

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

**America Continues Inc**(b) Address (number and street) ☐ check if different than previously reported  
111 Windel Drive Suite 201

(c) City, State and ZIP Code

Raleigh

NC

27609

(d) Name of Employer or Principal Place of Business

Raleigh, NC

(e) Occupation

**2. FEC Identification Number****C** C30002109**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M /  
10D D D /  
23Y Y Y Y Y Y  
2012

through

M M M /  
10D D D /  
25Y Y Y Y Y Y  
2012**5. (a) Date of Public Distribution(s)**M M M /  
10D D D /  
24Y Y Y Y Y Y  
2012**(b) Communication Title** Defending Our Faith**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

Samuel T Hassell

(b) Address (number and street)

111 Windel Drive Suite 201

(c) City, State and ZIP Code

Raleigh

NC

27609

(d) Name of Employer or Principal Place of Business

Raleigh, NC

(e) Occupation

Marketing Consultant

**9. Total Donations This Statement**

17500.00

**10. Total Disbursements/Obligations This Statement**

17172.76

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

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

Samuel T Hassell

**SIGNATURE**Samuel T Hassell[Electronically Filed]**DATE**10/24/2012

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)

PAGE 2 OF 6

**11. Person(s) Sharing/Exercising Control****A.** (a) Name **Transaction ID : F91.000001**

Samuel T Hassell

(b) Address (number and street) 111 Windel Drive Suite 201

(c) City, State and ZIP Code

Raleigh

NC 27609

(d) Name of Employer or Principal Place of Business

Marketel Media Inc

(e) Occupation

Marketing Consultant

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

PAGE 3 OF 6

<b>A.</b> Full Name of Donor <div style="border-bottom: 1px solid black; padding-bottom: 5px;">The America Foundation, Inc.</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Mailing Address of Donor 111 Windel Drive Suite 201</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <span>City</span> <span>State</span> <span>Zip</span> </div> <div style="display: flex; justify-content: space-between; padding-bottom: 5px;"> <span>Raleigh</span> <span>NC</span> <span>27609</span> </div>	<div style="text-align: center;">Date of Receipt</div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px 5px;">10 / 23 / 2012</div> </div> <div style="text-align: center;">Amount</div> <div style="border: 1px solid black; padding: 2px 5px; text-align: right;">17500.00</div> <div style="text-align: center; font-weight: bold;">Transaction ID : F92.000001</div>
<b>B.</b> Full Name of Donor <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Mailing Address of Donor</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <span>City</span> <span>State</span> <span>Zip</span> </div>	<div style="text-align: center;">Date of Receipt</div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px 5px;"> </div> </div> <div style="text-align: center;">Amount</div> <div style="border: 1px solid black; padding: 2px 5px; text-align: right;"> </div>
<b>C.</b> Full Name of Donor <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Mailing Address of Donor</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <span>City</span> <span>State</span> <span>Zip</span> </div>	<div style="text-align: center;">Date of Receipt</div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px 5px;"> </div> </div> <div style="text-align: center;">Amount</div> <div style="border: 1px solid black; padding: 2px 5px; text-align: right;"> </div>
<b>D.</b> Full Name of Donor <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Mailing Address of Donor</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <span>City</span> <span>State</span> <span>Zip</span> </div>	<div style="text-align: center;">Date of Receipt</div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px 5px;"> </div> </div> <div style="text-align: center;">Amount</div> <div style="border: 1px solid black; padding: 2px 5px; text-align: right;"> </div>
<b>E.</b> Full Name of Donor <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Mailing Address of Donor</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <span>City</span> <span>State</span> <span>Zip</span> </div>	<div style="text-align: center;">Date of Receipt</div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px 5px;"> </div> </div> <div style="text-align: center;">Amount</div> <div style="border: 1px solid black; padding: 2px 5px; text-align: right;"> </div>
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> <b>SUBTOTAL</b> of Donations This Page (optional) ..... ▶ </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px 5px; text-align: right;">17500.00</div> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 60%;"> <b>TOTAL</b> This Period (last page this line number only) ..... ▶  (carry total from last page to Line 9) </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px 5px; text-align: right;">17500.00</div> </div> </div>	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Marketel Media, Inc.</b> <hr/> Mailing Address of Payee 111 Windel Drive Suite 201 <hr/> City _____ State _____ Zip Code _____ Raleigh NC 27609 <hr/> Name of Employer _____ Occupation _____ <hr/> Purpose of Disbursement (Including title(s) of communication(s)) Radio Ad				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 24 / 2012</div> </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>4444.00</div> </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 24 / 2012</div> </div>	
<b>Transaction ID : F94.000002</b> Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: _____ 				Disbursement/Obligation For: 2012 <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>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>Marketel Media, Inc.</b> <hr/> Mailing Address of Payee 111 Windel Drive Suite 201 <hr/> City _____ State _____ Zip Code _____ Raleigh NC 27609 <hr/> Name of Employer _____ Occupation _____ <hr/> Purpose of Disbursement (Including title(s) of communication(s)) Radio Ad				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 24 / 2012</div> </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>4163.00</div> </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 25 / 2012</div> </div>	
<b>Transaction ID : F94.000004</b> Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: _____ 				Disbursement/Obligation For: 2012 <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>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>8607.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div></div> </div>

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Marketel Media, Inc.</b> <hr/> Mailing Address of Payee 111 Windel Drive Suite 201 <hr/> City _____ State _____ Zip Code _____ Raleigh _____ NC _____ 27609 <hr/> Name of Employer _____ Occupation _____				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  10 / 24 / 2012 </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3549.00 </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  10 / 25 / 2012 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) Radio Ad <div style="text-align: right;"><b>Transaction ID : F93.000003</b></div>					
Name of Federal Candidate Tammy Baldwin <hr/> <b>Transaction ID : F94.000006</b> Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House State: <u>MN</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <hr/> Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <hr/> Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ <hr/> Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ <hr/> Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>Marketel Media Inc.</b> <hr/> Mailing Address of Payee 111 Windel Drive Suite 201 <hr/> City _____ State _____ Zip Code _____ Raleigh _____ NC _____ 27609 <hr/> Name of Employer _____ Occupation _____				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  10 / 24 / 2012 </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2061.64 </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  10 / 25 / 2012 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) Radio Ad <div style="text-align: right;"><b>Transaction ID : F93.000004</b></div>					
Name of Federal Candidate Debbie Stabenow <hr/> <b>Transaction ID : F94.000008</b> Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House State: <u>MI</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <hr/> Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <hr/> Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ <hr/> Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ <hr/> Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div> <b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶  <hr/> <b>TOTAL</b> This Period (last page this line number only) ..... ▶  (carry total from last page to Line 10) </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> 5610.64 </div> </div>					

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Marketel Media Inc.</b> <hr/> Mailing Address of Payee 111 Windel Drive Suite 201 <hr/> City _____ State _____ Zip Code _____ Raleigh _____ NC _____ 27609 <hr/> Name of Employer _____ Occupation _____				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y  10 / 24 / 2012 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1886.00 </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y  10 / 25 / 2012 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) Radio Ad				<b>Transaction ID : F93.000005</b>	
Name of Federal Candidate Claire McCaskill		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>MO</u> District: _____		Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	
<b>Transaction ID : F94.000010</b> 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>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>Marketel Media Inc.</b> <hr/> Mailing Address of Payee 111 Windel Drive Suite 201 <hr/> City _____ State _____ Zip Code _____ Raleigh _____ NC _____ 27609 <hr/> Name of Employer _____ Occupation _____				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y  10 / 24 / 2012 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1069.12 </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y  10 / 25 / 2012 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) Radio Ad				<b>Transaction ID : F93.000006</b>	
Name of Federal Candidate Bill Nelson		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: _____		Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	
<b>Transaction ID : F94.000012</b> 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>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ►		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2955.12 </div>
<b>TOTAL</b> This Period (last page this line number only) ..... ► (carry total from last page to Line 10)		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 17172.76 </div>