

# 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

Fairbanks Versus the Congressman for All Alaska

(b) Address (number and street) ☐ check if different than previously reported  
3875 Geist Rd., Suite E, PMB# 175(c) City, State and ZIP Code  
Fairbanks

AK

99709

### 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  
10 / 17 / 2008

through

M M / D D / Y Y Y Y  
10 / 17 / 2008

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

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

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

Margaret W. Eagleton

(b) Address (number and street)

93 Roxie Rd.

(c) City, State and ZIP Code

Fairbanks

AK

99709

(d) Name of Employer or Principal Place of Business

Fairbanks North Star Borough

(e) Occupation

substitute library grant (page)

### 9. Total Donations This Statement

2925.00

### 10. Total Disbursements/Obligations This Statement

4096.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Margaret W. Eagleton

SIGNATURE Electronically Filed by Margaret W. EagletonDATE 10/17/2008

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

**SCHEDULE 9-A**  
**Donation(s) Received**

PAGE 2/4

**A. Full Name of Donor**

Susan Todd

Mailing Address of Donor  
P.O. Box 85059

City	State	Zip
Fairbanks	AK	99708

**Date of Receipt**

M M / D D / Y Y Y Y  
10 / 17 / 2008

**Amount**

500.00

**Transaction ID :** F92.000001

**B. Full Name of Donor**

Dave Lacey

Mailing Address of Donor  
P.O. Box 81765

City	State	Zip
Fairbanks	AK	99708

**Date of Receipt**

M M / D D / Y Y Y Y  
10 / 17 / 2008

**Amount**

500.00

**Transaction ID :** F92.000002

**C. Full Name of Donor**

David Koester

Mailing Address of Donor  
3751 Old Nenana Hwy

City	State	Zip
Fairbanks	AK	99709

**Date of Receipt**

M M / D D / Y Y Y Y  
10 / 17 / 2008

**Amount**

200.00

**Transaction ID :** F92.000003

**D. Full Name of Donor**

Kaarle Strailey

Mailing Address of Donor  
2091 Yellowsnow Rd.

City	State	Zip
Fairbanks	AK	99709

**Date of Receipt**

M M / D D / Y Y Y Y  
10 / 17 / 2008

**Amount**

425.00

**Transaction ID :** F92.000004

**E. Full Name of Donor**

Larry Landry

Mailing Address of Donor  
2240 Railroad Drive

City	State	Zip
Fairbanks	AK	99709

**Date of Receipt**

M M / D D / Y Y Y Y  
10 / 17 / 2008

**Amount**

300.00

**Transaction ID :** F92.000005

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

**1925.00**

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

28039873268

**SCHEDULE 9-A**  
**Donation(s) Received**

PAGE 3/4

**A. Full Name of Donor**

Marilyn Russell

Mailing Address of Donor  
221 Well St.

City	State	Zip
Fairbanks	AK	99701

**Date of Receipt**

M M / D D / Y Y Y Y  
10 / 17 / 2008

**Amount**

350.00

**Transction ID :** F92.000006

**B. Full Name of Donor**

Mary Shields

Mailing Address of Donor  
P.O. Box 80961

City	State	Zip
Fairbanks	AK	99709

**Date of Receipt**

M M / D D / Y Y Y Y  
10 / 17 / 2008

**Amount**

50.00

**Transction ID :** F92.000007

**C. Full Name of Donor**

Sharon Alden

Mailing Address of Donor  
159 Kniffen Rd.

City	State	Zip
Fairbanks	AK	99712

**Date of Receipt**

M M / D D / Y Y Y Y  
10 / 17 / 2008

**Amount**

600.00

**Transction ID :** F92.000008

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

**1000.00**

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

**2925.00**

28039873269

**SCHEDULE 9-B**  
**Disbursement(s) Made or Obligations**

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<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Kim Taggert Meida Services			<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8	
<b>Mailing Address of Payee</b> 2440 East Tudor, #212			<b>Amount</b>  4096.00	
<b>City</b> Anchorage	<b>State</b> AK	<b>Zip Code</b> 99507	<b>Communication Date</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
<b>Name of Employer</b> Kim Taggert Media Services		<b>Occupation</b> media services agent	<b>Transaction ID :</b> F93.000001	

**Purpose of Disbursement (including title(s) of communication(s))**  
for purchase of radio ads in Fairbanks

<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	House Senate President	State: District:	<b>Disbursement/Obligation For:</b> Primary General Other (specify) _____
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	House Senate President	State: District:	<b>Disbursement/Obligation For:</b> Primary General Other (specify) _____
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	House Senate President	State: District:	<b>Disbursement/Obligation For:</b> Primary General Other (specify) _____

**SUBTOTAL** of Disbursement/Obligation This Page (optional) .....


4096.00

**TOTAL** This Period (last page this line number only) .....  
(carry total from last page to line 10)

4096.00

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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
<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>Webform # 313</i>	Date of Receipt or Postmarked <i>10/17/08</i>
 PREPARER	<i>10/22/08</i> DATE PREPARED

(3/2005)

28039873271