

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 Retired Americans

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

815 16th Street, NW 4th Floor North

(c) City, State and ZIP Code

Washington

DC

20006

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
09 / 30 / 2008

through

M M / D D / Y Y Y Y
09 / 30 / 2008

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

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: Social Welfare 501C4

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

Suzanne Elahal

(b) Address (number and street)

815 16th Street, NW

(c) City, State and ZIP Code

Washington

DC

20006

(d) Name of Employer or Principal Place of Business

Alliance for Retired Americans

(e) Occupation

Director of Finance and Administration

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

13626.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Mr. Edward F. Coyle

SIGNATURE Electronically Filed by Mr. Edward F. CoyleDATE 09/30/2008

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

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	Transaction ID : F91.000001	
	Mr. Edward F. Coyle		
	(b) Address (number and street)		
	815 16th Street, NW 4th Floor North		
	4th Floor North		
	(c) City, State and Zip Code		
	Washington	DC	20006
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	Alliance for Retired Americans	Executive Director	

28039842401

SCHEDULE 9-B
Disbursement(s) Made or Obligations

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A. Full Name (Last, First, Middle Initial) of Payee Comcast Spotlight, Inc.					Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 25 / 2008	
Mailing Address of Payee 56319 National Road					Amount 4956.00	
City Bridgeport	State OH	Zip Code 43912				
Name of Employer Occupation						
Purpose of Disbursement (including title(s) of communication(s)) Television Advertising						
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) _____		
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____		
B. Full Name (Last, First, Middle Initial) of Payee Suddenlink Media					Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 25 / 2008	
Mailing Address of Payee 300 Star Avenue Suite 321					Amount 1785.00	
City Parkersburg	State WV	Zip Code 26101				
Name of Employer Occupation						
Purpose of Disbursement (including title(s) of communication(s)) Television Advertising						
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) _____		
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)					6741.00	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)						

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SCHEDULE 9-B
Disbursement(s) Made or Obligations

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A. Full Name (Last, First, Middle Initial) of Payee Time Warner Cable Media				Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 25 / 2008	
Mailing Address of Payee 580 N. Fourth Street				Amount 6885.00	
City Columbus	State OH	Zip Code 43215		Communication Date M M / D D / Y Y Y Y 09 / 30 / 2008	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) Television Advertising					
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) _____	
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)				6885.00	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				13626.00	

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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 # 272</i>	Date of Receipt or Postmarked <i>9/30/08</i>
<i>Er</i>	<i>9/30/08</i>
PREPARER (3/2005)	DATE PREPARED

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