



Karen Blackistone <kblackistone@holtzmanlaw.net> on 06/01/2010 10:59:32 PM

To: "2022190174@fcc.gov" <2022190174@fcc.gov>
cc:

Subject: electioneering communications report

The attached Form 9 is submitted on behalf of Partnership for America's Future.

Thank you,

Karen A. Blackistone
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Suite 100
Warrenton, VA 20186

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FEC form 9- Payraise.pdf

10030342276

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Partnership for American's Future

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

1006 Pendleton 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

05 / 27 / 2010 through

05 / 27 / 2010

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

05 / 27 / 2010

(b) Communication Title

"Payraise"

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

Kara Ahern

(b) Address (number and street)

1006 Pendleton Street

(c) City, State and ZIP Code

Alexandria, VA 22314

(d) Name of Employer or Principal Place of Business

Self-employed

(e) Occupation

Consultant

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

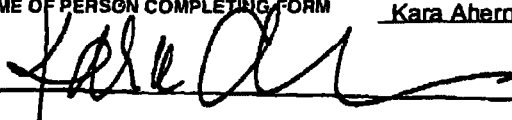
80,000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Kara Ahern

SIGNATURE



DATE 6/1/2010

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

1003034277

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

11. Person(s) Sharing/Exercising Control

A.	(a) Name Barry Bennett
	(b) Address (number and street) 1006 Pendleton Street
	(c) City, State and ZIP Code Alexandria, VA 22314
	(d) Name of Employer or Principal Place of Business Self-employed
	(e) Occupation Consultant
B.	(a) Name Mary Cheney
	(b) Address (number and street) 1006 Pendleton Street
	(c) City, State and ZIP Code Alexandria, VA 22314
	(d) Name of Employer or Principal Place of Business Self-employed
	(e) Occupation Consultant
C.	(a) Name Michael Myers
	(b) Address (number and street) 1006 Pendleton Street
	(c) City, State and ZIP Code Alexandria, VA 22314
	(d) Name of Employer or Principal Place of Business Target Point Consulting
	(e) Occupation Partner
D.	(a) Name Michael Dubke
	(b) Address (number and street) 1006 Pendleton Street
	(c) City, State and ZIP Code Alexandria, VA 22314
	(d) Name of Employer or Principal Place of Business Crossroads Media
	(e) Occupation Partner
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

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SCHEDULE 9-A
Donation(s) Received

None

1003034279

<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> <hr/> <p>TOTAL This Period (last page this line number only) ▶ _____</p> <p>(carry total from last page to Line 9)</p> <p style="text-align: right;">0.00</p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media				Date of Disbursement or Obligation 05 / 27 / 2010	
Mailing Address of Payee 66 Canal Center, Suite 555				Amount 80,000.00	
City Alexandria, VA 22314		State VA		Zip Code 22314	
Name of Employer Crossroads Media		Occupation Media Production		Communication Date 05 / 27 / 2010	
Purpose of Disbursement (Including title(s) of communication(s)) Media production and placement- TV: "Payraise"					
Name of Federal Candidate Sue Lowden		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: NV District: _____	
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 				Date of Disbursement or Obligation 	
Mailing Address of Payee 				Amount 	
City 		State 		Zip Code 	
Name of Employer 		Occupation 		Communication Date 	
Purpose of Disbursement (Including title(s) of communication(s)) 					
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) ▶ _____					
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)				80,000.00	

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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
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<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>6/2/10</i>

Am d

PREPARER

6/2/10

DATE PREPARED

10030342281