

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name **Majority Forward**

(b) Address (number and street)  check if different than previously reported  
700 13th Street NW, Suite 600

(c) City, State and ZIP Code  
Washington DC 20005

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

### 2. FEC Identification Number

**C** C30002802

### 3. Is This Statement

**New**  
or  
 **Amended**

### 4. Covering Period

M M M / D D D / Y Y Y Y Y Y  
08 / 11 / 2018  
through  
M M M / D D D / Y Y Y Y Y Y  
08 / 12 / 2018

5. (a) Date of Public Distribution(s) M M M / D D D / Y Y Y Y Y Y 08 / 11 / 2018 (b) Communication Title Vetoed

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  
Poersch, J. B., , ,

(b) Address (number and street)  
700 13th Street NW, Suite 600

(c) City, State and ZIP Code  
Washington DC 20005

(d) Name of Employer or Principal Place of Business (e) Occupation  
Majority Forward President

### 9. Total Donations This Statement

0,00

### 10. Total Disbursements/Obligations This Statement

1304377.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Poersch, J. B., , ,

SIGNATURE Poersch, J. B., , , [Electronically Filed] DATE 08/12/2018

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**

<b>A.</b> (a) Name	<b>Transaction ID : 1</b>
Poersch, J. B., , ,	
(b) Address (number and street)	700 13th Street NW, Suite 600
(c) City, State and ZIP Code	Washington DC 20005
(d) Name of Employer or Principal Place of Business	(e) Occupation
Majority Forward	President
<b>B.</b> (a) Name	
_____	
(b) Address (number and street)	
_____	
(c) City, State and ZIP Code	
_____	
(d) Name of Employer or Principal Place of Business	
_____	
(e) Occupation	
_____	
<b>C.</b> (a) Name	
_____	
(b) Address (number and street)	
_____	
(c) City, State and ZIP Code	
_____	
(d) Name of Employer or Principal Place of Business	
_____	
(e) Occupation	
_____	
<b>D.</b> (a) Name	
_____	
(b) Address (number and street)	
_____	
(c) City, State and ZIP Code	
_____	
(d) Name of Employer or Principal Place of Business	
_____	
(e) Occupation	
_____	
<b>E.</b> (a) Name	
_____	
(b) Address (number and street)	
_____	
(c) City, State and ZIP Code	
_____	
(d) Name of Employer or Principal Place of Business	
_____	
(e) Occupation	
_____	

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

<p><b>A.</b> Full Name (Last, First, Middle Initial) of Payee  <b>Waterfront Strategies</b></p> <p>Mailing Address of Payee                  3050 K St NW                  Ste 100</p> <p>City State Zip Code                  Washington DC 20007-5161</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s))                  Media Buy and Production Costs - Estimate for 'Vetoed'</p>	<p>Date of Disbursement or Obligation                  M M / D D / Y Y Y Y Y Y                  08 / 11 / 2018</p> <p>Amount                  1304377.00</p> <p>Communication Date                  M M / D D / Y Y Y Y Y Y                  08 / 11 / 2018</p> <p><b>Transaction ID : 500045895</b></p>
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>FL</u>                  Scott, Rick, , , <input checked="" type="checkbox"/> Senate District: _____  <input type="checkbox"/> President</p> <p><b>Transaction ID : 500045895C</b></p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____  <input type="checkbox"/> Senate District: _____  <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____  <input type="checkbox"/> Senate District: _____  <input type="checkbox"/> President</p>	<p>Disbursement/Obligation For: 2018  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) of Payee</p> <p>Mailing Address of Payee</p> <p>City State Zip Code</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s))</p>	<p>Date of Disbursement or Obligation                  M M / D D / Y Y Y Y Y Y</p> <p>Amount</p> <p>Communication Date                  M M / D D / Y Y Y Y Y Y</p>
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____  <input type="checkbox"/> Senate District: _____  <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____  <input type="checkbox"/> Senate District: _____  <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____  <input type="checkbox"/> Senate District: _____  <input type="checkbox"/> President</p>	<p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶ _____</p>
<p><b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶                  (carry total from last page to Line 10)</p>	
<p>1304377.00</p> <p>1304377.00</p>	