



Ryan Teague <rteague@freedomswatch.org> on 10/07/2008 01:03:49 PM

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

Subject: Freedom's Watch - 10/07/2008 - FEC Form 9

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

Ryan Teague, Esq.
Freedom's Watch
202.379.3709



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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

X New

or

Amended

4. Covering Period

10 01 2008

through

10 06 2008

5. (a) Date of Public Distribution(s) 10 06 2008

(b) Communication Title "Runaway"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(c) X 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 X

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

802,490.98

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

10/6/08

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

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 Month Day Year Amount Dollars Cents
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Month Day Year Amount Dollars Cents
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Month Day Year Amount Dollars Cents
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Month Day Year Amount Dollars Cents
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Month Day Year Amount Dollars Cents
SUBTOTAL of Donations This Page (optional) ▶ TOTAL This Period (last page this line number only) ▶ (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 10 01 2008	
Mailing Address of Payee 815 Slaters Lane, Suite 200				Amount , 744, 026. 80	
City Alexandria	State VA	Zip Code 22314	Communication Date 10 06 2008		
Name of Employer Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) Media Placement					
Name of Federal Candidate Kay Hagan	Office Sought ☒ House ☐ Senate ☐ President	State NC District _____	Disbursement/Obligation For: ☐ Primary ☒ General ☐ Other (specify) _____		
Name of Federal Candidate _____	Office Sought ☐ House ☐ Senate ☐ President	State _____ District _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) _____		
Name of Federal Candidate _____	Office Sought ☐ House ☐ Senate ☐ President	State _____ District _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) _____		
B. Full Name (Last, First, Middle Initial) of Payee Scott Howell & Company				Date of Disbursement or Obligation 10 02 2008	
Mailing Address of Payee 208 North Market Street				Amount , 58, 464. 18	
City Dallas	State TX	Zip Code 75202	Communication Date 10 06 2008		
Name of Employer Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) Media Production					
Name of Federal Candidate Kay Hagan	Office Sought ☒ House ☐ Senate ☐ President	State NC District _____	Disbursement/Obligation For: ☐ Primary ☒ General ☐ Other (specify) _____		
Name of Federal Candidate _____	Office Sought ☐ House ☐ Senate ☐ President	State _____ District _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) _____		
Name of Federal Candidate _____	Office Sought ☐ House ☐ Senate ☐ President	State _____ District _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) _____		
SUBTOTAL of Disbursements/Obligations This Page (optional)				, 802, 490. 98	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				, 802, 490. 98	

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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.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
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Delivery Confirmation™ or Signature Confirmation™ Label ☐	
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery ☐	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☒ Other (Specify): <i>E - Mail</i>	Date of Receipt or Postmarked <i>10/7/08</i>
 PREPARER	<i>10/7/08</i> DATE PREPARED

(3/2005)

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