



ATTORNEYS AT LAW
 WASHINGTON HARBOUR
 3000 K STREET, N.W., SUITE 500
 WASHINGTON, D.C. 20007-5143
 TELEPHONE: 202.672.5300
 FACSIMILE: 202.672.5399
WWW.FOLEY.COM

FACSIMILE TRANSMISSION

Total # of Pages (Excluding Cover) 5

To:	202-219-0174
From:	jfurst@foley.com
Date:	9/26/2008

Delivery Details:

CONFIDENTIALITY NOTICE: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR ANY AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

28039841745

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

American Family Business Institute & Foundation

(b) Address (number and street) check if different than previously reported

1920 L Street NW, Suite 200

(c) City, State and ZIP Code

Washington, D.C. 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement New or Amended

4. Covering Period

'08 '11 '2008

through

'09 '25 '2008

5. (a) Date of Public Distribution(s) '09 '25 '2008

(b) Communication Title Ready

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

Carrie Simms

(b) Address (number and street)

1920 L Street NW, Suite 200

(c) City, State and ZIP Code

Washington, D.C. 20036

(d) Name of Employer or Principal Place of Business

American Family Business Institute & Foundation

(e) Occupation

Chief of Staff/CFO

9. Total Donations This Statement

80,000.00

10. Total Disbursements/Obligations This Statement

65,000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Carrie Simms

SIGNATURE

DATE

09/26/2008

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

FEC FORM 9 (REV. 12/2007)

28039841746

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

PAGE 2 OF 5

11. Person(s) Sharing/Exercising Control

A. (a) Name	
John Ed Anthony	
(b) Address (number and street)	
1920 L Street NW, Suite 200	
(c) City, State and ZIP Code	
Washington, D.C. 20036	
(d) Name of Employer or Principal Place of Business	(e) Occupation
Anthony Timberlands, Inc.	President
B. (a) Name	
Donald T. "Boysie" Bollinger	
(b) Address (number and street)	
1920 L Street NW, Suite 200	
(c) City, State and ZIP Code	
Washington, D.C. 20036	
(d) Name of Employer or Principal Place of Business	(e) Occupation
Bollinger Shipyards	Chairman/CEO
C. (a) Name	
Larry Drummond	
(b) Address (number and street)	
1920 L Street NW, Suite 200	
(c) City, State and ZIP Code	
Washington, D.C. 20036	
(d) Name of Employer or Principal Place of Business	(e) Occupation
Drummond Company, Inc.	Vice Chairman
D. (a) Name	
Ted Gibson	
(b) Address (number and street)	
1920 L Street NW, Suite 200	
(c) City, State and ZIP Code	
Washington, D.C. 20036	
(d) Name of Employer or Principal Place of Business	(e) Occupation
American Pacific Corporation	CEO
E. (a) Name	
Tim Keller	
(b) Address (number and street)	
1920 L Street NW, Suite 200	
(c) City, State and ZIP Code	
Washington, D.C.	
(d) Name of Employer or Principal Place of Business	(e) Occupation
The Keller Group	CEO

28039841747

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

PAGE 3 OF 5

11. Person(s) Sharing/Exercising Control

A. (a) Name Steve Swanson	
(b) Address (number and street) 1920 L Street NW, Suite 200	
(c) City, State and ZIP Code Washington, D.C. 20036	
(d) Name of Employer or Principal Place of Business Swanson Group, Inc.	(e) Occupation President/CEO
B. (a) Name Carrie Simms	
(b) Address (number and street) 1920 L Street NW, Suite 200	
(c) City, State and ZIP Code Washington, D.C. 20036	
(d) Name of Employer or Principal Place of Business American Family Business Institute & Foundation	(e) Occupation Chief of Staff/CFO
C. (a) Name Dick Patten	
(b) Address (number and street) 1920 L Street NW, Suite 200	
(c) City, State and ZIP Code Washington, D.C. 20036	
(d) Name of Employer or Principal Place of Business American Family Business Institute & Foundation	(e) Occupation President
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

28039841748

SCHEDULE 9-A
Donation(s) Received

PAGE 4 OF 5

A. Full Name of Donor Stephens Investment Holdings Mailing Address of Donor 11 Center Street City State Zip Little Rock, Arkansas 72203	Date of Receipt 07 / 22 / 2008 Amount 50,000.00
B. Full Name of Donor Cajun Constructors, Inc. Mailing Address of Donor 15635 Airline Highway City State Zip Baton Rouge, Louisiana 70817	Date of Receipt 08 / 08 / 2008 Amount 20,000.00
C. Full Name of Donor Bollinger Shipyards Mailing Address of Donor 8365 Highway 308 South City State Zip Lockport, Louisiana 70374	Date of Receipt 08 / 11 / 2008 Amount 10,000.00
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M / M / Y Y Y Y Amount
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M / M / Y Y Y Y Amount
SUBTOTAL of Donations This Page (optional) ▶ 80,000.00	
TOTAL This Period (last page this line number only) ▶ 80,000.00 (carry total from last page to Line 9)	

28039841749

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Intrepid Media, Inc.		Date of Disbursement or Obligation 08 11 2008	
Mailing Address of Payee 210 Mill Branch Road		Amount 14,100.00	
City Tallahassee, Florida	State FL	Zip Code 32312	Communication Date 09 25 2008
Name of Employer Intrepid Media, Inc.		Occupation Media Production	
Purpose of Disbursement (including title(s) of communication(s)) Television Ad Production - "Ready"			
Name of Federal Candidate Mary Landrieu	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: LA 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 Intrepid Media, Inc.		Date of Disbursement or Obligation 09 22 2008	
Mailing Address of Payee 210 Mill Branch Road		Amount 50,900.00	
City Tallahassee, Florida	State FL	Zip Code 32312	Communication Date 09 25 2008
Name of Employer Intrepid Media, Inc.		Occupation Media Production	
Purpose of Disbursement (including title(s) of communication(s)) Television Ad Media Buy - "Ready"			
Name of Federal Candidate Mary Landrieu	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: LA 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) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional)		65,000.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		65,000.00	

28039841750

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.

28039841751

<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
<p>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.</p>	
N/A PREPARER	N/A DATE PREPARED