

McTigue Law Group

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FACSIMILE TRANSMITTAL SHEET

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

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

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28039900702

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

C30000145

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 Mc Guirk

(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

Self

Consultant

9. Total Donations This Statement

4,000,000

10. Total Disbursements/Obligations This Statement

10,812,895

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 Mc Guirk

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.

28039900703

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 Rusnak</u>	
(b) Address (number and street) <u>812 Huron Rd Sk 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>Mary Grace 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

28039900704

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor

Brian Rotner
Mailing Address of Donor

200 Public Square
City State Zip
Cleveland OH 44114

Date of Receipt

10 / 14 / 2008

Amount

40,000.00

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

C. Full Name of Donor

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) ▶

40,000.00

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

40,000.00

28039900705

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 <input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>	
Mailing Address of Payee <u>2715 W Street NW Ste 400</u>		Amount <input type="text" value="10,000.00"/>	
City <u>Washington</u>	State <u>D.C.</u>	Zip Code <u>20007</u>	Communication Date <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
Name of Employer 		Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Ad time confused / working</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: <u>2008</u> <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>Falson Paymaster</u>		Date of Disbursement or Obligation <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>	
Mailing Address of Payee <u>1429 King Ave #10</u>		Amount <input type="text" value="5,589.88"/>	
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43212</u>	Communication Date <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
Name of Employer 		Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Production confused / working</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: <u>2008</u> <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)		<input type="text" value="10,989.88"/>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		<input type="text" value=""/>	

28039900706

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 <input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>	
Mailing Address of Payee <u>3545 Fishinger Blvd</u>		Amount <input type="text" value="7,268.47"/>	
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43226</u>	Communication Date <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
Name of Employer 		Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Production Confused / wrenching</u>			
Name of Federal Candidate <u>John McCain</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input 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 		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address of Payee 		Amount <input type="text"/>	
City 	State 	Zip Code 	Communication Date <input type="text"/> / <input type="text"/> / <input type="text"/>
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: 	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) ▶
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)		<input type="text" value="7,268.47"/>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		<input type="text" value="108,128.45"/>	

28039900707

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.

28039900708

<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™ 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
<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):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
 PREPARER
 (5/2004)

N/A
 DATE PREPARED