



Ryan Teague <rteague@freedomswatch.org> on 09/30/2008 03:38:57 PM

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

Subject: Freedom's Watch - 9/30/2008 - FEC Form 9

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

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

"09 29 '2008"

through

"09 30 '2008"

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

(b) Communication Title "Sign"

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

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

40,933.75

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

DW Robinson

DATE

9/30/08

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

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

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City _____ State _____ Zip _____	Date of Receipt MM / DD / YY Amount \$ _____
B. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City _____ State _____ Zip _____	Date of Receipt MM / DD / YY Amount \$ _____
C. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City _____ State _____ Zip _____	Date of Receipt MM / DD / YY Amount \$ _____
D. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City _____ State _____ Zip _____	Date of Receipt MM / DD / YY Amount \$ _____
E. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City _____ State _____ Zip _____	Date of Receipt MM / DD / YY Amount \$ _____
SUBTOTAL of Donations This Page (optional) ► \$ _____	
TOTAL This Period (last page this line number only) ► \$ _____ (carry total from last page to Line 9)	

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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 Crossroads Media				Date of Disbursement or Obligation 09 29 2008	
Mailing Address of Payee 66 Canal Center Plaza Suite 555				Amount , 32, 433. 75	
City Alexandria		State VA		Zip Code 22314	
Name of Employer Occupation				Communication Date 09 30 2008	
Purpose of Disbursement (Including title(s) of communication(s)) Media Placement					
Name of Federal Candidate Bobby Bright		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Bobby Bright		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <input type="checkbox"/> District: <input type="checkbox"/>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Bobby Bright		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <input type="checkbox"/> District: <input type="checkbox"/>		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 McCarthy Marcus Hennings, Ltd.				Date of Disbursement or Obligation 9 29 2008	
Mailing Address of Payee 1850 M Street, NW Suite 235				Amount , 8, 500. 00	
City Washington		State DC		Zip Code 20036	
Name of Employer Occupation				Communication Date 9 30 2008	
Purpose of Disbursement (Including title(s) of communication(s)) Media Production					
Name of Federal Candidate Bobby Bright		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Bobby Bright		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <input type="checkbox"/> District: <input type="checkbox"/>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Bobby Bright		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <input type="checkbox"/> District: <input type="checkbox"/>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				, 40, 933. 75	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				, 40, 933. 75	

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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.

<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 Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<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>9/30/08</i>
 PREPARER	<i>9/30/08</i> DATE PREPARED

(3/2005)

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