SCHEDULE E)	PAGE 1 OF 5 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
9-9-9 FUND	C C00504241	
	C C00504241	
Check If 24-hour report X 48-hour report New report X Amends report	filed on 11 03 2011	
Full Name (Last, First, Middle Initial) of Payee ALLIANCE STRATEGIES GROUP	Date	
Mailing Address 7700 CONGRESS AVE	11 01 2011	
SUITE 2205	Amount	
City State Zip Code	3500.00	
BOCA RATON FL 33487	Transaction ID : SE.4124	
	Office Sought: House State: IA	
LIST ACQUISITION - VOTER CONTACT  Type  004	Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure:	X President	
HERMAN CAIN	Check One: Support Oppose	
	Disbursement For: Primary General	
for Office Sought	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
CAMPAIGN GRID	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 223 SUMMIT AVE	11	
	Amount	
City State Zip Code	22000.00	
FT WASHINGTON PA 19034	Transaction ID : SE.4125 Office Sought: House State: IA	
Purpose of Expenditure LIST ACQUISITION - VOTER CONTACT  Category/ Type 004	Senate	
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 00	
	Check One: Support Oppose	
Calendar Year-To-Date Per Election	Disbursement For: X Primary General	
for Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	25500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
(c) TOTAL Independent Expenditures	7 7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
SCOTT B MACKENZIE [Electronically Filed]	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y	
Signature Date	2012	

# Image# 12971200888 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E) NAME OF COMMITTE (In Full) FEC IDENTITY OF THE PROPERTY OF TH

SCHEDULE E)	FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
9-9-9 FUND	C C00504241	
Check If 24-hour report X 48-hour report New report X Amends report filed	on 11 03 2011	
Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP	Date	
INFOCISION MANAGEMENT CORP	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 325 SPRINGSIDE DRIVE	11 03 2011	
	Amount	
City State Zip Code AKRON OH 44333	169650.00	
Purpose of Evpanditure	Transaction ID : SE.4134  e Sought: House State: IA	
VOTER CONTACT & ID (EST. COST)  Category/ Type  004	Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
HERMAN CAIN Chec	ck One: Support Oppose	
	ursement For: Primary General	
for Office Sought -1410.00 2012	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
INTERMARKETS INC	M M / D D / Y Y Y Y	
Mailing Address 11911 FREEDOM DRIVE	10 24 2011	
SUITE 1140	Amount	
City State Zip Code RESTON VA 20190	5000.00	
	Transaction ID : SE.4127  ee Sought: House State: IA	
Purpose of Expenditure IOWA DRUDGE AD BLOCK Category/ Type 004	Senate	
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 00	
	ck One: Support Oppose	
Calendar Year-To-Date Per Election Disb	oursement For:   Primary   General	
for Office Sought 0.00 2012	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	174650.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
SCOTT B MACKENZIE	M / D D / Y B Y B Y	
[Electronically Filed] Date Signature		
Oignatule		

SCHEDULE E)	PAGE 3 OF 5 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
9-9-9 FUND	C C00504241	
Check If 24-hour report  48-hour report  New report  Amends report	ort filed on 11 03 2011	
Full Name (Last, First, Middle Initial) of Payee EMILY KARRS  Mailing Address 220 - 10TH STREET NE	Date  11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Amount	
City State Zip Code WASHINGTON DC 20002	5000.00 Transaction ID : SE.4128	
Purpose of Expenditure VIDEO PRODUCTION Category/ Type 004	Office Sought: House State: IA Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: HERMAN CAIN	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: Primary General  Other (specify)	
Full Name (Last, First, Middle Initial) of Payee NEWSMAX MEDIA INC	Date	
Mailing Address PO BOX 20989	Amount	
City State Zip Code WEST PALM BEACH FL 33409	19520.00	
Purpose of Expenditure VOTER CONTACT LISTS  Category/ Type 004	Office Sought: House State: IA Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: HERMAN CAIN	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General  Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 24520.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
SCOTT B MACKENZIE  [Electronically Filed] Date Signature	e 04 24 2012	

SCHEDULE E)	PAGE 4 OF 5 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
9-9-9 FUND	C C00504241	
Check If 24-hour report 48-hour report New report Amends report	ort filed on 11 03 2011	
Full Name (Last, First, Middle Initial) of Payee NEWSMAX MEDIA INC	Date	
Mailing Address PO BOX 20989	Amount 03 / 2011	
0144	Amount	
City State Zip Code WEST PALM BEACH FL 33409	23925.00 Transaction ID : SE.4130	
Purpose of Expenditure VOTER CONTACT LISTS  Category/ Type 004	Office Sought: House State: IA Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure:	President —	
HERMAN CAIN	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General  2012 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee VICTORY PHONES	Date 10 22 / 2011	
Mailing Address 243 N FIFTH STREET		
	Amount	
City State Zip Code COLUMBUS OH 43215	1410.10 Transaction ID : SE.4132	
Purpose of Expenditure IOWA TEST CALLS Category/ Type 005	Office Sought: House State: IA Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: HERMAN CAIN	President  Check One: Support Oppose	
	Disbursement For: Y Primary General	
Calendar Year-To-Date Per Election for Office Sought	2012 Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	25335.10	
(b) OUDTOTAL of the bosics of higher and set Formand by		
(b) SUBTOTAL of Uniternized Independent Expenditures	• •	
(c) TOTAL Independent Expenditures	·	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
SCOTT B MACKENZIE  [Electronically Filed] Date	e 04 24 2012	
Signature		

SCHEDULE E)	PAGE 5 OF 5 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
9-9-9 FUND	C C00504241	
	C C00504241	
Check If 24-hour report 48-hour report New report Amends report	filed on 11 03 / Y 2011	
Full Name (Last, First, Middle Initial) of Payee VICTORY PHONES	Date	
Mailing Address 243 N FIFTH STREET	M 11 / 01 / 2011 Amount	
City Carle 7:- Carle	Amount	
City State Zip Code COLUMBUS OH 43215	20000.00	
	Transaction ID : SE.4133	
IOWA VOTED CONTACT CALLS	Office Sought: House State: IA	
Туре	Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure:	X President	
HERMAN CAIN	Check One: Support Oppose	
	Disbursement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
	M M / D D / Y Y Y Y	
Mailing Address		
Mailing Address	Amount	
	Amount	
City State Zip Code		
Purpose of Expenditure  Category/ Type	Office Sought: House State: Senate District:	
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———	
Name of rederal candidate cupported of opposed by Experialities.	Check One: Support Oppose	
Calendar Year-To-Date Per Election	Disbursement For: Primary General	
for Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	20000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>	
(c) TOTAL Independent Expenditures	270005.10	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
SCOTT B MACKENZIE [Electronically Filed] Date	04	
Signature		