



"Karen Blackistone" <kab@holtzmanlaw.net> on 09/26/2008 06:22:11 PM

To: <2022190174@fec.gov>
cc:

Subject: Electioneering Communications Report- Vets for Freedom

The attached electioneering communications report (FEC Form 9) is filed on behalf of Vets for Freedom.

Karen A. Blackistone
Holtzman Vogel PLLC
98 Alexandria Pike
Suite 53
Warrenton, VA 20186
540-341-8808
Fax: 540-341-8809
kblackistone@holtzmanlaw.net

This email contains information that is privileged and confidential. The correspondence and any attachments are intended only for the addressee. If you have received this in error, please do not read or copy these documents. Please call 540-341-8808 immediately and ask for the sender. Also, you are kindly requested to forward the message back to the sender and then delete it from your files.



fecfm9- Face the Facts 9-26-08..pdf

28039841738

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Vets for Freedom, Inc.

(b) Address (number and street) ☐ check if different than previously reported
1200 Eton Court NW, Suite 300

(c) City, State and ZIP Code
Washington, DC 20007

(d) Name of Employer or Principal Place of Business
NA

(e) Occupation

2. FEC Identification Number

C 30001093

3. Is This Statement

☒ New
or
☐ Amended

4. Covering Period

09 / 15 / 2008
through
09 / 18 / 2008

5. (a) Date of Public Distribution(s) 09 / 25 / 2008 (b) Communication Title "Face the Facts"

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 Wade Zirkle

(b) Address (number and street)
1200 Eton Court, NW Suite 300

(c) City, State and ZIP Code
Washington, DC 20007

(d) Name of Employer or Principal Place of Business
Lehman Brothers

(e) Occupation

Banking

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

8,000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Pete Hegseth

SIGNATURE

Pete B. Hegseth

DATE 9-26-2008

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

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

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A. (a) Name Pete Hegseth	
(b) Address (number and street) 1200 Eton Court, NW Suite 300	
(c) City, State and ZIP Code Washington, DC 20007	
(d) Name of Employer or Principal Place of Business Vets for Freedom	(e) Occupation Chairman
B. (a) Name Wade Zirkle	
(b) Address (number and street) 1200 Eton Court, NW Suite 300	
(c) City, State and ZIP Code Washington, DC 20007	
(d) Name of Employer or Principal Place of Business Lehman Brothers	(e) Occupation Banking
C. (a) Name Joel Arends	
(b) Address (number and street) 1200 Eton Court, NW Suite 300	
(c) City, State and ZIP Code Washington, DC 20007	
(d) Name of Employer or Principal Place of Business Vets for Freedom	(e) Occupation Executive Director
D. (a) Name David Bellavia	
(b) Address (number and street) 1200 Eton Court, NW Suite 300	
(c) City, State and ZIP Code Washington, DC 20007	
(d) Name of Employer or Principal Place of Business Vets for Freedom	(e) Occupation Vice Chairman
E. (a) Name Kevin Nunnally	
(b) Address (number and street) 1200 Eton Court, NW Suite 300	
(c) City, State and ZIP Code Washington, DC 20007	
(d) Name of Employer or Principal Place of Business Student	(e) Occupation

28039841740

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor

None

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

B. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

C. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

D. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

E. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

SUBTOTAL of Donations This Page (optional)

Amount

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

Amount 0 00

28039841741

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee The Stevens & Schriefer Group		Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2008	
Mailing Address of Payee 2120 L St. NW, Suite 510		Amount \$ 8,000.00	
City Washington, D.C.	State D.C.	Zip Code 20037	
Name of Employer NA		Occupation NA	
Purpose of Disbursement (Including title(s) of communication(s)) Media placement and ad production- Television ad			
Name of Federal Candidate Barack Obama	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 MM / DD / YYYY _____ / _____ / _____	
Mailing Address of Payee _____		Amount \$ _____	
City _____	State _____	Zip Code _____	
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) ▶		\$ _____	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		\$ 8,000.00	

28039841742

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

(3/2005)

28039841743