



Ryan Teague <rteague@freedomswatch.org> on 11/07/2008 04:28:07 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>
cc: Ryan Teague <rteague@freedomswatch.org>

Subject: Freedom's Watch - FEC Form 9 - 11/07/08

Please find attached FEC Form 9, "24 Hour Notice of Disbursements/Obligations" for the Freedom's Watch advertisement entitled "Twin".

Ryan Teague, Esq.
Freedom's Watch
202.379.3709



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FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Freedom's Watch Inc.

(b) Address (number and street) check if different than previously reported
401 9th St. NW

(c) City, State and ZIP Code
Washington, DC 20004

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

2. FEC Identification Number
C 30000756

3. Is This Statement New or Amended

4. Covering Period 11 04 2008 through 11 07 2008

5. (a) Date of Public Distribution(s) 11 07 2008 (b) Communication Title "Twin"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
(a) 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

B. Custodian of Records

(a) Name Douglas W. Robinson

(b) Address (number and street) 401 9th St. NW

(c) City, State and ZIP Code Washington, DC 20004

(d) Name of Employer or Principal Place of Business Freedom's Watch, Inc. (e) Occupation Chief Financial Officer

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 518,795.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Douglas W. Robinson

SIGNATURE *DWR* DATE 11/7/08

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

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

11. Person(s) Sharing/Exercising Control

A. (a) Name Mel Sembler	
(b) Address (number and street) 5858 Central Avenue	
(c) City, State and ZIP Code St. Petersburg, FL, 33707-1728	
(d) Name of Employer or Principal Place of Business The Sembler Company	(e) Occupation Chairman
B. (a) Name Matthew Brooks	
(b) Address (number and street) 50 F Street NW Suite 100	
(c) City, State and ZIP Code Washington, DC 20001	
(d) Name of Employer or Principal Place of Business Republican Jewish Coalition	(e) Occupation Executive Director
C. (a) Name Ari Fleischer	
(b) Address (number and street) 624 Old Post Road	
(c) City, State and ZIP Code Bedford, NY 10506	
(d) Name of Employer or Principal Place of Business Fleischer Communications	(e) Occupation President
D. (a) Name William Weidner	
(b) Address (number and street) 3355 Las Vegas Blvd South	
(c) City, State and ZIP Code Las Vegas, NV 89109	
(d) Name of Employer or Principal Place of Business Las Vegas Sands Corporation	(e) Occupation President
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

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SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <hr/> <p>Amount</p> <p>Dollars Cents</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>Month Day Year</p> <hr/> <p>Amount</p> <p>Dollars Cents</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>Month Day Year</p> <hr/> <p>Amount</p> <p>Dollars Cents</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>Month Day Year</p> <hr/> <p>Amount</p> <p>Dollars Cents</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>Month Day Year</p> <hr/> <p>Amount</p> <p>Dollars Cents</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Smart Media Group				Date of Disbursement or Obligation 11 04 2008	
Mailing Address of Payee 814 King Street, Suite 400				Amount , 479, 820. 00	
City Alexandria		State VA	Zip Code 22314		Communication Date 11 07 2008
Name of Employer Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) Media Placement					
Name of Federal Candidate Saxby Chambliss		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: GA	District: _____
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► General Runoff	
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) ► _____	
B. Full Name (Last, First, Middle Initial) of Payee Brabender Cox				Date of Disbursement or Obligation 11 06 2008	
Mailing Address of Payee 1218 Grandview Avenue				Amount , 38, 975 .00	
City Pittsburgh		State PA	Zip Code 15211		Communication Date 11 07 2008
Name of Employer Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) Media Production					
Name of Federal Candidate Saxby Chambliss		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: GA	District: _____
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► General Runoff	
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 Disbursements/Obligations This Page (optional)				, 518, 795. 00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				, 518, 795. 00	

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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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *E-mail* Date of Receipt or Postmarked
11/07/08

ASD
 PREPARER
 (3/2005)

11/16/08
 DATE PREPARED

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