

**SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP**

1440 NEW YORK AVENUE, N.W.  
WASHINGTON, D.C. 20005-2111

TELEPHONE No.: (202) 371-7000  
FACSIMILE No.: (202) 383-5760

DIRECT FACSIMILE No: 202.661.9044  
EMAIL: JenniferM.Thomas@skadden.com

**FACSIMILE TRANSMITTAL SHEET**

PLEASE DELIVER THE FOLLOWING PAGE(S) TO:

NAME: \_\_\_\_\_

FIRM: Federal Election Commission

CITY: Washington, DC DATE: April 22, 2008

TELEPHONE NO.: \_\_\_\_\_

FACSIMILE NO.: 202.219.0174

FROM: Jennifer M. Thomas FLR/RM: 9-209

REFERENCE No.: 064280-00001 DIRECT DIAL: 202.371.7704

TOTAL NUMBER OF PAGES INCLUDING COVER(S): 5

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MESSAGE: Filing FEC Form 9 on behalf of "Mayors Against Illegal Guns".

28039704869

# FEC FORM 9

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

### 1. Person Making the Disbursements/Obligations

(a) Name

Mayors Against Illegal Guns Action Fund

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

800 Third Avenue 19th Floor

(c) City, State and ZIP Code

New York, NY 10022-7605

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C 30000897

3. Is This Statement  New  
or  
 Amended

4. Covering Period 04'17 2008  
through  
04'21 2008

5. (a) Date of Public Distribution(s) 04'21 2008 (b) Communication Title Close the Gun Show Loophole

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

Diane Rizzo

(b) Address (number and street)

800 Third Avenue 19th Floor

(c) City, State and ZIP Code

New York, NY 10022-7605

(d) Name of Employer or Principal Place of Business

Mayors Against Illegal Guns Action Fund

(e) Occupation

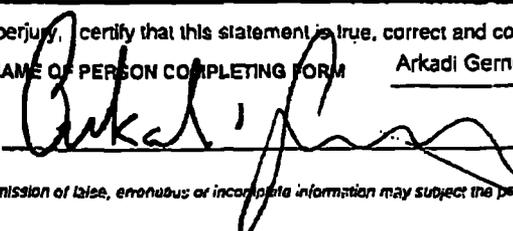
Secretary/Treasurer

9. Total Donations This Statement , 1 2 , 0 0 0 . 0 0

10. Total Disbursements/Obligations This Statement , 1 2 , 0 0 0 . 0 0

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Arkadi Gerney

SIGNATURE 

DATE 04/21/2008

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)

28039704870

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

11. Person(s) Sharing/Exercising Control

<b>A.</b>	(a) Name Arkadi Gerney	
	(b) Address (number and street) 800 Third Avenue 19th Floor	
	(c) City, State and ZIP Code New York, NY 10022-7605	
	(d) Name of Employer or Principal Place of Business Mayors Against Illegal Guns Action Fund	(e) Occupation Chairman
<b>B.</b>	(a) Name Richard DeScherer	
	(b) Address (number and street) 800 Third Avenue 19th Floor	
	(c) City, State and ZIP Code New York, NY 10022-7605	
	(d) Name of Employer or Principal Place of Business Mayors Against Illegal Guns Action Fund	(e) Occupation Vice Chairman
<b>C.</b>	(a) Name Diane Rizzo	
	(b) Address (number and street) 800 Third Avenue 19th Floor	
	(c) City, State and ZIP Code New York, NY 10022-7605	
	(d) Name of Employer or Principal Place of Business Mayors Against Illegal Guns Action Fund	(e) Occupation Secretary/Treasurer
<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

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**SCHEDULE 9-A**  
**Donation(s) Received**

PAGE 3 OF 4

28039704872

<b>A. Full Name of Donor</b> Michael R. Bloomberg			<b>Date of Receipt</b> 0 4 / 1 7 / 2 0 0 8	
<b>Mailing Address of Donor</b> 800 Third Avenue 19th Floor			<b>Amount</b> 1 2 0 0 0 . 0 0	
<b>City</b> New York	<b>State</b> NY	<b>Zip</b> 10022-7605		
<b>B. Full Name of Donor</b>			<b>Date of Receipt</b>	
<b>Mailing Address of Donor</b>			<b>Amount</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>		
<b>C. Full Name of Donor</b>			<b>Date of Receipt</b>	
<b>Mailing Address of Donor</b>			<b>Amount</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>		
<b>D. Full Name of Donor</b>			<b>Date of Receipt</b>	
<b>Mailing Address of Donor</b>			<b>Amount</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>		
<b>E. Full Name of Donor</b>			<b>Date of Receipt</b>	
<b>Mailing Address of Donor</b>			<b>Amount</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>		
<b>SUBTOTAL of Donations This Page (optional) .....</b>			1 2 0 0 0 . 0 0	
<b>TOTAL This Period (last page this line number only) .....</b> (carry total from last page to Line 9)			1 2 0 0 0 . 0 0	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Devine Mulvey, Inc.				<b>Date of Disbursement or Obligation</b> 0 4 ' 0 7 2 0 0 8	
<b>Mailing Address of Payee</b> 1054 31st Street, NW Suite 430				<b>Amount</b> 1 2 0 0 0 0	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20007		<b>Communication Date</b> 0 4 ' 2 1 2 0 0 8	
<b>Name of Employer</b> _____				<b>Occupation</b> _____	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media buy and production costs for "Close the Gun Show Loophole"					
<b>Name of Federal Candidate</b> Senator Hillary Clinton		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> Senator John McCain		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> Senator Barack Obama		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> _____				<b>Date of Disbursement or Obligation</b> M M . D D . Y Y Y Y	
<b>Mailing Address of Payee</b> _____				<b>Amount</b> _____	
<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____		<b>Communication Date</b> M M . D D . Y Y Y Y	
<b>Name of Employer</b> _____				<b>Occupation</b> _____	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> _____					
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional) ▶</b>				1 2 0 0 0 0	
<b>TOTAL This Period (last page this line number only) ▶</b> (carry total from last page to Line 10)				1 2 0 0 0 0	

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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.

28039704874

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<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
<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):	Date of Receipt or Postmarked
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