



Bridget_Weiss@aporter.com on 09/26/2008 07:08:43 PM

To: 2022190174@fcc.gov
cc:

Subject: The ONE Campaign - Form 9

On behalf of The ONE Campaign, please find attached a Form 9 disclosure.

Sincerely,
Bridget M. Weiss
Arnold & Porter LLP
Counsel to The ONE Campaign

(See attached file: 2233583_1_PDF.pdf)

U.S. Treasury Circular 230 Notice

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Bridget Weiss
Arnold & Porter LLP
555 Twelfth Street, NW
Washington, DC 20004-1206

Bridget_Weiss@aporter.com
Telephone: 202-942-5839
Fax: 202-942-5999

For more information about Arnold & Porter LLP, click here:



http://www.arnoldporter.com/2233583_1_PDF.pdf

28039841724

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

The ONE Campaign

(b) Address (number and street) check if different than previously reported
1400 Eye Street, N.W.

(c) City, State and ZIP Code
Washington, D.C. 20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

030000806

3. Is This Statement New
or
 Amended

4. Covering Period

09/25/2008
through
10/16/2008

5. (a) Date of Public Distribution(s) 09/25/2008 (b) Communication Title "One Question"

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

David Lane

(b) Address (number and street)

1400 Eye Street, N.W.

(c) City, State and ZIP Code

Washington, D.C. 20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

The ONE Campaign

President and CEO

9. Total Donations This Statement

000

10. Total Disbursements/Obligations This Statement

786,131.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Ken Weber

SIGNATURE

DATE

SEPT 26, 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.

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

11. Person(s) Sharing/Exercising Control

A.	(a) Name David Lane
	(b) Address (number and street) 1400 Eye Street, N.W.
	(c) City, State and ZIP Code Washington, D.C. 20005
	(d) Name of Employer or Principal Place of Business The ONE Campaign
	(e) Occupation President and CEO
B.	(a) Name
	(b) Address (number and street)
	(c) City, State and ZIP Code
	(d) Name of Employer or Principal Place of Business
	(e) Occupation
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

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SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor None</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>_____ 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>_____ 0 0 0</p>

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

28039841728

A. Full Name (Last, First, Middle Initial) of Payee The Glover Park Group LLC				Date of Disbursement or Obligation 09 25 2008	
Mailing Address of Payee 3299 K Street, N.W., Suite 500				Amount 7,861,310.00	
City Washington	State DC	Zip Code 20007	Communication Date 09 25 2008		
Name of Employer _____				Occupation _____	
Purpose of Disbursement (including title(s) of communication(s)) Ad production and media buy, "One Question"					
Name of Federal Candidate John McCain	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: National District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate Barack Obama	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: National 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) ▶		
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) ▶				7 8 6 1 3 1 0 0	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				7 8 6 1 3 1 0 0	

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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<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>9/29/08</i>
<i>Jms</i> PREPARER	<i>9/29/08</i> DATE PREPARED