

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Alliance For A New America

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

PO Box 174

(c) City, State and ZIP Code

Alexandria

VA

22313

2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
08 / 06 / 2007

through

M M / D D / Y Y Y Y
12 / 15 / 2007

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Worried

12 / 15 / 2007

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)?

Yes ☐No ☒

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

8. Custodian of Records

(a) Name

Katherine M Buchanan

(b) Address (number and street)

PO Box 174

(c) City, State and ZIP Code

Alexandria

VA

22313

(d) Name of Employer or Principal Place of Business

Self Employed

(e) Occupation

Consultant

9. Total Donations This Statement

841121.00

10. Total Disbursements/Obligations This Statement

590000.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Katherine M Buchanan

SIGNATURE _____

DATE 12/16/2007

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)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name Ktatherine M Buchanan	Transction ID : F91.000001	
	(b) Address (number and street) PO Box 174		
	(c) City, State and Zip Code Alexandria VA 22313		
	(d) Name of Employer or Principal Place of Business Self Employed	(e) Occupation Consultant	

27039573178

SCHEDULE 9-A
Donation(s) Received

PAGE 3/5

A. Full Name of Donor

SEIU District 1199 OH PAC

Mailing Address of Donor
1395 Dublin Road

City	State	Zip
Columbus	OH	43215

Date of Receipt

M M / D D / Y Y Y Y
12 / 06 / 2007

Amount

77000.00

Transaction ID : SAF92.000001

B. Full Name of Donor

California State Council of SEIU

Mailing Address of Donor
1007 7th Street
Fourth Floor

City	State	Zip
Sacramento	CA	95814

Date of Receipt

M M / D D / Y Y Y Y
12 / 07 / 2007

Amount

400000.00

Transaction ID : SAF92.000002

C. Full Name of Donor

SEIU Local 503 Citizen Action for Political Education

Mailing Address of Donor
PO Box 12159

City	State	Zip
Salem	OR	97309

Date of Receipt

M M / D D / Y Y Y Y
12 / 07 / 2007

Amount

60000.00

Transaction ID : SAF92.000003

D. Full Name of Donor

SEIU Local 284 Political Action Fund

Mailing Address of Donor
450 Southview Boulevard

City	State	Zip
St. Paul	MN	55075

Date of Receipt

M M / D D / Y Y Y Y
12 / 07 / 2007

Amount

18139.00

Transaction ID : SAF92.000004

E. Full Name of Donor

SEIU Local 113 PAC

Mailing Address of Donor
675 Stinson Boulevard
Suite 200

City	State	Zip
Minneapolis	MN	55413

Date of Receipt

M M / D D / Y Y Y Y
12 / 08 / 2007

Amount

35982.00

Transaction ID : SAF92.000005

SUBTOTAL of Donations This Page (optional).....

591121.00

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

27039573179

SCHEDULE 9-A
Donation(s) Received

PAGE 4/5

A. Full Name of Donor

SEIU United Long Term Care Workers Local 6434 State PAC

Mailing Address of Donor

2515 Beverly Boulevard

City

Los Angeles

State

CA

Zip

90057

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 7

Amount

100000.00

Transaction ID : SAF92.000006

B. Full Name of Donor

SEIU District 1199 Ohio PAC

Mailing Address of Donor

1395 Dublin Road

City

Columbus

State

OH

Zip

43215

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 7

Amount

50000.00

Transaction ID : SAF92.000007

C. Full Name of Donor

Chicago & Midwest Regional Joint Board UNITE HERE

Mailing Address of Donor

333 South Ashland Avenue

City

Chicago

State

IL

Zip

60607

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 7

Amount

100000.00

Transaction ID : SAF92.000008

SUBTOTAL of Donations This Page (optional).....

250000.00

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

841121.00

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SCHEDULE 9-B
Disbursement(s) Made or Obligations

PAGE 5/5

A. Full Name (Last, First, Middle Initial) of Payee Mundy Katowitz Media, Inc.				Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 7	
Mailing Address of Payee 904 Pennsylvania Avenue, SE				Amount 590000.00	
City Washington	State DC	Zip Code 20003		Communication Date M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 7	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) Radio - Title-Worried					
Name of Federal Candidate Edwards, John	Office Sought: House Senate President	State: IA District: 00	Disbursement/Obligation For: 2007 X Primary General Other (specify) _____		
F94.000001	X				
Name of Federal Candidate	Office Sought: House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____		
Name of Federal Candidate	Office Sought: House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____		
SUBTOTAL of Disbursement/Obligation This Page (optional)				590000.00	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				590000.00	

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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 First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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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
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☐ Postmark Illegible

☐ 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
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify): <i>Web form</i>	Date of Receipt or Postmarked <i>12/16/07</i>
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PREPARER
(3/2005)

12/17/07
DATE PREPARED

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