



Ryan Teague <rteague@freedomswatch.org> on 09/10/2008 12:31:20 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>
cc: Ryan Teague <rteague@freedomswatch.org>

Subject: Freedom's Watch - 9/10/2008 - FEC Form 9

Please find attached FEC Form 9, "24 Hour Notice of Disbursements/Obligations" for the Freedom's Watch advertisement entitled "Wrong Choices."

Ryan Teague, Esq.
Freedom's Watch
401 9th Street NW
Washington, DC 20004
202.379.3709
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FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

2008 SEP 10 P 1:41

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name
Freedom's Watch, Inc.

(b) Address (number and street) ☐ check if different than previously reported
401 9th St. NW

(c) City, State and ZIP Code
Washington, DC 20004

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C 30000756

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

09 08 2008

through

09 09 2008

5. (a) Date of Public Distribution(s) 09 09 2008

(b) Communication Title Wrong Choices

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
Douglas W. Robinson

(b) Address (number and street)
401 9th St. NW

(c) City, State and ZIP Code
Washington, DC 20004

(d) Name of Employer or Principal Place of Business

(e) Occupation

Freedom's Watch, Inc.

Chief Financial Officer

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

366,033.85

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Douglas W. Robinson

SIGNATURE

DW Robinson

DATE

9/10/08

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

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11. Person(s) Sharing/Exercising Control

A. (a) Name Mel Sembler	
(b) Address (number and street) 5858 Central Avenue	
(c) City, State and ZIP Code St. Petersburg, FL 33707-1728	
(d) Name of Employer or Principal Place of Business The Sembler Company	(e) Occupation Chairman
B. (a) Name Matthew Brooks	
(b) Address (number and street) 50 F Street NW Suite 100	
(c) City, State and ZIP Code Washington, DC 20001	
(d) Name of Employer or Principal Place of Business Republican Jewish Coalition	(e) Occupation Executive Director
C. (a) Name Ari Fleischer	
(b) Address (number and street) 624 Old Post Road	
(c) City, State and ZIP Code Bedford, NY 10506	
(d) Name of Employer or Principal Place of Business Fleischer Communications	(e) Occupation President
D. (a) Name William Weidner	
(b) Address (number and street) 3355 Las Vegas Blvd. South	
(c) City, State and ZIP Code Las Vegas, NV 89109	
(d) Name of Employer or Principal Place of Business Las Vegas Sands Corporation	(e) Occupation President
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

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SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$. .
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$. .
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$. .
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$. .
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$. .
SUBTOTAL of Donations This Page (optional) ▶ \$. . TOTAL This Period (last page this line number only) ▶ \$ 0.00 (carry total from last page to Line 9)	

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group				Date of Disbursement or Obligation 09 " 08 " 2008	
Mailing Address of Payee 815 Slaters Lane, Suite 200				Amount , 335, 512 . 60	
City Alexandria	State VA	Zip Code 22314	Communication Date 09 " 09 " 2008		
Name of Employer Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) Media Placement					
Name of Federal Candidate Jeff Merkley		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OR District:	Disbursement/Obligation For: <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. Full Name (Last, First, Middle Initial) of Payee On Message, Inc.				Date of Disbursement or Obligation 09 " 08 " 2008	
Mailing Address of Payee 2130 Priest Bridge Dr., #11				Amount , 30, 521 . 85	
City Crofton	State MD	Zip Code 21114	Communication Date 09 " 09 " 2008		
Name of Employer Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) Media Production					
Name of Federal Candidate Jeff Merkley		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OR District:	Disbursement/Obligation For: <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) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				, 366, 034 . 45	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				, 366, 034 . 45	

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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.

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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
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<i>Jim P</i> PREPARER	<i>9/10/08</i> DATE PREPARED

(3/2005)

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