FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Friends of the Earth Action

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

1717 Massachusetts Ave NW Suite 600

2. FEC Identification Number

C

(c) City, State and ZIP Code

Washington D.C. 20036

(d) Name of Employer or Principal Place of Business

Not Applicable

(e) Occupation

---

3. Is This Statement   X New or Amended

4. Covering Period 04 16 2008 through 04 23 2008

5. (a) Date of Public Distribution(s) 04 16 2008 (b) Communication Title *Pork TV*

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

Brent Blackwelder

(b) Address (number and street)

1717 Massachusetts Ave NW Suite 600

(c) City, State and ZIP Code

Washington D.C. 20036

(d) Name of Employer or Principal Place of Business

Friends of the Earth Action

(e) Occupation

President

9. Total Donations This Statement *Zero* 0000000000.00

10. Total Disbursements/Obligations This Statement 102,428.29

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM *Brent Blackwelder*

SIGNATURE *Brent Blackwelder* DATE *April 22, 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)

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

11. Person(s) Sharing/Exercising Control

A. (a) Name
Brent Blackwelder

(b) Address (number and street)
1717 Massachusetts Ave. NW Suite 600

(c) City, State and ZIP Code
Washington D.C. 20036

(d) Name of Employer or Principal Place of Business
Friends of the Earth Action

(e) Occupation
President

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

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

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

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

PAGE 1 OF 1

A. Full Name (Last, First, Middle Initial) of Payee
Wild Bunch Consulting

Mailing Address of Payee
2207 Valley Circle

City Alexandria   **State** VA   **Zip Code** 22302

Name of Employer   **Occupation**
Not Applicable

Date of Disbursement or Obligation
04 01 2008

Amount
7,168.29

Communication Date
04 16 2008

Purpose of Disbursement (Including title(s) of communication(s))
TV Ad Production PorkTV

Name of Federal Candidate	Office Sought:	House	State: ___	Disbursement/Obligation For:
McCain		☐ House / ☐ Senate / ☒ President	District: ___	☑ Primary ☐ General / ☐ Other (specify) ▶
Name of Federal Candidate	Office Sought:	☐ House / ☐ Senate / ☐ President	State: ___ District: ___	☐ Primary ☐ General / ☐ Other (specify) ▶
Name of Federal Candidate	Office Sought:	☐ House / ☐ Senate / ☐ President	State: ___ District: ___	☐ Primary ☐ General / ☐ Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee
Abar Hutton Media

Mailing Address of Payee
6190 Grovedale Court Suite 200

City Alexandria   **State** VA   **Zip Code** 22310

Name of Employer   **Occupation**
Not Applicable

Date of Disbursement or Obligation
04 10 2008

Amount
95,260.00

Communication Date
04 16 2008

Purpose of Disbursement (Including title(s) of communication(s))
Television Ad Broadcast PorkTV

Name of Federal Candidate	Office Sought:	House	State: ___	Disbursement/Obligation For:
McCain		☐ House / ☐ Senate / ☒ President	District: ___	☒ Primary ☐ General / ☐ Other (specify) ▶
Name of Federal Candidate	Office Sought:	☐ House / ☐ Senate / ☐ President	State: ___ District: ___	☐ Primary ☐ General / ☐ Other (specify) ▶
Name of Federal Candidate	Office Sought:	☐ House / ☐ Senate / ☐ President	State: ___ District: ___	☐ Primary ☐ General / ☐ Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ....▶   102,428.29

TOTAL This Period (last page this line number only) ....▶   102,428.29
(carry total from last page to Line 10)

28039704865

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor

Mailing Address of Donor

City   State   Zip

Date of Receipt

Amount

B. Full Name of Donor

Mailing Address of Donor

City   State   Zip

Date of Receipt

Amount

C. Full Name of Donor

Mailing Address of Donor

City   State   Zip

Date of Receipt

Amount

D. Full Name of Donor

Mailing Address of Donor

City   State   Zip

Date of Receipt

Amount

E. Full Name of Donor

Mailing Address of Donor

City   State   Zip

Date of Receipt

Amount

SUBTOTAL of Donations This Page (optional) .... ZERO ▶ 000000000 00

TOTAL This Period (last page this line number only) .... ZERO ▶ 000000000 0
(carry total from last page to Line 9)

FEC FORM 9 (REV. 12/2007)

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.

☐ Hand Delivered	**Date of Receipt**	
☐ USPS First Class Mail	**Postmarked**	
☐ USPS Registered/Certified	**Postmarked (R/C)**	
☐ USPS Priority Mail	**Postmarked** Delivery Confirmation ™ Label ☐	
☐ USPS Express Mail	**Postmarked**	
☐ Postmark Illegible		
☐ No Postmark		
☐ Overnight Delivery Service (Specify):	**Shipping Date**	
☐ 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):	**Date of Receipt or Postmarked**	

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.

N/A	N/A
PREPARER	DATE PREPARED

(5/2004)