



"Karen Blackistone" <kab@holtzmanlaw.net> on 10/06/2008 11:25:30 AM

To: <2022190174@fec.gov>
cc:

Subject: Electioneering Communications Amended Report

Attached, please find an amendment to the August 26 electioneering communications report by 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

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fecfm9- Surge 8-26-08- AMENDED..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

08 / 20 / 2008
through
08 / 26 / 2008

5. (a) Date of Public Distribution(s) 08 / 26 / 2008 (b) Communication Title I am the Surge

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

00

10. Total Disbursements/Obligations This Statement

1 0 8, 0 0 0, 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 10/6/2008

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

A.	(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.	(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	
C.	(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	
D.	(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	
E.	(a) Name Kevin Nunnally	(e) Occupation
	(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

A. Full Name of Donor

None

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

SUBTOTAL of Donations This Page (optional)

Amount field

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

Amount field with value 0.00

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SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee The Stevens & Schriefer Group		Date of Disbursement or Obligation MM / DD / YYYY 08 / 20 / 2008
Mailing Address of Payee 2120 L St. NW, Suite 510		Amount 1 0 8, 0 0 0. 0 0
City Washington, D.C. State Zip Code 20037	Communication Date MM / DD / YYYY 08 / 26 / 2008	
Name of Employer NA Occupation		Purpose of Disbursement (Including title(s) of communication(s)) Media placement and ad production
Name of Federal Candidate Barack Obama	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		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		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		
Mailing Address of Payee		Date of Disbursement or Obligation MM / DD / YYYY
City _____ State _____ Zip Code _____		Amount _____
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	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	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	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)		1 0 8, 0 0 0. 0 0

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Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *E-mail* Date of Receipt or Postmarked
10/6/08

GARD
 PREPARER *10/6/08*
 (3/2005) DATE PREPARED

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