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FACSIMILE TRANSMITTAL SHEET

TO: FEC	FROM: Bring Ohio Back
COMPANY:	DATE: 10/24/08
FAX NUMBER: 202-219-0174	TOTAL NO. OF PAGES INCLUDING COVER: 6
PHONE NUMBER:	SENDERS REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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—Practice Limited to—
ELECTION, CAMPAIGN FINANCE, & POLITICAL LAW • FIRST AMENDMENT • INITIATIVE & REFERENDUM • GOVERNMENT ETHICS • OPEN MEETINGS & PUBLIC RECORDS

28039900695

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 reported
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

2. FEC Identification Number
C 30000145

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 Confused/Wrecking

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 McGuirk

(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
Self

(e) Occupation
Consultant

9. Total Donations This Statement 40,000.00

10. Total Disbursements/Obligations This Statement 10,812.845

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 McGuirk

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.

FE3AN038.PDF FEC FORM 9 (REV. 02/2003)

28039900696

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

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name
Jeff Rusnak
(b) Address (number and street)
812 Huron Rd Ste 890
(c) City, State and ZIP Code
Cleveland OH 44115
(d) Name of Employer or Principal Place of Business
M+R Strategic Services
(e) Occupation
Consultant

B. (a) Name
Mary Grace McGuirk
(b) Address (number and street)
812 Huron Rd
(c) City, State and ZIP Code
Cleveland OH 44115
(d) Name of Employer or Principal Place of Business
Self
(e) Occupation
Consultant

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

28039006597

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee: Burying Time

Mailing Address of Payee: 2715 M Street NW Ste. 400

City: Washington State: D.C. Zip Code: 20007

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 / 23 / 2008

Amount: 10,000.00

Communication Date: 10 / 27 / 2008

Purpose of Disbursement (including title(s) of communication(s)): Ad time confused / wrecking

Name of Federal Candidate: John McCain
Office Sought: [ ] House [ ] Senate [✓] President
State: District:
Disbursement/Obligation For: 2008 [ ] Primary [✓] General [ ] Other (specify) ▶

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

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

B. Full Name (Last, First, Middle Initial) of Payee: Falcon Paymaster

Mailing Address of Payee: 1429 King Ave #10

City: Columbus State: OH Zip Code: 43212

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 / 20 / 2008

Amount: 8,858.98

Communication Date: 10 / 27 / 2008

Purpose of Disbursement (including title(s) of communication(s)): Production confused / wrecking

Name of Federal Candidate: John McCain
Office Sought: [ ] House [ ] Senate [✓] President
State: District:
Disbursement/Obligation For: 2008 [ ] Primary [✓] General [ ] Other (specify) ▶

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

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

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 10,858.98

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

FE3AN038.PDF FEC FORM 9 (REV. 02/2003)

28039006698

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee: Mills James

Mailing Address of Payee: 3545 Fishinger Blvd

City: Columbus State: OH Zip Code: 43026

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 / 23 / 2008

Amount: 7,269.47

Communication Date: 10 / 27 / 2008

Purpose of Disbursement (Including title(s) of communication(s)): Production Confused / wrecking

Name of Federal Candidate: John McCain
Office Sought: [ ] House [ ] Senate [✓] President
State: District:
Disbursement/Obligation For: 2008 [ ] Primary [✓] General [ ] Other (specify) ▶

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

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

B. 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

Amount

Communication Date

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

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

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

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

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 7,269.47

TOTAL This Period (last page this line number only) ▶ 1,081,285.45
(carry total from last page to Line 10)

FE3AN03B.PDF FEC FORM 9 (REV. 12/2007)

28039900699

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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N/A PREPARER	N/A DATE PREPARED

(5/2004)

28039000700