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FACSIMILE TRANSMITTAL SHEET

PLEASE DELIVER THE FOLLOWING PAGE(S) TO:

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CITY:

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April 17, 2008

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MESSAGE: Filing FEC Form 9 on behalf of "Mayors Against Illegal Guns".

28039694962

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Mayors Against Illegal Guns Action Fund

(b) Address (number and street) ☐ check if different than previously reported

800 Third Avenue 19th Floor

(c) City, State and ZIP Code

New York, NY 10022-7605

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

New

or

Amended

4. Covering Period

0 4 0 1 2 0 0 8

through

0 4 1 8 2 0 0 8

5. (a) Date of Public Distribution(s) 0 4 1 6 2 0 0 8(b) Communication Title Close the Gun Show Loophole**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

Diane Rizzo

(b) Address (number and street)

800 Third Avenue 19th Floor

(c) City, State and ZIP Code

New York, NY 10022-7605

(d) Name of Employer or Principal Place of Business

Mayors Against Illegal Guns Action Fund

(e) Occupation

Secretary/Treasurer

9. Total Donations This Statement

7 2 6 0 5 0 0

10. Total Disbursements/Obligations This Statement

7 2 6 0 5 0 0

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Arkadi Gerney

SIGNATURE

DATE 04/17/2008

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

FEC FORM 9 (REV. 12/2007)

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List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A.	(a) Name Arkadi Gerney	
	(b) Address (number and street) 800 Third Avenue 19th Floor	
	(c) City, State and ZIP Code New York, NY 10022-7605	
	(d) Name of Employer or Principal Place of Business Mayors Against Illegal Guns Action Fund	(e) Occupation Chairman
B.	(a) Name Richard DeScherer	
	(b) Address (number and street) 800 Third Avenue 19th Floor	
	(c) City, State and ZIP Code New York, NY 10022-7605	
	(d) Name of Employer or Principal Place of Business Mayors Against Illegal Guns Action Fund	(e) Occupation Vice Chairman
C.	(a) Name Diane Rizzo	
	(b) Address (number and street) 800 Third Avenue 19th Floor	
	(c) City, State and ZIP Code New York, NY 10022-7605	
	(d) Name of Employer or Principal Place of Business Mayors Against Illegal Guns Action Fund	(e) Occupation Secretary/Treasurer
D.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
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 Michael R. Bloomberg			Date of Receipt 0 4 0 1 2 0 0 8	
Mailing Address of Donor 800 Third Avenue 19th Floor			Amount 7 2 6 0 5 0 0	
City New York	State NY	Zip 10022-7605		
B. Full Name of Donor			Date of Receipt	
Mailing Address of Donor			Amount	
City	State	Zip		
C. Full Name of Donor			Date of Receipt	
Mailing Address of Donor			Amount	
City	State	Zip		
D. Full Name of Donor			Date of Receipt	
Mailing Address of Donor			Amount	
City	State	Zip		
E. Full Name of Donor			Date of Receipt	
Mailing Address of Donor			Amount	
City	State	Zip		
SUBTOTAL of Donations This Page (optional)			7 2 6 0 5 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			7 2 6 0 5 0 0	

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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 Devine Mulvey, Inc.				Date of Disbursement or Obligation 0 4 / 0 3 / 2 0 0 8	
Mailing Address of Payee 1054 31st Street, NW Suite 430				Amount 7 2, 6 0 5. 0 0	
City Washington	State DC	Zip Code 20007		Communication Date 0 4 / 1 6 / 2 0 0 8	
Name of Employer				Occupation	
Purpose of Disbursement (Including title(s) of communication(s)) Media buy and production costs for "Close the Gun Show Loophole"					
Name of Federal Candidate Senator Hillary Clinton	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate Senator John McCain	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate Senator Barack Obama	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
B. Full Name (Last, First, Middle Initial) of Payee					
Mailing Address of Payee				Date of Disbursement or Obligation	
City				Amount	
State				Communication Date	
Zip Code					
Name of Employer				Occupation	
Purpose of Disbursement (Including title(s) of communication(s))					
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) ▶		
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) ▶				7 2, 6 0 5. 0 0	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				7 2, 6 0 5. 0 0	

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