



"Schuster, Michael" <MSchuster@aarp.org> on 07/26/2008 07:31:50 AM

To: <2022190174@fec.gov>  
cc:

Subject: FEC Form 9

To Whom it May Concern:

Attached you will find AARP's FEC Form 9 24 Hour Notice of Disbursements/Obligations For Electioneering Communications filing. Based on advice from counsel, which in turn relies on guidance provided by the FEC Reports Analysis Division on July 24 and 25, 2008, AARP is submitting this single report to disclose its obligation to pay a single vendor, under one contract, for production and multiple broadcasts of its electioneering communications between July 26, 2008 and August 17, 2008 over various cable and broadcast television facilities. AARP can provide the Commission with a list of the scheduled electioneering communications' cable and broadcast placements upon request.

Please do not hesitate to contact the undersigned if you have any questions or concerns.

Respectfully submitted,

Michael R. Schuster  
Associate General Counsel and Senior Vice President  
(202)-434-2333



AARP FEC Form 9\_July 26, 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  
AARP

(b) Address (number and street)  check if different than previously reported  
601 E St., NW

(c) City, State and ZIP Code  
Washington, DC 20049

(d) Name of Employer or Principal Place of Business

(e) Occupation

n/a

### 2. FEC Identification Number

C

### 3. Is This Statement

New  
or  
 Amended

### 4. Covering Period

0'6' 0'3' 2'0'0'8

through

0'7' 2'6' 2'0'0'8

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

0'7' 2'6' 2'0'0'8

### (b) Communication Title

DWF "D/W Senators/Local"  
DWF "D/W Citizens/Local"

### 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  
Mary Ann Riesenber

(b) Address (number and street)

601 E St., NW

(c) City, State and ZIP Code

Washington, DC 20049

(d) Name of Employer or Principal Place of Business

(e) Occupation

AARP

Chief Ethics and Compliance Officer

### 9. Total Donations This Statement

0

### 10. Total Disbursements/Obligations This Statement

86781600

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM William D. Novelli

SIGNATURE

*William D. Novelli*

DATE

7/25/08

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

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11. Person(s) Sharing/Exercising Control

<b>A.</b>	(a) Name <b>William D. Novelli</b>
	(b) Address (number and street) <b>601 E St., NW</b>
	(c) City, State and ZIP Code <b>Washington, DC 20049</b>
	(d) Name of Employer or Principal Place of Business <b>AARP</b>
	(e) Occupation <b>CEO</b>
<b>B.</b>	(a) Name <b>Emilio Pardo</b>
	(b) Address (number and street) <b>601 E St. NW</b>
	(c) City, State and ZIP Code <b>Washington, DC 20049</b>
	(d) Name of Employer or Principal Place of Business <b>AARP</b>
	(e) Occupation <b>EVP and Chief Brand Officer</b>
<b>C.</b>	(a) Name <b>Nancy Lea Mond</b>
	(b) Address (number and street) <b>601 E St. NW</b>
	(c) City, State and ZIP Code <b>Washington, DC 20049</b>
	(d) Name of Employer or Principal Place of Business <b>AARP</b>
	(e) Occupation <b>EVP Social Impact</b>
<b>D.</b>	(a) Name
	(b) Address (number and street)
	(c) City, State and ZIP Code
	(d) Name of Employer or Principal Place of Business
	(e) Occupation
<b>E.</b>	(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-B**

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

28039801376

<b>A. Full Name (Last, First, Middle Initial) of Payee</b>					<b>Date of Disbursement or Obligation</b>	
GSDM Idea City					0 6 0 3 2 0 0 8	
<b>Mailing Address of Payee</b>					<b>Amount</b>	
828 West 6th St					8 6 7 8 1 6 0 0	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Communication Date</b>		
Austin	TX	78703		0 7 2 6 2 0 0 8		
<b>Name of Employer</b>						
n/a						
<b>Occupation</b>						
n/a						
<b>Purpose of Disbursement (Including title(s) of communication(s))</b>						
Television ads ("DWF/Senators/Local" and "DWF/Citizens/Local")						
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>House</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b>		
John McCain	X	Senate	District: _____	Primary General		
		President		X Other (specify) ► Convention		
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>House</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b>		
Barack Obama	X	Senate	District: _____	Primary General		
		President		X Other (specify) ► Convention		
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>House</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b>		
n/a		Senate	District: _____	Primary General		
		President		Other (specify) ► _____		
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>					<b>Date of Disbursement or Obligation</b>	
n/a						
<b>Mailing Address of Payee</b>					<b>Amount</b>	
n/a						
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Communication Date</b>		
n/a						
<b>Name of Employer</b>						
n/a						
<b>Occupation</b>						
n/a						
<b>Purpose of Disbursement (Including title(s) of communication(s))</b>						
n/a						
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>House</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b>		
n/a		Senate	District: _____	Primary General		
		President		Other (specify) ► _____		
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>House</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b>		
n/a		Senate	District: _____	Primary General		
		President		Other (specify) ► _____		
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>House</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b>		
n/a		Senate	District: _____	Primary General		
		President		Other (specify) ► _____		
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>					8 6 7 8 1 6 0 0	
<b>TOTAL This Period (last page this line number only)</b>					8 6 7 8 1 6 0 0	
(carry total from last page to Line 10)						

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.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<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):	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-m A I L</i>	Date of Receipt or Postmarked <i>7/26/08</i>

*JmW*  
 PREPARER  
 (3/2005)

*7/28/08*  
 DATE PREPARED