



"Virginia Sagredo" <gsagredo@cfif.org> on 10/15/2010 01:52:33 PM

To: <2022190174@fec.gov>
cc:

Subject: FEC Form 9

To Whom It May Concern:

Attached hereto is the Center for Individual Freedom's completed FEC Form 9 (24 Hour Notice of Disbursements for Electioneering Communications) as required.

Thank you.



FEC Form 9 10-14-10.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Center for Individual Freedom
(b) Address (number and street) check if different than previously reported 917-B King Street
(c) City, State and ZIP Code Alexandria, VA 22314
(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

10 12 2010

through

10 14 2010

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

10 14 2010

(b) Communication Title

"Jobs" + "Debt"

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 Jeffrey L. Mazzella
(b) Address (number and street) 917-B King Street
(c) City, State and ZIP Code Alexandria, VA 22314
(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

Center for Individual Freedom

President

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

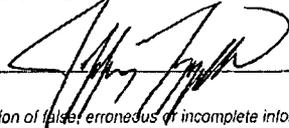
466,042.45

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Jeffrey L. Mazzella

SIGNATURE



DATE

10-15-2010

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

11. Person(s) Sharing/Exercising Control

| |
|---|
| <p>A. (a) Name <u>Jeffrey L. Mazzella</u></p> <p>(b) Address (number and street) <u>917-B King Street</u></p> <p>(c) City, State and ZIP Code <u>Alexandria VA 22314</u></p> <p>(d) Name of Employer or Principal Place of Business <u>Center for Individual Freedom</u> (e) Occupation <u>President</u></p> |
| <p>B. (a) Name <u>Renee L. Giachino</u></p> <p>(b) Address (number and street) <u>917-B King Street</u></p> <p>(c) City, State and ZIP Code <u>Alexandria, VA 22314</u></p> <p>(d) Name of Employer or Principal Place of Business <u>Center for Individual Freedom</u> (e) Occupation <u>Corporate Counsel</u></p> |
| <p>C. (a) Name _____</p> <p>(b) Address (number and street) _____</p> <p>(c) City, State and ZIP Code _____</p> <p>(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____</p> |
| <p>D. (a) Name _____</p> <p>(b) Address (number and street) _____</p> <p>(c) City, State and ZIP Code _____</p> <p>(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____</p> |
| <p>E. (a) Name _____</p> <p>(b) Address (number and street) _____</p> <p>(c) City, State and ZIP Code _____</p> <p>(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____</p> |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | |
|---|--------------------|---|
| A. Full Name (Last, First, Middle Initial) of Payee <u>Crossroads Media, LLC</u> | | Date of Disbursement or Obligation <u>10 12 2010</u> |
| Mailing Address of Payee <u>Lee Canal Center Plaza, Ste. 555</u> | | Amount <u>100,880.15</u> |
| City <u>Alexandria, VA</u> | State <u>VA</u> | Zip Code <u>22314</u> |
| Name of Employer | Occupation | Communication Date <u>10 14 2010</u> |

Purpose of Disbursement (Including title(s) of communication(s))
Television Issue Ad ("Marshall Jobs") Media Buy

| | | | |
|--|---|--|--|
| Name of Federal Candidate <u>Jim Marshall</u> | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: <u>GA</u> District: <u>8</u> | 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 <u>Marsh Copsey + Associates, Inc</u> | | Date of Disbursement or Obligation <u>10 12 2010</u> |
| Mailing Address of Payee <u>601 Thirteenth St. NW 11th Fl.</u> | | Amount <u>14,700.00</u> |
| City <u>Washington, DC</u> | State <u>DC</u> | Zip Code <u>20005</u> |
| Name of Employer | Occupation | Communication Date <u>10 14 2010</u> |

Purpose of Disbursement (Including title(s) of communication(s))
Television Issue Ad ("Marshall Jobs") Production Costs

| | | | |
|--|---|--|--|
| Name of Federal Candidate <u>Jim Marshall</u> | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: <u>GA</u> District: <u>8</u> | 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) | ▶ |
| TOTAL This Period (last page this line number only) | ▶ |
| (carry total from last page to Line 10) | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | |
|--|---|--|
| A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media, LLC | | Date of Disbursement or Obligation 10 12 2010 |
| Mailing Address of Payee C&O Canal Center Plaza, Ste. 555 | | Amount 199,535.55 |
| City Alexandria, VA | State VA | Zip Code 22314 |
| Name of Employer Crossroads Media, LLC | | Occupation Media Buyer |
| Purpose of Disbursement (Including title(s) of communication(s)) Television Issue Ad ("Shuler Jobs") Media Buy | | |
| Name of Federal Candidate Heath Shuler | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | 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 | 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 | 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 Marsh Copsey & Associates, Inc | | Date of Disbursement or Obligation 10 12 2010 |
| Mailing Address of Payee 601 Thirteenth St., NW 11th Fl. | | Amount 14,130.00 |
| City Washington, DC | State DC | Zip Code 20005 |
| Name of Employer Marsh Copsey & Associates, Inc | | Occupation Production Costs |
| Purpose of Disbursement (Including title(s) of communication(s)) Television Issue Ad ("Shuler Jobs") Production Costs | | |
| Name of Federal Candidate Heath Shuler | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | 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 | 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 | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |
| SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ | | _____ |
| TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10) | | _____ |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | |
|--|---|--|
| A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media, LLC | | Date of Disbursement or Obligation 10 12 2010 |
| Mailing Address of Payee 606 Canal Center Plaza, Ste. 555 | | Amount 122,426.75 |
| City Alexandria, VA | State VA | Zip Code 22314 |
| Name of Employer Crossroads Media, LLC | | Occupation Media Buyer |
| Purpose of Disbursement (Including title(s) of communication(s)) Television Issue Ad ("Chandler Debt") Media Buy | | |
| Name of Federal Candidate Ben Chandler | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: KY District: 6 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 Marsh Copsay & Associates, Inc | | Date of Disbursement or Obligation 10 12 2010 |
| Mailing Address of Payee 601 Thirteenth St, NW 11th Fl. | | Amount 14,370.00 |
| City Washington, DC | State DC | Zip Code 20005 |
| Name of Employer Marsh Copsay & Associates, Inc | | Occupation Production Costs |
| Purpose of Disbursement (Including title(s) of communication(s)) Television Issue Ad ("Chandler Debt") Production Costs | | |
| Name of Federal Candidate Ben Chandler | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: KY District: 6 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) ▶ | | 466,042.45 |
| TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10) | | 466,042.45 |

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.

| | |
|--|--|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> | |
| <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 |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input checked="" type="checkbox"/> Other (Specify): <i>E-mail</i> | Date of Receipt or Postmarked <i>10/15/2010</i> |

PREPARER
 (3/2005)

DATE PREPARED