

**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

(b) Address (number and street)

☐ 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

**2. FEC Identification Number****C** C30001259**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 0

through

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0**(b) Communication Title** Jobs-IL**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**

5202000.00

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

57225.00

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 10/19/2010

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

Image# 10931582889  
**SCHEDULE 9-A**  
**Donation(s) Received**

PAGE 2/6

**A.** Full Name of Donor

FPR

Mailing Address of Donor  
1718 M Street, NW S107

| City       | State | Zip   |
|------------|-------|-------|
| Washington | DC    | 20036 |

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 9 |   | 2 | 0 | 1 | 0 |

Amount

250000.00

Transaction ID : F92.000001

**B.** Full Name of Donor

ASQC

Mailing Address of Donor  
2200 17th Street, NW

| City       | State | Zip   |
|------------|-------|-------|
| Washington | DC    | 20009 |

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 6 |   | 2 | 0 | 1 | 0 |

Amount

180000.00

Transaction ID : F92.000002

**C.** Full Name of Donor

DGA

Mailing Address of Donor  
1401 K Street, NW, Suite 200

| City       | State | Zip   |
|------------|-------|-------|
| Washington | DC    | 20005 |

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 7 |   | 2 | 0 | 1 | 0 |

Amount

100000.00

Transaction ID : F92.000003

**D.** Full Name of Donor

John O. Windsor

Mailing Address of Donor  
P.O. Box 4895

| City    | State | Zip   |
|---------|-------|-------|
| Jackson | MS    | 39296 |

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 0 |

Amount

7500.00

Transaction ID : F92.000004

**E.** Full Name of Donor

John R. Windsor

Mailing Address of Donor  
1313A Access Road

| City   | State | Zip   |
|--------|-------|-------|
| Oxford | MS    | 38655 |

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 1 |   | 2 | 0 | 1 | 0 |

Amount

7500.00

Transaction ID : F92.000005

**SUBTOTAL** of Donations This Page (optional).....

545000.00

**TOTAL** This Period (last page this line number only).....  
(carry total from last page to Line 9)

Image# 10931582890  
**SCHEDULE 9-A**  
**Donation(s) Received**

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**A.** Full Name of Donor

Christopher Jones

Mailing Address of Donor  
P.O. Box 520

| City       | State | Zip   |
|------------|-------|-------|
| Booneville | MS    | 38829 |

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 0 |

Amount

1500.00

Transaction ID : F92.000006

**B.** Full Name of Donor

Thomas Cadle

Mailing Address of Donor  
101 S. Main Street

| City       | State | Zip   |
|------------|-------|-------|
| Booneville | MS    | 38829 |

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 1 | 0 |

Amount

500.00

Transaction ID : F92.000007

**C.** Full Name of Donor

Brownstein, Hyatt, Farber, Schreck

Mailing Address of Donor  
410 Seventeenth Street, Suite 2200

| City   | State | Zip   |
|--------|-------|-------|
| Denver | CO    | 80202 |

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 1 | 0 |

Amount

5000.00

Transaction ID : F92.000008

**D.** Full Name of Donor

DGA

Mailing Address of Donor  
1401 K Street, NW, Suite 200

| City       | State | Zip   |
|------------|-------|-------|
| Washington | DC    | 20005 |

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 0 | 5 |   | 2 | 0 | 1 | 0 |

Amount

100000.00

Transaction ID : F92.000009

**E.** Full Name of Donor

DGA

Mailing Address of Donor  
1401 K Street, NW, Suite 200

| City       | State | Zip   |
|------------|-------|-------|
| Washington | DC    | 20005 |

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Amount

1000000.00

Transaction ID : F92.000010

**SUBTOTAL** of Donations This Page (optional).....

1107000.00

**TOTAL** This Period (last page this line number only).....  
(carry total from last page to Line 9)

Image# 10931582891  
**SCHEDULE 9-A**  
**Donation(s) Received**

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**A.** Full Name of Donor

AFT

Mailing Address of Donor  
555 New Jersey Ave NW

| City       | State | Zip   |
|------------|-------|-------|
| Washington | DC    | 20001 |

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 4 |   | 2 | 0 | 1 | 0 |

Amount

500000.00

Transaction ID : F92.000011

**B.** Full Name of Donor

DGA

Mailing Address of Donor  
1401 K Street, NW, Suite 200

| City       | State | Zip   |
|------------|-------|-------|
| Washington | DC    | 20005 |

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 1 |   | 2 | 0 | 1 | 0 |

Amount

1000000.00

Transaction ID : F92.000012

**C.** Full Name of Donor

Pharmaceutical Research & Manufacturers of America

Mailing Address of Donor  
950 F Street, NW, Suite 300

| City       | State | Zip   |
|------------|-------|-------|
| Washington | DC    | 20004 |

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 6 |   | 2 | 0 | 1 | 0 |

Amount

775000.00

Transaction ID : F92.000013

**D.** Full Name of Donor

DGA

Mailing Address of Donor  
1401 K Street, NW, Suite 200

| City       | State | Zip   |
|------------|-------|-------|
| Washington | DC    | 20005 |

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 8 |   | 2 | 0 | 1 | 0 |

Amount

500000.00

Transaction ID : F92.000014

**E.** Full Name of Donor

SEIU MD/DC State Council

Mailing Address of Donor  
Ste 410, 3700 Koppers St

| City      | State | Zip   |
|-----------|-------|-------|
| Baltimore | MD    | 21227 |

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 2 |   | 2 | 0 | 1 | 0 |

Amount

150000.00

Transaction ID : F92.000015

**SUBTOTAL** of Donations This Page (optional).....

2925000.00

**TOTAL** This Period (last page this line number only).....  
(carry total from last page to Line 9)

**A.** Full Name of Donor

Laborers Political League Education Fund

Mailing Address of Donor

905 16th Street, NW

City

State

Zip

Washington

DC

20006

Date of Receipt

M M  
1 0

D D  
1 4

Y Y Y Y  
2 0 1 0

Amount

75000.00

Transaction ID : F92.000016

**B.** Full Name of Donor

DGA

Mailing Address of Donor

1401 K Street, NW, Suite 200

City

State

Zip

Washington

DC

20005

Date of Receipt

M M  
1 0

D D  
1 5

Y Y Y Y  
2 0 1 0

Amount

400000.00

Transaction ID : F92.000017

**C.** Full Name of Donor

Stream Line Circle LLC

Mailing Address of Donor

645 Madison Avenue

City

State

Zip

New York

NY

10022

Date of Receipt

M M  
1 0

D D  
1 8

Y Y Y Y  
2 0 1 0

Amount

100000.00

Transaction ID : F92.000018

**D.** Full Name of Donor

Gill Action Fund

Mailing Address of Donor

2215 Market Street

City

State

Zip

Denver

CO

80205

Date of Receipt

M M  
1 0

D D  
1 8

Y Y Y Y  
2 0 1 0

Amount

50000.00

Transaction ID : F92.000019

**SUBTOTAL** of Donations This Page (optional).....

625000.00

**TOTAL** This Period (last page this line number only).....  
(carry total from last page to Line 9)

5202000.00

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial) of Payee<br>Issue & Image<br>Mailing Address of Payee<br>300 N. Lee Street S500<br><hr/> <div style="display: flex; justify-content: space-between;"> <div>City<br/>Alexandria</div> <div>State</div> <div>Zip Code<br/>22314</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Name of Employer<br/>N/A</div> <div>Occupation<br/>N/A</div> </div>        |  |                                                                                                                                   |  | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y<br/>1 0 / 1 5 / 2 0 1 0</div> </div> <hr/> Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">52500.00</div> <hr/> Communication Date<br><div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y<br/>1 0 / 1 8 / 2 0 1 0</div> </div> <hr/> <b>Transaction ID :</b> F93.000001 |  |                                                                                                                                                                     |  |
| Purpose of Disbursement (including title(s) of communication(s))<br>Media Buy: Jobs-IL                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                     |  |
| Name of Federal Candidate<br>Debbie Halvorson                                                                                                                                                                                                                                                                                                                                                                                                   |  | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | State: IL<br>District: 11                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Disbursement/Obligation For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |  |
| F94.000002                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                     |  |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |  | State: _____<br>District: _____                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Disbursement/Obligation For: _____<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____           |  |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |  | State: _____<br>District: _____                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Disbursement/Obligation For: _____<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____           |  |
| <b>B.</b> Full Name (Last, First, Middle Initial) of Payee<br>Issue & Image<br>Mailing Address of Payee<br>300 N. Lee Street S500<br><hr/> <div style="display: flex; justify-content: space-between;"> <div>City<br/>Alexandria</div> <div>State<br/>VA</div> <div>Zip Code<br/>22314</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Name of Employer<br/>N/A</div> <div>Occupation<br/>N/A</div> </div> |  |                                                                                                                                   |  | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y<br/>1 0 / 1 5 / 2 0 1 0</div> </div> <hr/> Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">4725.00</div> <hr/> Communication Date<br><div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y<br/>1 0 / 1 8 / 2 0 1 0</div> </div> <hr/> <b>Transaction ID :</b> F93.000002  |  |                                                                                                                                                                     |  |
| Purpose of Disbursement (including title(s) of communication(s))<br>Media Production                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                     |  |
| Name of Federal Candidate<br>Debbie Halvorson                                                                                                                                                                                                                                                                                                                                                                                                   |  | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | State: IL<br>District: 11                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Disbursement/Obligation For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |  |
| F94.000004                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                     |  |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |  | State: _____<br>District: _____                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Disbursement/Obligation For: _____<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____           |  |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |  | State: _____<br>District: _____                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Disbursement/Obligation For: _____<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____           |  |
| <b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <div style="border: 1px solid black; padding: 2px; text-align: right;">57225.00</div>                                                                               |  |
| <b>TOTAL</b> This Period (last page this line number only) .....<br>(carry total from last page to line 10)                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <div style="border: 1px solid black; padding: 2px; text-align: right;">57225.00</div>                                                                               |  |