

**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

09 / 30 / 2008

(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 Elhahal

(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. Coyle

DATE 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.

28039842400

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Mr. Edward F. Coyle	Transaction ID : F91.000001
	(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 Alliance for Retired Americans	(e) Occupation Executive Director

28039842401

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Comcast Spotlight, Inc. <hr/> Mailing Address of Payee 56319 National Road <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Bridgeport</td> <td>OH</td> <td>43912</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td>Occupation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>				City	State	Zip Code	Bridgeport	OH	43912	Name of Employer	Occupation			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 25 / 2008 <hr/> Amount 4956.00 <hr/> Communication Date M M / D D / Y Y Y Y 09 / 30 / 2008 Transaction ID : F93.000001	
City	State	Zip Code													
Bridgeport	OH	43912													
Name of Employer	Occupation														
Purpose of Disbursement (including title(s) of communication(s)) Television Advertising															
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:											
		Senate	District:	Primary	General										
		President		Other (specify) _____											
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:											
		Senate	District:	Primary	General										
		President		Other (specify) _____											
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:											
		Senate	District:	Primary	General										
		President		Other (specify) _____											
B. Full Name (Last, First, Middle Initial) of Payee Suddenlink Media <hr/> Mailing Address of Payee 300 Star Avenue Suite 321 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Parkersburg</td> <td>WV</td> <td>26101</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td>Occupation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>				City	State	Zip Code	Parkersburg	WV	26101	Name of Employer	Occupation			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 25 / 2008 <hr/> Amount 1785.00 <hr/> Communication Date M M / D D / Y Y Y Y 09 / 30 / 2008 Transaction ID : F93.000002	
City	State	Zip Code													
Parkersburg	WV	26101													
Name of Employer	Occupation														
Purpose of Disbursement (including title(s) of communication(s)) Television Advertising															
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:											
		Senate	District:	Primary	General										
		President		Other (specify) _____											
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:											
		Senate	District:	Primary	General										
		President		Other (specify) _____											
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:											
		Senate	District:	Primary	General										
		President		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)															

28039842402

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

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	Transaction ID : F93.000003		

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) _____

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

28039842403

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.

28039842404

<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	DATE PREPARED