

McTigue Law Group

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FACSIMILE TRANSMITTAL SHEET

TO: FEC	FROM: Bring Dis. Back
COMPANY:	DATE: 10/24/08
FAX NUMBER: 202-219-0174	TOTAL NO. OF PAGES INCLUDING COVER: 6
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:
<input type="checkbox"/> URGENT <input type="checkbox"/> FOR REVIEW <input type="checkbox"/> PLEASE COMMENT <input type="checkbox"/> PLEASE REPLY <input type="checkbox"/> PLEASE RECYCLE	

NOTES/COMMENTS:

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-Prudis Limited to-

ELECTION, CAMPAIGN FINANCE & POLITICAL LAW • PRIEST AMENDMENT • INITIATIVE & REFERENDUM • GOVERNMENT ETHICS • OPEN MEETINGS & PUBLIC RECORDS

280399000687

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

Bring Ohio Back(b) Address (number and street) ☐ check if different than previously reported812 Huron Rd Suite 890

(c) City, State and ZIP Code

Cleveland, OH 44115

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification NumberC30000145**3. Is This Statement**☒ New

or

☐ Amended**4. Covering Period**10 / 11 / 2008

through

10 / 23 / 2008**5. (a) Date of Public Distribution(s)**10 / 27 / 2008

(b) Communication Title

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?Yes ☐No ☒**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

Mary Grace McGurk

(b) Address (number and street)

812 Huron Rd Suite 890

(c) City, State and ZIP Code

Cleveland, OH 44115

(d) Name of Employer or Principal Place of Business

(e) Occupation

SelfConsultant**9. Total Donations This Statement**9,000.00**10. Total Disbursements/Obligations This Statement**1,081.84

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Mary Grace McGurk

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. §137g.

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

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name <u>Jeff Ruzhnik</u>	
(b) Address (number and street) <u>812 Huron Rd Ste 890</u>	
(c) City, State and ZIP Code <u>Cleveland OH 44115</u>	
(d) Name of Employer or Principal Place of Business <u>M-R Strategic Services</u>	(e) Occupation <u>Consultant</u>
B. (a) Name <u>Murray George Mc Guirk</u>	
(b) Address (number and street) <u>812 Huron Rd</u>	
(c) City, State and ZIP Code <u>Cleveland OH 44115</u>	
(d) Name of Employer or Principal Place of Business <u>Self</u>	(e) Occupation <u>Consultant</u>
C. (a) Name	
(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	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor <u>Brian Rather</u> Mailing Address of Donor <u>200 Public Square</u> City <u>Cleveland</u> State <u>OH</u> Zip <u>44114</u>	Date of Receipt <div> <div>10</div> <div>14</div> <div>2008</div> </div> Amount <div>40,000.00</div>
B. Full Name of Donor <u>Progress America Voter Fund</u> Mailing Address of Donor <u>P.O. Box 57167</u> City <u>Washington D.C.</u> State <u>D.C.</u> Zip <u>20037</u>	Date of Receipt <div> <div>10</div> <div>22</div> <div>2008</div> </div> Amount <div>5,000.00</div>
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt <div> <div></div> <div></div> <div></div> </div> Amount <div></div>
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt <div> <div></div> <div></div> <div></div> </div> Amount <div></div>
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt <div> <div></div> <div></div> <div></div> </div> Amount <div></div>
SUBTOTAL of Donations This Page (optional) ▶ <div>9,000.00</div> TOTAL This Period (last page this line number only) ▶ <div>9,000.00</div> <small>(carry total from last page to Line 9)</small>	

280399000690

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee <u>Buying Time</u>		Date of Disbursement or Obligation 10 / 27 / 2008	
Mailing Address of Payee <u>2715 M Street NW Ste 400</u>		Amount 10,000.00	
City <u>Washington</u>	State <u>D.C.</u>	Communication Date 10 / 27 / 2008	
Zip Code <u>20007</u>			
Name of Employer _____		Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Ad time</u>			
Name of Federal Candidate <u>John McCain</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____	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: _____	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: _____	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 <u>Falcon Paymaster</u>		Date of Disbursement or Obligation 10 / 20 / 2008	
Mailing Address of Payee <u>1429 King Ave #10</u>		Amount 8,589.88	
City <u>Columbus</u>	State <u>OH</u>	Communication Date 10 / 27 / 2008	
Zip Code <u>43012</u>			
Name of Employer _____		Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Production</u>			
Name of Federal Candidate <u>John McCain</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____	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: _____	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: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional)		10,089.88	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		_____	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee <u>Mills James</u>		Date of Disbursement or Obligation <u>10</u> <u>23</u> <u>2008</u>	
Mailing Address of Payee <u>3545 Fishinger Blvd</u>		Amount <u>7,269.47</u>	
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43026</u>	Communication Date <u>10</u> <u>27</u> <u>2008</u>
Name of Employer		Occupation	
Purpose of Disbursement (including title(s) of communication(s)) <u>Production</u>			
Name of Federal Candidate <u>John McCain</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ 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		Date of Disbursement or Obligation	
Mailing Address of Payee		Amount	
City	State	Zip Code	Communication Date
Name of Employer		Occupation	
Purpose of Disbursement (including title(s) of communication(s))			
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) ▶
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)		<u>7,269.47</u>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		<u>1,081,284.5</u>	

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
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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PREPARER

N/A
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(5/2004)

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