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
CAMPAIGN MONEY WATCH

(b) Address (number and street) ☐ check if different than previously reported
1320 19TH STREET NW SUITE M-1

(c) City, State and ZIP Code
WASHINGTON DC 20036

2. FEC Identification Number
C C30000160

(d) Name of Employer or Principal Place of Business
n/a

(e) Occupation
n/a

3. Is This Statement ☒ **New** or ☐ **Amended**

4. Covering Period 10 28 2006 through 10 30 2006

5. (a) Date of Public Distribution(s) 10 29 2006 **(b) Communication Title** Slap

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)? 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
Gail Gomez

(b) Address (number and street)
Campaign Money Watch 1320 19th Street, NW. Suite M-1

(c) City, State and ZIP Code
Washington DC 20036

(d) Name of Employer or Principal Place of Business
Campaign Money Watch

(e) Occupation
Office Manager

9. Total Donations This Statement .00

10. Total Disbursements/Obligations This Statement 40000.00

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 David Donnelly

SIGNATURE _____ DATE 10/30/2006

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

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name

Transaction ID : F91.000001

David Donnelly

(b) Address (number and street)

Campaign Money Watch 1320 19th Street, NW, Suite M-1

(c) City, State and Zip Code

Washington	DC	20036

(d) Name of Employer or Principal Place of Business	(e) Occupation
Campaign Money Watch	Director

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
MacWilliams Robinson and Partners

Mailing Address of Payee
1660 L Street, NW

City: Washington | State: DC | Zip Code: 20036

Name of Employer | Occupation

Date of Disbursement or Obligation: MM 10 DD 26 YYYY 2006

Amount: 40000.00

Communication Date: MM 10 DD 29 YYYY 2006

Transaction ID : SBF93.000001

Purpose of Disbursement (including title(s) of communication(s))
Production/TV time purchase for Slap

Name of Federal Candidate: Barbara Cubin
F94.000001
Office Sought: X House / Senate / President
State: WY
District: 01
Disbursement/Obligation For: 2006
Primary X 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 Disbursement/Obligation This Page (optional) 40000.00

TOTAL This Period (last page this line number only) 40000.00
(carry total from last page to line 10)