



"Eva Petty" <Eva.Petty@ama-assn.org> on 10/22/2008 12:29:09 PM

To: <2022190174@fec.gov>
cc:

Subject: AMA ELECTIONEERING COMMUNICATION-10-21-2008

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Identification Number: C 70001 847

Per the filing options listed in the instructions for Form 9, please find attached the American Medical Association's Form 9, 24 Hour Notice of Disbursements/Obligations for Electioneering Communications, due October 22, 2008.

If there are any questions, please contact Eva Petty at (202) 789-7453.



Thank you. AMA-EC-10-21-2008.pdf

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FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

AMERICAN MEDICAL ASSOCIATION

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

25 MASSACHUSETTS AVENUE, NW, SUITE 600

(c) City, State and ZIP Code

WASHINGTON, DC 20001

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C 70001847

3. Is This Statement



New

or



Amended

4. Covering Period

10 / 08 / 2008

through

10 / 21 / 2008

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

10 / 21 / 2008

(b) Communication Title

Voice

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

AMERICAN MEDICAL ASSOCIATION

(b) Address (number and street)

25 MASSACHUSETTS AVENUE, NW, SUITE 600

(c) City, State and ZIP Code

WASHINGTON, DC 20001

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

0

10. Total Disbursements/Obligations This Statement

1,590,000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

KEVIN WALKER

SIGNATURE

Kevin Walker

DATE

10/21/08

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)

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A. (a) Name KEVIN WALKER	
(b) Address (number and street) 25 MASSACHUSETTS AVENUE, NW, SUITE 600	
(c) City, State and ZIP Code WASHINGTON, DC 20001	
(d) Name of Employer or Principal Place of Business	(e) Occupation VP, POLITICAL AFFAIRS
B. (a) Name MICHAEL CYS	
(b) Address (number and street) 25 MASSACHUSETTS AVENUE, NW, SUITE 600	
(c) City, State and ZIP Code WASHINGTON, DC 20001	
(d) Name of Employer or Principal Place of Business	(e) Occupation DIRECTOR, POLITICAL AND LEGISLATIVE GRASSROOTS
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

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SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (last page this line number only)
 (carry total from last page to Line 9)

0

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee STEVENS REED CURCIO & POTHOLM <hr/> Mailing Address of Payee 201 N UNION STREET, SUITE 200 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22314</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer</td> <td style="width: 33%;">Occupation</td> </tr> </table>				City	State	Zip Code	ALEXANDRIA	VA	22314	Name of Employer	Occupation	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 10 / 08 / 2008 </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px;"> \$ 15,900.00 </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 10 / 21 / 2008 </div>	
City	State	Zip Code											
ALEXANDRIA	VA	22314											
Name of Employer	Occupation												
Purpose of Disbursement (Including title(s) of communication(s)) PRODUCTION & MEDIA BUY - VOICE													
Name of Federal Candidate SUSAN COLLINS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:		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. Full Name (Last, First, Middle Initial) of Payee													
Mailing Address of Payee				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>									
City State Zip Code				Amount <div style="border: 1px solid black; padding: 2px;"> \$ </div>									
Name of Employer Occupation				Communication Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>									
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)													
				<div style="border: 1px solid black; padding: 2px;"> 15,900.00 </div>									
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)													
				<div style="border: 1px solid black; padding: 2px;"> 15,900.00 </div>									

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>10/22/08</i>
<i>Er</i> PREPARER	<i>10/22/08</i> DATE PREPARED

(3/2005)

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