



Ryan Teague <rteague@freedomswatch.org> on 11/04/2008 03:11:48 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>
cc: Ryan Teague <rteague@freedomswatch.org>

Subject: Form 9 - Amended



SCopier08110413101.pdf

28039912798

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Freedom's Watch Inc.

(b) Address (number and street) check if different than previously reported
401 9th St. NW

(c) City, State and ZIP Code
Washington, DC 20004

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number
C 30000756

3. Is This Statement New or Amended

4. Covering Period 09 25 2008 through 09 30 2008

5. (a) Date of Public Distribution(s) 09 30 2008 (b) Communication Title "Cowpoke"

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 Douglas W. Robinson

(b) Address (number and street)
401 9th St. NW

(c) City, State and ZIP Code
Washington, DC 20004

(d) Name of Employer or Principal Place of Business Freedom's Watch, Inc. (e) Occupation Chief Financial Officer

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 106,805.25

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Douglas W. Robinson

SIGNATURE  DATE 11/4/08

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

28039912799

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

11. Person(s) Sharing/Exercising Control

A. (a) Name Mel Sembler	
(b) Address (number and street) 5858 Central Avenue	
(c) City, State and ZIP Code St. Petersburg, FL, 33707-1728	
(d) Name of Employer or Principal Place of Business The Sembler Company	(e) Occupation Chairman
B. (a) Name Matthew Brooks	
(b) Address (number and street) 50 F Street NW Suite 100	
(c) City, State and ZIP Code Washington, DC 20001	
(d) Name of Employer or Principal Place of Business Republican Jewish Coalition	(e) Occupation Executive Director
C. (a) Name Ari Fleischer	
(b) Address (number and street) 624 Old Post Road	
(c) City, State and ZIP Code Bedford, NY 10506	
(d) Name of Employer or Principal Place of Business Fleischer Communications	(e) Occupation President
D. (a) Name William Weidner	
(b) Address (number and street) 3355 Las Vegas Blvd South	
(c) City, State and ZIP Code Las Vegas, NV 89109	
(d) Name of Employer or Principal Place of Business Las Vegas Sands Corporation	(e) Occupation President
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

28039912800

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <hr/> <p>Amount</p> <p>Dollars Cents</p>
<p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <hr/> <p>Amount</p> <p>Dollars Cents</p>
<p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <hr/> <p>Amount</p> <p>Dollars Cents</p>
<p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <hr/> <p>Amount</p> <p>Dollars Cents</p>
<p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <hr/> <p>Amount</p> <p>Dollars Cents</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>.....</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>.....</p>

28039912801

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media				Date of Disbursement or Obligation 09 25 2008
Mailing Address of Payee 66 Canal Center Plaza Suite 555				Amount 106,805.25
City Alexandria	State VA	Zip Code 22314		Communication Date 09 30 2008
Name of Employer _____ Occupation _____				
Purpose of Disbursement (Including title(s) of communication(s)) Media Placement				
Name of Federal Candidate Dina Titus	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State NV District: 03	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 _____
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) ▶				106,805.25
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				106,805.25

28039912802

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.

28039912803

<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>11/4/08</i>

JAL
 PREPARER
 (3/2005)

11/5/08
 DATE PREPARED