



"Karen Blackistone" <kab@holtzmanlaw.net> on 09/11/2008 10:42:41 PM

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

Subject: Vets for Freedom- Form 9 Filing

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

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fecfrm9-Surge9-11-08.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 C30001093

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

08 / 27 / 2008

through

09 / 10 / 2008

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

09 / 10 / 2008

(b) Communication Title

"I am the Surge"

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

358,345.00

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

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 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 Vets for Freedom	(e) Occupation 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 Vets for Freedom	(e) Occupation 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 Student	(e) Occupation

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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 <hr/> Mailing Address of Payee 2120 L St. NW, Suite 510 <hr/> City _____ State _____ Zip Code _____ Washington, D.C. 20037 <hr/> Name of Employer _____ Occupation _____ NA		Date of Disbursement or Obligation 08 / 27 / 2008 <hr/> Amount 358,345.00 <hr/> Communication Date 09 / 10 / 2008
Purpose of Disbursement (Including title(s) of communication(s)) Media placement		
Name of Federal Candidate Barack Obama	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" 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 State: _____ <input type="checkbox"/> Senate District: _____ <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 State: _____ <input type="checkbox"/> Senate District: _____ <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 <hr/> Mailing Address of Payee <hr/> City _____ State _____ Zip Code _____ <hr/> Name of Employer _____ Occupation _____		Date of Disbursement or Obligation _____ <hr/> Amount _____ <hr/> Communication Date _____
Purpose of Disbursement (Including title(s) of communication(s)) _____		
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <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 State: _____ <input type="checkbox"/> Senate District: _____ <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 State: _____ <input type="checkbox"/> Senate District: _____ <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) ▶		358,345.00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		358,345.00

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> Hand Delivered	Date of Receipt
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<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>
 PREPARER	<i>9/12/08</i> DATE PREPARED

(3/2005)

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