To: Federal Election Commission -2022190174

From: Karen Blackistone

Date: 9-6-08

Re: Vels for Freedom - Form 9 Filing

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

| 1. Person Making the Disbursements/Obligations | |
|--|---|
| (a) Name | |
| (b) Address (number and street) check if different than previously report | ed 2 EEC Marsistantian Number |
| 1000 Eton Ct. NW Sate 300 | 2. FEC Identification Number |
| (c) City, State and ZIP Code Washington DC 20007 | (C) |
| (d) Name of Employer or Principal Place of Business | (a) Occupation |
| | |
| New Carta Villa Carta | 88 81 2008 |
| | |
| · · · · · · · · · · · · · · · · · · · | 64 65 8008 |
| Amended | 09 05 3008 |
| 5. (a) Date of Public Distribution(s) 69 63 4068 | (b) Communication Title Recolistment |
| 5. The filer is a(n): (a) Individual (b) Unincorporated Organizat | ion (a) Ouglified Nonprofit Corporation (11 CER 114 10) |
| 1 12112 | |
| (d) Corporation, Labor Organization or Qualified Nönprofit Corpo | ration making communications under 11 CFH 114,15 |
| (e) Other, specify: | |
| were the disbursements made exclusively from donations to the control of Records (a) Name Wade Zykke | |
| (b) Address (number and street) | |
| (c) City, State and ZIP Code | <u> </u> |
| | |
| (d) Name of Employer or PriNipal Place of Business | (e) Occupation |
| Lehman Brothers | Banking |
| 3. Total Donations This Statement | 000 |
| | |
| 0. Total Disbursements/Obligations This Statement | 68.8.8.0.5.0.0 |
| Under penalty of perjury, I certify that this statement is true, correct and c | omplete. |
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM Pote H | |
| SIGNATURE Pett HEADER | DATE 09/05/08 |
| | |
| NOTE: Submission of laise, arrangous or incomplete information may subject the p | parson signing this statement to the penalties of 2 U.S.C. §437g. |

| 1. P | Person(s) Sharing/Exercising Control | |
|------|---|--------------------|
| 7 | A. (a) Nama Pete Hegseth | |
| | (b) Address (number and steet) | 300 |
| | (c) City. State and ZIP Code | |
| | (d) Name of Employed or Principal Place of Business | (e) Occupation |
| L | Vels for Freedom | Chairman |
| E | B. (a) Name Nade Zirkle | , |
| | (b) Address (number and street) Co Etc. Ct. NW S. (c) City, State and ZIP Code | e 300 |
| | (d) Name of Employer of Principal Place of Business | 1 |
| 1 | • • | (e) Occupation |
| Ļ | C. (a) Name | Banking |
| | Joel Annas | |
| | (b) Address (number and street) | e300 |
| | (c) City. State and ZIP Code | • •• |
| | (d) Name of Employer Principal Place of Business | (e) Occupation |
| | Vets for Freedom | Executive Director |
| [| D. (a) Name | |
| | (b) Address (number and street) | - d |
| 1 | (c) City, State and ZIP Code | <u>Saite 300</u> |
| ł | (d) Name of Employer or Punicipal Place of Business | (e) Occupation |
| | Vels for Freedom | · Vice Chairman |
| E | (a) Name | VIDE CHAITE |
| | (b) Address (number and street) | |
| | (c) City, State and ZIP Code | <u>iile800</u> |
| | (d) Name of Employer de rincipal Place of Business | 7 |
| | _ | (e) Occupation |
| | Student | · . 4 * |

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| SCHEDULE | 9-A |
|-------------|----------|
| Donation(s) | Received |

PAGE 3 OF4

| | A. | Full Name of Donor | | | Date of Receipt |
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SCHEDULE 9-B Disbursement(s) Made or Obligation(s) PAGE 4 OF

| A. Full Name (| Last, First, Middle Init | tiel) of Pavee | | Date of Disbursement or Obligation |
|-------------------------------|--------------------------|---------------------------------------|-------------------|--|
| The Stevens + Schniefer Grano | | 68 AT 2007 | | |
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| l ala | 2120 L St. NW Safe 610 | | | Amount |
| City | | State | Zip Code | |
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| | | | saident District. | Other (specify) |
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| B. Full Name (L | est, First, Middle Initi | el) of Payee | | Date of Disbursement or Obligation |
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