

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS**

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name Citizens For Strength and Security		2. FEC Identification Number C C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1718 M Street, NW S342		
(c) City, State and ZIP Code Washington DC 20036		
(d) Name of Employer or Principal Place of Business N/A	(e) Occupation N/A	

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period	M M / D D / Y Y Y Y 08 / 22 / 2008
		through M M / D D / Y Y Y Y 10 / 02 / 2008

5. (a) Date of Public Distribution(s) ^{M M} / ^{D D} / ^{Y Y Y Y}
¹⁰ / ⁰² / ²⁰⁰⁸ (b) Communication Title Back When-Jobs

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: 527 Political Org.

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name Haggard Lora	
(b) Address (number and street) 1718 M Street, NW	
(c) City, State and ZIP Code Washington DC 20036	
(d) Name of Employer or Principal Place of Business Citizens For Strength and Security	(e) Occupation Treasurer

9. Total Donations This Statement 700000.00

10. Total Disbursements/Obligations This Statement 672923.00

Under penalty of perjury, I certify that this statement is true, correct and complete.
TYPE OR PRINT NAME OF PERSON COMPLETING FORM Lora Haggard
SIGNATURE Electronically Filed by Lora Haggard DATE 10/03/2008

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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