



Ryan Teague <rteague@freedomswatch.org> on 11/04/2008 03:20:38 PM

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

Subject: Form 9 - Amended



SCopier08110413520.pdf

28039912868

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
" 10 10 2008
through
" 10 10 2008

5. (a) Date of Public Distribution(s) " 10 10 2008 (b) Communication Title "Illegal"

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

(e) Occupation

Freedom's Watch, Inc.

Chief Financial Officer

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

79,918.38

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

DWR Robinson

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.

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

PAGE 2 OF 4

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 |

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SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <p>A. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> | <p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>____</p> |
| <p>B. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> | <p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>____</p> |
| <p>C. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> | <p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>____</p> |
| <p>D. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> | <p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>____</p> |
| <p>E. Full Name of Donor</p> <p>_____</p> <p>Mailing Address of Donor</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> | <p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>____</p> |
| <p>SUBTOTAL of Donations This Page (optional) _____ ▶</p> | |
| <p>TOTAL This Period (last page this line number only) _____ ▶ (carry total from last page to Line 9)</p> | |

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

| | | | | | |
|-------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media | | | | Date of Disbursement or Obligation 10 10 2008 | |
| Mailing Address of Payee 66 Canal Center Plaza Suite 555 | | | | Amount 71, 418.38 | |
| City Alexandria | | State VA | | Zip Code 22314 | |
| Name of Employer | | Occupation | | Communication Date 10 10 2008 | |
| Purpose of Disbursement (Including title(s) of communication(s)) Media Placement | | | | | |
| Name of Federal Candidate Bobby Bright | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 | | 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 McCarthy Marcus Hennings, Ltd. | | | | Date of Disbursement or Obligation 10 10 2008 | |
| Mailing Address of Payee 1850 M Street NW, Suite 235 | | | | Amount 8, 500.00 | |
| City Washington | | State DC | | Zip Code 20036 | |
| Name of Employer | | Occupation | | Communication Date 10 10 2008 | |
| Purpose of Disbursement (Including title(s) of communication(s)) Media Production | | | | | |
| Name of Federal Candidate Bobby Bright | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 | | 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) ▶ | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | 79, 918.38 | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 10) | | | | 79, 918.38 | |

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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.

| | |
|-----------------------------------------|-----------------|
| <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"/> | |

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|--------------------------------------------|------------|
| <input type="checkbox"/> USPS Express Mail | Postmarked |
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| | |
|---------------------------------------------|--|
| <input type="checkbox"/> Postmark Illegible | |
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| | |
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| <input type="checkbox"/> No Postmark | |
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|----------------------------------------------------------------|---------------|
| <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 |
|----------------------------------------------------------------------------|-----------------|

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|---------------------------------------------------------------------|-----------------|
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
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| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
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|--------------------------------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> Other (Specify): <i>e-mail</i> | Date of Receipt or Postmarked <i>11/4/08</i> |
|--------------------------------------------------------------------|-------------------------------------------------|

JAD
PREPARER

11/5/08
DATE PREPARED