



"WHM/VES" <hudgin@cox.net> on 10/24/2010 02:09:14 PM

To: <2022190174@fec.gov>  
cc:

Subject: CFIF 10-24-10 FEC Filing

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 10-23-10.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

C30001747

3. Is This Statement  New or  Amended

4. Covering Period 10 21 2010 through 10 23 2010

5. (a) Date of Public Distribution(s) 10 23 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 Center for Individual Freedom (e) Occupation President

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 294,601.49

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 10/21/2010

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

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

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)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Crossroads Media LLC				Date of Disbursement or Obligation 10 21 2010	
Mailing Address of Payee 66 Canal Center Plaza Ste 555				Amount 71,375.00	
City Alexandria		State VA		Zip Code 22314	
Name of Employer Crossroads Media LLC				Communication Date 10 23 2010	
Purpose of Disbursement (Including title(s) of communication(s)) Television Issue Ad ("Boyd Debt") Media Buy					
Name of Federal Candidate Allen Boyd		Office Sought: <input checked="" type="checkbox"/> House		State: FL	
		Senate		District: 2	
		President		Disbursement/Obligation For:	
				<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
				<input type="checkbox"/> Other (specify) ▶	
<hr/> Name of Federal Candidate      Office Sought:      House      State: _____					
Senate      District: _____					
President					
Disbursement/Obligation For:					
<input type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify) ▶					
<hr/> Name of Federal Candidate      Office Sought:      House      State: _____					
Senate      District: _____					
President					
Disbursement/Obligation For:					
<input type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify) ▶					
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Crossroads Media LLC				Date of Disbursement or Obligation 10 21 2010	
Mailing Address of Payee 66 Canal Center Plaza Ste 555				Amount 41,234.10	
City Alexandria		State VA		Zip Code 22314	
Name of Employer Crossroads Media LLC				Communication Date 10 23 2010	
Purpose of Disbursement (Including title(s) of communication(s)) Television Issue Ad ("Kissell Debt") Media Buy					
Name of Federal Candidate Larry Kissell		Office Sought: <input checked="" type="checkbox"/> House		State: NC	
		Senate		District: 8	
		President		Disbursement/Obligation For:	
				<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
				<input type="checkbox"/> Other (specify) ▶	
<hr/> Name of Federal Candidate      Office Sought:      House      State: _____					
Senate      District: _____					
President					
Disbursement/Obligation For:					
<input type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify) ▶					
<hr/> Name of Federal Candidate      Office Sought:      House      State: _____					
Senate      District: _____					
President					
Disbursement/Obligation For:					
<input type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify) ▶					
<b>SUBTOTAL of Disbursements/Obligations This Page (optional) ▶</b>					
<b>TOTAL This Period (last page this line number only) ▶</b> (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 <b>Crossroads Media, LLC</b>				Date of Disbursement or Obligation <b>10 21 2010</b>	
Mailing Address of Payee <b>66 Canal Center Plaza, Ste. 555</b>				Amount <b>40,071.44</b>	
City <b>Alexandria</b>		State <b>VA</b>		Zip Code <b>22314</b>	
Name of Employer <b>Crossroads Media, LLC</b>				Occupation <b></b>	
Name of Employer				Communication Date <b>10 23 2010</b>	
Purpose of Disbursement (Including title(s) of communication(s)) <b>Television Issue Ad ("Adler Debt") Media Buy</b>					
Name of Federal Candidate <b>John Adler</b>		Office Sought: <input checked="" type="checkbox"/> House Senate President		State: <b>VA</b> District: <b>3</b>	
		Disbursement/Obligation For:		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▶	
Name of Federal Candidate		Office Sought:		State:	
		House Senate President		District:	
		Disbursement/Obligation For:		<input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▶	
Name of Federal Candidate		Office Sought:		State:	
		House Senate President		District:	
		Disbursement/Obligation For:		<input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▶	

B. Full Name (Last, First, Middle Initial) of Payee <b>Crossroads Media, LLC</b>				Date of Disbursement or Obligation <b>10 21 2010</b>	
Mailing Address of Payee <b>66 Canal Center Plaza, Suite 555</b>				Amount <b>37,034.55</b>	
City <b>Alexandria,</b>		State <b>VA</b>		Zip Code <b>22314</b>	
Name of Employer <b>Crossroads Media, LLC</b>				Occupation <b></b>	
Name of Employer				Communication Date <b>10 23 2010</b>	
Purpose of Disbursement (Including title(s) of communication(s)) <b>Television Issue Ad ("Marshall Jobs") Media Buy</b>					
Name of Federal Candidate <b>Jim Marshall</b>		Office Sought: <input checked="" type="checkbox"/> House Senate President		State: <b>GA</b> District: <b>8</b>	
		Disbursement/Obligation For:		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▶	
Name of Federal Candidate		Office Sought:		State:	
		House Senate President		District:	
		Disbursement/Obligation For:		<input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▶	
Name of Federal Candidate		Office Sought:		State:	
		House Senate President		District:	
		Disbursement/Obligation For:		<input type="checkbox"/> Primary <input type="checkbox"/> General 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)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Crossroads Media, LLC		Date of Disbursement or Obligation 10 21 2010
Mailing Address of Payee 66 Canal Center Plaza, Ste. 555		Amount 45,600.00
City Alexandria	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>B. Full Name (Last, First, Middle Initial) of Payee</b> Crossroads Media, LLC		Date of Disbursement or Obligation 10 21 2010
Mailing Address of Payee 66 Canal Center Plaza, Ste 555		Amount 59,286.40
City Alexandria	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	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) ..... ▶		294,601.49
TOTAL This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)		294,601.49

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>10/24/2010</i>

<i>JB</i>	<i>10/25/2010</i>
PREPARER	DATE PREPARED
(3/2005)	