



"Chris Singerling" <Singerling@abc.org> on 10/27/2008 09:59:19 AM

To: <2022190174@fec.gov>

cc:

Subject: Form 9 Filings

To whom it may concern:

Attached please find five (5) Form 9 filings from Associated Builders and Contractors Inc. If you have any questions please do not hesitate to contact me at the number below.

Sincerely,

Chris Singerling
Director of Political Affairs
Associated Builders and Contractors
(703) 812-2000
singerling@abc.org



Answering To Us.pdf Economy & Jobs.pdf Energy & Jobs.pdf Future Is Now.pdf Smart.pdf

28039901397

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

ASSOCIATED BUILDERS AND CONTRACTORS, INC.

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

4250 N. FAIRFAX DR. ; 9th FLOOR

(c) City, State and ZIP Code

ARLINGTON, VA 22203

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C70003355

3. Is This Statement



New

or



Amended

4. Covering Period

10 / 10 / 2008

through

10 / 25 / 2008

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

10 / 25 / 2008

(b) Communication Title

ANSWERING TO US

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

CHRIS SINGERLING

(b) Address (number and street)

4250 N. FAIRFAX DRIVE; 9th FLOOR

(c) City, State and ZIP Code

ARLINGTON, VA 22203

(d) Name of Employer or Principal Place of Business

(e) Occupation

ASSOCIATED BUILDERS + CONTRACTORS INC. DIRECTOR OF POLITICAL AFFAIRS

9. Total Donations This Statement

000

10. Total Disbursements/Obligations This Statement

42,212.50

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

CHRISTOPHER J. SINGERLING

SIGNATURE

Christopher J. Singerling

DATE

10/26/08

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

11. Person(s) Sharing/Exercising Control

A. (a) Name CHRIS SINGERLING	
(b) Address (number and street) 4250 NORTH FAIRFAX DRIVE ; 9th FLOOR	
(c) City, State and ZIP Code ARLINGTON, VA 22203	
(d) Name of Employer or Principal Place of Business ASSOCIATED BUILDERS AND CONTRACTORS, INC.	(e) Occupation DIRECTOR OF POLITICAL AFFAIRS
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
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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee <u>SANDLER - INNOCENZI, INC.</u>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 10 / 10 / 2008 </div>	
Mailing Address of Payee <u>705 PRINCE STREET</u>				Amount <div style="border: 1px solid black; padding: 2px;"> 42,212.50 </div>	
City <u>ALEXANDRIA, VA</u>		State <u>VA</u>		Zip Code <u>22314</u>	
Name of Employer <u>ALEXANDRIA, VA</u>		Occupation <u>22314</u>		Communication Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 10 / 25 / 2008 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>"ANSWERING TO US" RADIO AD (PRODUCTION + BUY)</u>					
Name of Federal Candidate <u>ROBIN HAYES</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		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		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		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 <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>	
Mailing Address of Payee 				Amount <div style="border: 1px solid black; padding: 2px;"> </div>	
City 		State 		Zip Code 	
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		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		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		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;">42,212.50</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;">42,212.50</div>

28039901400

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 <div style="text-align: right;">Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/></div>	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): <div style="text-align: right;">Next Business Day Delivery <input type="checkbox"/></div>	Shipping Date
<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>10/27/08</i>
<div style="text-align: center;"><i>[Signature]</i></div> PREPARER (3/2005)	<div style="text-align: center;"><i>10/27/08</i></div> DATE PREPARED

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