

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
P.O. Box 19730

(c) City, State and ZIP Code
Denver CO 80129

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30002232

3. Is This Statement

New
or
 Amended

4. Covering Period

MM / DD / YYYY
02 / 10 / 2016
through
MM / DD / YYYY
03 / 01 / 2016

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

MM / DD / YYYY
02 / 10 / 2016

(b) Communication Title

Freedom's Fight

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
Collins Anderson Philp Public Affairs Consultant

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,412974.64

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Gwen Benevento

SIGNATURE Gwen Benevento

[Electronically Filed] DATE 02/11/2016

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 Reeves Barbour	Transaction ID : F91.000001	
	(b) Address (number and street)	1020 Highland Colony Parkway	
	(c) City, State and ZIP Code	Ridgeland	MS 39157
	(d) Name of Employer or Principal Place of Business	Reeves Barbour Consulting LLC	(e) Occupation Consultant
B.	(a) Name Jeff Burton	Transaction ID : F91.000002	
	(b) Address (number and street)	415 New Jersey Ave, Suite 1	
	(c) City, State and ZIP Code	Washington	DC 20003
	(d) Name of Employer or Principal Place of Business	Prevail Strategies	(e) Occupation Consultant
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-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Sandler-Innocenzi, Inc. Mailing Address of Payee 705 Prince Street City State Zip Code Alexandria VA 22314 Name of Employer Occupation	Date of Disbursement or Obligation MM / DD / YYYY 02 / 10 / 2016 Amount 412974.64 Communication Date MM / DD / YYYY 02 / 15 / 2016
Purpose of Disbursement (Including title(s) of communication(s)) Production and media buy for television, digital and banner advertisements for Freedom's Fight	
Name of Federal Candidate Richard Shelby Transaction ID : F94.000002 Name of Federal Candidate Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: _____ Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Disbursement/Obligation For: 2016	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
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 Mailing Address of Payee City State Zip Code Name of Employer Occupation	Date of Disbursement or Obligation MM / DD / YYYY Amount Communication Date MM / DD / YYYY
Purpose of Disbursement (Including title(s) of communication(s))	
Name of Federal Candidate Name of Federal Candidate 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) ▶ _____
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
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)	