

FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name CITIZENS FOR STRENGTH AND SECURITY		2. FEC Identification Number C C30001259
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1718 M STREET NW S342	(c) City, State and ZIP Code WASHINGTON DC 20036	
(d) Name of Employer or Principal Place of Business		(e) Occupation

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period					
	<table border="0"> <tr> <td>M M / D D / Y Y Y Y</td> <td>through</td> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>1 0 / 1 8 / 2 0 0 8</td> <td></td> <td>1 0 / 2 0 / 2 0 0 8</td> </tr> </table>	M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y	1 0 / 1 8 / 2 0 0 8	
M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y				
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5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y **(b) Communication Title** Back When - Jobs

1 0 / 2 0 / 2 0 0 8

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: 527 Political Org.

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Lora Haggard

(b) Address (number and street)
1718 M Street, NW

(c) City, State and ZIP Code
Washington DC 20036

(d) Name of Employer or Principal Place of Business
Citizens For Strength And Security

(e) Occupation
Treasurer

9. Total Donations This Statement .00

10. Total Disbursements/Obligations This Statement 215.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Lora Haggard

SIGNATURE Electronically Filed by Lora Haggard DATE 10/21/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name	Transaction ID : F91.000001	
Lora Haggard		
(b) Address (number and street)	1718 M Street, NW S342	
S342		
(c) City, State and Zip Code	DC	20036
Washington		
(d) Name of Employer or Principal Place of Business	(e) Occupation	
Citizens For Strength And Security	Treasurer	

SCHEDULE 9-B
Disbursement(s) Made or Obligations

<p>A. Full Name (Last, First, Middle Initial) of Payee LUC Media</p> <hr/> <p>Mailing Address of Payee 25 Whitlock Place Suitw 201</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Marietta</td> <td>GA</td> <td>30064</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table> <hr/> <p>Purpose of Disbursement (including title(s) of communication(s)) Media Buy: Back When - Jobs</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate Elizabeth Dole</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: NC</td> <td style="width:10%;">District: _____</td> <td style="width:20%;">Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: _____</td> <td style="width:10%;">District: _____</td> <td style="width:20%;">Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: _____</td> <td style="width:10%;">District: _____</td> <td style="width:20%;">Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table>	City	State	Zip Code	Marietta	GA	30064	Name of Employer	Occupation	Name of Federal Candidate Elizabeth Dole	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NC	District: _____	Disbursement/Obligation For: 2008 <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) _____	<p>Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 1 6 / 2 0 0 8</td> </tr> </table> </p> <p>Amount <table style="width:100%; border: none;"> <tr> <td style="width:80%; border-bottom: 1px solid black;"></td> <td style="width:20%; text-align: right;">.00</td> </tr> </table> </p> <p>Communication Date <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 2 0 / 2 0 0 8</td> </tr> </table> </p> <p>Transaction ID : F93.000001</p>	M M / D D / Y Y Y Y	1 0 / 1 6 / 2 0 0 8		.00	M M / D D / Y Y Y Y	1 0 / 2 0 / 2 0 0 8
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<p>B. Full Name (Last, First, Middle Initial) of Payee See Change Media, LLC</p> <hr/> <p>Mailing Address of Payee 8609 West Knoll Drive #D</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>West Hollywood</td> <td>CA</td> <td>90069</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table> <hr/> <p>Purpose of Disbursement (including title(s) of communication(s)) Media Production</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate Elizabeth Dole</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: NC</td> <td style="width:10%;">District: _____</td> <td style="width:20%;">Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: _____</td> <td style="width:10%;">District: _____</td> <td style="width:20%;">Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: _____</td> <td style="width:10%;">District: _____</td> <td style="width:20%;">Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table>	City	State	Zip Code	West Hollywood	CA	90069	Name of Employer	Occupation	Name of Federal Candidate Elizabeth Dole	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NC	District: _____	Disbursement/Obligation For: 2008 <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) _____	<p>Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 2 0 / 2 0 0 8</td> </tr> </table> </p> <p>Amount <table style="width:100%; border: none;"> <tr> <td style="width:80%; border-bottom: 1px solid black;"></td> <td style="width:20%; text-align: right;">215.00</td> </tr> </table> </p> <p>Communication Date <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 2 0 / 2 0 0 8</td> </tr> </table> </p> <p>Transaction ID : F93.000002</p>	M M / D D / Y Y Y Y	1 0 / 2 0 / 2 0 0 8		215.00	M M / D D / Y Y Y Y	1 0 / 2 0 / 2 0 0 8
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