



Mario Nicolais <mn@hackstafflaw.com> on 05/30/2014 05:17:32 PM

To: 2022190174@fec.gov,
cc:

Subject: Citizens for a Sound Government - Form 9 24-Hr Notice of Electioneering Communication.

To Whom It May Concern -

Attached please find a completed Form 9 24-Hr Notice of Electioneering Communication.

Please call my office if you have questions,

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Mario D. Nicolais, II
Hackstaff & Snow LLC
1601 Blake St., Ste. 310
Denver, CO 80202
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mn@hackstafflaw.com

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FEC Form 9_24 Hr Notice of Electioneering Comm_CSG_15 05 29_EXECUTED.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Citizens for a Sound Government

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

403 S. Reed Court

(c) City, State and ZIP Code

Lakewood, CO 80226

(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

MM / DD / YYYY
05 / 29 / 2014

through

MM / DD / YYYY
05 / 29 / 2014

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

MM / DD / YYYY
05 / 29 / 2014

(b) Communication Title Ethics

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

Alan Philp

(b) Address (number and street)

403 S. Reed Court

(c) City, State and ZIP Code

Lakewood, CO 80226

(d) Name of Employer or Principal Place of Business

(e) Occupation

Citizens for a Sound Government

Executive Director

9. Total Donations This Statement

000

10. Total Disbursements/Obligations This Statement

3500000

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Alan Philp by Maria Nicolais, attorney-in-fact

SIGNATURE

Alan Philp by Maria Nicolais

DATE

5/30/14

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

A. (a) Name Alan Philp	
(b) Address (number and street) 403 S. Reed	
(c) City, State and ZIP Code Lakewood, CO 80226	
(d) Name of Employer or Principal Place of Business Citizens for a Sound Government	(e) Occupation Executive Director
B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
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

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>_____</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>_____</p>	
<p>TOTAL This Period (last page this line number only) ▶</p> <p>(carry total from last page to Line 9)</p> <p>_____ 000</p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee McCarthy Hennings Whalen		Date of Disbursement or Obligation MM / DD / YYYY 05 / 29 / 2014
Mailing Address of Payee 1850 M Street, NW, Suite 235		Amount 10,015.13
City State Zip Code Washington, DC 20036	Communication Date MM / DD / YYYY 05 / 29 / 2014	
Name of Employer Occupation		Purpose of Disbursement (Including title(s) of communication(s)) Media Consulting ("Ethics")
Name of Federal Candidate Scott Renfroe	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 4	Disbursement/Obligation For: <input checked="" 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) ▶
B. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services		Date of Disbursement or Obligation MM / DD / YYYY 05 / 29 / 2014
Mailing Address of Payee 600 Fairmount Avenue, Suite 306		Amount 35,000.00
City State Zip Code Townson, MD 21286	Communication Date MM / DD / YYYY 05 / 29 / 2014	
Name of Employer Occupation		Purpose of Disbursement (Including title(s) of communication(s)) Media Buy ("Ethics")
Name of Federal Candidate Scott Renfroe	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 4	Disbursement/Obligation For: <input checked="" 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) ▶		45,015.13
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		45,015.13

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
<input type="checkbox"/> USPS Priority Mail Express	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>5/30/2014</i>
<i>JB</i> PREPARER (8/2013)	<i>6/2/2014</i> DATE PREPARED