



"Karen Blackistone" <kab@holtzmanlaw.net> on 09/19/2008 10:02:33 PM

To: <2022190174@fec.gov>  
cc:

Subject: Form 9- Vets for Freedom

Attached, please find FEC Form 9, filed on behalf of Vets for Freedom.

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fecfrm9- Face the Facts 9-18-08..pdf

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# 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 / 16 / 2008

through

09 / 18 / 2008

5. (a) Date of Public Distribution(s) 09 / 18 / 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

88,140.75

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 Hegseth

DATE

9-19-2008

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

<b>A.</b>	(a) Name Pete Hegseth	(e) Occupation Chairman
	(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	
<b>B.</b>	(a) Name Wade Zirkle	(e) Occupation Banking
	(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	
<b>C.</b>	(a) Name Joel Arends	(e) Occupation Executive Director
	(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	
<b>D.</b>	(a) Name David Bellavia	(e) Occupation Vice Chairman
	(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	
<b>E.</b>	(a) Name Kevin Nunnally	(e) Occupation Student
	(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	

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**SCHEDULE 9-A**  
**Donation(s) Received**

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<p><b>A.</b> 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><b>B.</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><b>C.</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><b>D.</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><b>E.</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><b>SUBTOTAL</b> of Donations This Page (optional) .....</p>	<p>Amount</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....  (carry total from last page to Line 9)</p>	<p>Amount</p> <p>0 00</p>



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): <span style="margin-left: 100px;">E-Mail</span>	Date of Receipt or Postmarked
	9/19/08
<b>PREPARER</b>	9/22/08
(3/2005)	<b>DATE PREPARED</b>