FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name
BornAliveTruth.org

(b) Address (number and street) ☐ check if different than previously reported
P.O. Box 285

(c) City, State and ZIP Code
Mokena, IL 60448

2. FEC Identification Number
C C30001168

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period 10/31/2008 through 11/01/2008

5. (a) Date of Public Distribution(s) 11/01/2008 **(b) Communication Title** "Gianna"

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
Jill Stanek

(b) Address (number and street)
P.O. Box 285

(c) City, State and ZIP Code
Mokena, IL 60448

(d) Name of Employer or Principal Place of Business
Born Alive Truth, Inc.

(e) Occupation
Executive Director

9. Total Donations This Statement 75000.00

10. Total Disbursements/Obligations This Statement 80000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Jill Stanek

SIGNATURE Jill Stanek DATE 11/03/2008

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

FEC FORM 9 (REV. 12/2007)

28039911681

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

11. Person(s) Sharing/Exercising Control

A. (a) Name

(b) Address (number and street)
P.O. Box 285

[illegible]

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

B. (a) Name
Jill Stanek

P.O. Box 285

(c) City, State and ZIP Code
[illegible]

BornAliveTruth.org Executive Director

(b) Address (number and street)

(c) City, State and ZIP Code

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

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

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

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

28039911682

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor
Norm Miller
Mailing Address of Donor
12770 Merit Drive, Suite 400
City: Dallas | State: Texas | Zip: 75251
Date of Receipt: 10 / 31 / 2008
Amount: 750000 00

B. Full Name of Donor
Mailing Address of Donor
City | State | Zip
Date of Receipt
Amount

Mailing Address of Donor
City | State | Zip
Date of Receipt
Amount

D. Full Name of Donor
Mailing Address of Donor
City | State | Zip
Date of Receipt
Amount

E. Full Name of Donor
Mailing Address of Donor
City | State | Zip
Date of Receipt
Amount

SUBTOTAL of Donations This Page (optional) ▶ 750000 00

TOTAL This Period (last page this line number only) ▶ 750000 00
(carry total from last page to Line 9)

28039911683

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s) | PAGE OF

Full Name (Last, First, Middle Initial) of Payee
Sandler-Innocenzi, Inc.

Mailing Address of Payee
705 Prince Street

City: Alexandria | State: VA | Zip Code: 22314

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 / 31 / 2008

Amount: 800000.00

Communication Date: 11 / 01 / 2008

Purpose of Disbursement (including title(s) of communication(s))
Advertisement production and media placement/ad buy : "Gianna"

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
Barack Obama	[ ] House [ ] Senate [X] President	State: ____ District: ____	[ ] Primary [X] General [ ] Other (specify) ▶ ____
	[ ] House [ ] Senate [ ] President	State: ____ District: ____	[ ] Primary [ ] General [ ] Other (specify) ▶ ____
	[ ] House [ ] Senate [ ] President	State: ____ District: ____	[ ] Primary [ ] General [ ] Other (specify) ▶ ____

8. Full Name (Last, First, Middle Initial) of Payee

Mailing Address of Payee

City | State | Zip Code

Name of Employer | Occupation

Date of Disbursement or Obligation: M M / D D / Y Y Y Y

Amount

Communication Date: M M / D D / Y Y Y Y

Purpose of Disbursement (including title(s) of communication(s))

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
	[ ] House [ ] Senate [ ] President	State: ____ District: ____	[ ] Primary [ ] General [ ] Other (specify) ▶ ____
	[ ] House [ ] Senate [ ] President	State: ____ District: ____	[ ] Primary [ ] General [ ] Other (specify) ▶ ____
	[ ] House [ ] Senate [ ] President	State: ____ District: ____	[ ] Primary [ ] General [ ] Other (specify) ▶ ____

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 800000.00

TOTAL This Period (last page this line number only) ▶ 800000.00
(carry total from last page to Line 10)

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.

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☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
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N/A PREPARER	N/A DATE PREPARED

(5/2004)

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