



Ryan Teague <rtcague@freedomswatch.org> on 10/24/2008 03:12:21 PM

To: "2022190174@fcc.gov" <2022190174@fcc.gov>
cc: Ryan Teague <rtcague@freedomswatch.org>

Subject: Freedom's Watch - 10/24/2008 - FEC Form 9

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



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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

10 10 2008

through

10 24 2008

5. (a) Date of Public Distribution(s) 10 24 2008

(b) Communication Title "The Price"

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

631, 139, 55

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



DATE

10/24/08

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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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	(e) Occupation
The Sembler Company	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	(e) Occupation
Republican Jewish Coalition	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	(e) Occupation
Fleischer Communications	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	(e) Occupation
Las Vegas Sands Corporation	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

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<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>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee American Media and Advocacy Group			Date of Disbursement or Obligation 10 10 2008
Mailing Address of Payee 815 Slaters Lane, Suite 200			Amount 565,778.40
City Alexandria	State VA	Zip Code 22314	Communication Date 10 24 2008
Name of Employer Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Media Placement			
Name of Federal Candidate Gordon Smith	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OR District:	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 <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 OnMessage Inc.			Date of Disbursement or Obligation 10 10 2008
Mailing Address of Payee 2130 Priest Bridge Dr, #11			Amount 65,361.15
City Crofton,	State MD	Zip Code 21114	Communication Date 10 24 2008
Name of Employer Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Media Production			
Name of Federal Candidate Gordon Smith	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OR District:	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 <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) ▶			631,139.55
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			631,139.55

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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	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<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>10/24/08</i>

SN
 PREPARER
 (3/2005)

10/24/08
 DATE PREPARED

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