
C. (a) Name	
Joel Arends	
(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	(e) Occupation
Vets for Freedom	Executive Director
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	(e) Occupation
Vets for Freedom	Vice Chairman
E. (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	(e) Occupation
Student	

28039831579

SCHEDULE 9-A
Donation(s) Received

28039831580

<p>A. Full Name of Donor None</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p>
<p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p>
<p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p>
<p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p>
<p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>Amount</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>Amount</p> <p>0 00</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

28039831581

A. Full Name (Last, First Middle Initial) of Payee The Stevens & Schriefer Group		Date of Disbursement or Obligation 08 / 27 / 2008
Mailing Address of Payee 2120 L St. NW, Suite 510		Amount 43,100.00
City Washington, D.C.	State D.C.	Zip Code 20037
Name of Employer NA		Occupation NA
Purpose of Disbursement (Including title(s) of communication(s)) Media placement		
Name of Federal Candidate Barack Obama	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <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	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	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 _____
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	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	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	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional)		43,100.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		43,100.00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<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
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>9/11/08</i>

EL

PREPARER

9/12/08

DATE PREPARED

28039831582