



"Virginia Sagredo" <gsagredo@cfif.org> on 10/14/2010 06:30:38 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 10-13-10.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 13 2010

5. (a) Date of Public Distribution(s) 10 13 2010 (b) Communication Title "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

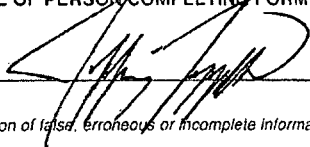
10. Total Disbursements/Obligations This Statement 1,739,972.32

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

10-14-2010

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 Jeffrey L. Mazzella</p> <p>(b) Address (number and street) 917-B King Street</p> <p>(c) City, State and ZIP Code Alexandria VA 22314</p> <p>(d) Name of Employer or Principal Place of Business Center for Individual Freedom</p> <p>(e) Occupation President</p>
<p>B. (a) Name Renee L. Giachino</p> <p>(b) Address (number and street) 917-B King Street</p> <p>(c) City, State and ZIP Code Alexandria, VA 22314</p> <p>(d) Name of Employer or Principal Place of Business Center for Individual Freedom</p> <p>(e) Occupation Corporate Counsel</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</p> <p>(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</p> <p>(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</p> <p>(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 12 2010
Mailing Address of Payee 606 Canal Center Plaza, Ste. 555		Amount 304,720.62
City Alexandria, VA	State VA	Zip Code 22314
Name of Employer _____		Occupation _____
Purpose of Disbursement (Including title(s) of communication(s)) Television Issue Ad ("Costa Debt") ) Media Buy		
Name of Federal Candidate Jim Costa	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 20
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>B. Full Name (Last, First, Middle Initial) of Payee</b> Rising Tide Media Group, LLC		Date of Disbursement or Obligation 10 12 2010
Mailing Address of Payee 226 S. Fayette Street		Amount 9,302.00
City Alexandria, VA	State VA	Zip Code 22314
Name of Employer _____		Occupation _____
Purpose of Disbursement (Including title(s) of communication(s)) Television Issue Ad ("Costa Debt") ) Production Costs		
Name of Federal Candidate Jim Costa	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 20
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>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)**

<p><b>A. Full Name (Last, First, Middle Initial) of Payee</b>  <u>Crossroads Media, LLC</u></p> <p>Mailing Address of Payee  <u>66 Canal Center Plaza, Ste. 555</u></p> <p>City <u>Alexandria, VA</u> State <u>VA</u> Zip Code <u>22314</u></p> <p>Name of Employer _____ Occupation _____</p> <p>Purpose of Disbursement (Including title(s) of communication(s))  <u>Television Issue Ad ("Childers Debt")</u> ) <u>Media Buy</u></p> <p>Name of Federal Candidate <u>Travis Childers</u> Office Sought: <input checked="" type="checkbox"/> House State: <u>MS</u> District: <u>1</u>  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p> <p>Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House State: _____ District: _____  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p> <p>Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House State: _____ District: _____  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation  <u>10 12 2010</u></p> <p>Amount  <u>211,155.00</u></p> <p>Communication Date  <u>10 13 2010</u></p> <p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) _____</p> <p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) _____</p> <p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) _____</p>
<p><b>B. Full Name (Last, First, Middle Initial) of Payee</b>  <u>Rising Tide Media Group, LLC</u></p> <p>Mailing Address of Payee  <u>226 S. Fayette Street</u></p> <p>City <u>Alexandria, VA</u> State <u>VA</u> Zip Code <u>22314</u></p> <p>Name of Employer _____ Occupation _____</p> <p>Purpose of Disbursement (Including title(s) of communication(s))  <u>Television Issue Ad ("Childers Debt")</u> ) <u>Production Costs</u></p> <p>Name of Federal Candidate <u>Travis Childers</u> Office Sought: <input checked="" type="checkbox"/> House State: <u>MS</u> District: <u>1</u>  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p> <p>Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House State: _____ District: _____  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p> <p>Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House State: _____ District: _____  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation  <u>10 12 2010</u></p> <p>Amount  <u>9,102.00</u></p> <p>Communication Date  <u>10 13 2010</u></p> <p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) _____</p> <p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) _____</p> <p>Disbursement/Obligation For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) _____</p>
<p><b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶          (carry total from last page to Line 10)</p>	

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Crossroads Media, LLC		<b>Date of Disbursement or Obligation</b> 10 12 2010
<b>Mailing Address of Payee</b> 66 Canal Center Plaza, Ste. 555		<b>Amount</b> 183,492.75
<b>City</b> Alexandria, VA	<b>State</b> VA	<b>Zip Code</b> 22314
<b>Name of Employer</b> Crossroads Media, LLC		<b>Occupation</b> Media Buyer
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Television Issue Ad ("Boyd Debt")		
<b>Name of Federal Candidate</b> Allen Boyd	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Rising Tide Media Group, LLC		<b>Date of Disbursement or Obligation</b> 10 12 2010
<b>Mailing Address of Payee</b> 226 S. Fayette Street		<b>Amount</b> 9,102.00
<b>City</b> Alexandria, VA	<b>State</b> VA	<b>Zip Code</b> 22314
<b>Name of Employer</b> Rising Tide Media Group, LLC		<b>Occupation</b> Production Costs
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Television Issue Ad ("Boyd Debt")		
<b>Name of Federal Candidate</b> Allen Boyd	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <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)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <u>Crossroads Media, LLC</u>		<b>Date of Disbursement or Obligation</b> <u>10 12 2010</u>
<b>Mailing Address of Payee</b> <u>66 Canal Center Plaza, Ste. 555</u>		<b>Amount</b> <u>447,141.25</u>
<b>City</b> <u>Alexandria</u> <b>State</b> <u>VA</u> <b>Zip Code</b> <u>22314</u>	<b>Communication Date</b> <u>10 13 2010</u>	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <u>Television Issue Ad ("Kissell Debt")</u>		<u>Media Buy</u>
<b>Name of Federal Candidate</b> <u>Larry Kissell</u>	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <u>NC</u> <b>District:</b> <u>8</u>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <u>Rising Tide Media Group, LLC</u>		<b>Date of Disbursement or Obligation</b> <u>10 12 2010</u>
<b>Mailing Address of Payee</b> <u>226 S. Fayette Street</u>		<b>Amount</b> <u>9,202.00</u>
<b>City</b> <u>Alexandria</u> <b>State</b> <u>VA</u> <b>Zip Code</b> <u>22314</u>	<b>Communication Date</b> <u>10 13 2010</u>	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <u>Television Issue Ad ("Kissell Debt")</u>		<u>Production Costs</u>
<b>Name of Federal Candidate</b> <u>Larry Kissell</u>	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <u>NC</u> <b>District:</b> <u>8</u>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <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)**

<p><b>A.</b> Full Name (Last, First, Middle Initial) of Payee <u>Crossroads Media, LLC</u></p> <p>Mailing Address of Payee <u>66 Canal Center Plaza, Ste. 555</u></p> <p>City <u>Alexandria</u>, VA State <u>VA</u> Zip Code <u>22314</u></p> <p>Name of Employer _____ Occupation _____</p>	<p>Date of Disbursement or Obligation <u>10 12 2010</u></p> <p>Amount <u>87,245.00</u></p> <p>Communication Date <u>10 13 2010</u></p>
<p>Purpose of Disbursement (Including title(s) of communication(s)) <u>Television Issue Ad ("Adler Debt") Media Buy</u></p>	
<p>Name of Federal Candidate <u>John Adler</u></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <u>NJ</u> District: <u>3</u></p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>
<p>Name of Federal Candidate _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>
<p>Name of Federal Candidate _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) of Payee <u>Rising Tide Media Group, LLC</u></p> <p>Mailing Address of Payee <u>226 S. Fayette Street</u></p> <p>City <u>Alexandria</u>, VA State <u>VA</u> Zip Code <u>22314</u></p> <p>Name of Employer _____ Occupation _____</p>	<p>Date of Disbursement or Obligation <u>10 12 2010</u></p> <p>Amount <u>8,802.00</u></p> <p>Communication Date <u>10 13 2010</u></p>
<p>Purpose of Disbursement (Including title(s) of communication(s)) <u>Television Issue Ad ("Adler Debt") Production Costs</u></p>	
<p>Name of Federal Candidate <u>John Adler</u></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <u>NJ</u> District: <u>3</u></p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>
<p>Name of Federal Candidate _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>
<p>Name of Federal Candidate _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>
<p><b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) _____ ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) _____ ▶ (carry total from last page to Line 10)</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 12 2010	
Mailing Address of Payee 66 Canal Center Plaza, Ste. 555		Amount 319,146.95	
City Alexandria, VA	State VA	Zip Code 22314	Communication Date 10 13 2010
Name of Employer _____		Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) Television Issue Ad ("Arcuri Debt") Media Buy			
Name of Federal Candidate Michael Arcuri	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 24	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>B. Full Name (Last, First, Middle Initial) of Payee</b> Rising Tide Media Group, LLC		Date of Disbursement or Obligation 10 12 2010	
Mailing Address of Payee 226 S. Fayette Street		Amount 9,202.00	
City Alexandria, VA	State VA	Zip Code 22314	Communication Date 10 13 2010
Name of Employer _____		Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) Television Issue Ad ("Arcuri Debt") Production Costs			
Name of Federal Candidate Michael Arcuri	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 24	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)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Crossroads Media, LLC		<b>Date of Disbursement or Obligation</b> 10 12 2010	
<b>Mailing Address of Payee</b> 66 Canal Center Plaza, Ste. 555		<b>Amount</b> 123,456.75	
<b>City</b> Alexandria, VA	<b>State</b> VA	<b>Zip Code</b> 22314	<b>Communication Date</b> 10 13 2010
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Television Issue Ad C "Kanjorski Debt" ) Media Buy			
<b>Name of Federal Candidate</b> Paul Kanjorski	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> PA <b>District:</b> 11	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Rising Tide Media Group, LLC		<b>Date of Disbursement or Obligation</b> 10 12 2010	
<b>Mailing Address of Payee</b> 226 S. Fayette Street		<b>Amount</b> 8,902.00	
<b>City</b> Alexandria, VA	<b>State</b> VA	<b>Zip Code</b> 22314	<b>Communication Date</b> 10 13 2010
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Television Issue Ad C "Kanjorski Debt" ) Production Costs			
<b>Name of Federal Candidate</b> Paul Kanjorski	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> PA <b>District:</b> 11	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <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)		1,739,972.32	

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 Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<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>10/14/2010</i>

PREPARER  
 (3/2005)

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