



"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

28039901411

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 **"ENERGY + JOBS"**

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 **DIRECTOR OF POLITICAL AFFAIRS**
ASSOCIATED BUILDERS + CONTRACTORS INC.

9. Total Donations This Statement **000**

10. Total Disbursements/Obligations This Statement **122,888.00**

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.

28039901412

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

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

28039901413

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

28039901414

<p>A. Full Name (Last, First, Middle Initial) of Payee <u>SANDLER - INNOCENZI, INC.</u></p> <p>Mailing Address of Payee <u>705 PRINCE STREET</u></p> <p>City State Zip Code <u>ALEXANDRIA, VA 22314</u></p> <p>Name of Employer Occupation</p>	<p>Date of Disbursement or Obligation <input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YYYY"/></p> <p><input type="text" value="10"/> <input type="text" value="10"/> <input type="text" value="2008"/></p> <p>Amount <input type="text" value=""/></p> <p><input type="text" value="41,792.50"/></p> <p>Communication Date <input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YYYY"/></p> <p><input type="text" value="10"/> <input type="text" value="25"/> <input type="text" value="2008"/></p>
<p>Purpose of Disbursement (Including title(s) of communication(s)) <u>RADIO AD "ENERGY + JOBS" (PRODUCTION AND BUY)</u></p>	
<p>Name of Federal Candidate Office Sought: <input checked="" type="checkbox"/> House State: <u>MN</u> <u>ERIK PAULSEN</u> <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶</p>
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶</p>
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶</p>
<p>B. Full Name (Last, First, Middle Initial) of Payee <u>SANDLER - INNOCENZI, INC.</u></p> <p>Mailing Address of Payee <u>705 PRINCE STREET</u></p> <p>City State Zip Code <u>ALEXANDRIA, VA 22314</u></p> <p>Name of Employer Occupation</p>	<p>Date of Disbursement or Obligation <input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YYYY"/></p> <p><input type="text" value="10"/> <input type="text" value="10"/> <input type="text" value="2008"/></p> <p>Amount <input type="text" value=""/></p> <p><input type="text" value="16,877.50"/></p> <p>Communication Date <input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YYYY"/></p> <p><input type="text" value="10"/> <input type="text" value="25"/> <input type="text" value="2008"/></p>
<p>Purpose of Disbursement (Including title(s) of communication(s)) <u>RADIO AD "ENERGY + JOBS" (PRODUCTION AND BUY)</u></p>	
<p>Name of Federal Candidate Office Sought: <input checked="" type="checkbox"/> House State: <u>AL</u> <u>WAYNE PARKER</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> President</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶</p>
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶</p>
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶</p>
<p>SUBTOTAL of Disbursements/Obligations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)</p>	
<p><input type="text" value="58,670.00"/></p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

28039901415

A. Full Name (Last, First, Middle Initial) of Payee <u>SANDLER - INNOCENZI, INC.</u>		Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2008	
Mailing Address of Payee <u>705 PRINCE STREET</u>		Amount 22,903.00	
City <u>ALEXANDRIA, VA</u>	State <u>VA</u>	Zip Code <u>22314</u>	Communication Date MM / DD / YYYY 10 / 25 / 2008
Name of Employer Occupation		Purpose of Disbursement (including title(s) of communication(s)) <u>RADIO AD "ENERGY + JOBS" (PRODUCTION AND BUY)</u>	
Name of Federal Candidate <u>JAY LOVE</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>AL</u> District: <u>02</u>	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	State: _____ District: _____	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	State: _____ District: _____	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 <u>SANDLER - INNOCENZI, INC.</u>		Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2008	
Mailing Address of Payee <u>705 PRINCE STREET</u>		Amount 15,767.50	
City <u>ALEXANDRIA, VA</u>	State <u>VA</u>	Zip Code <u>22314</u>	Communication Date MM / DD / YYYY 10 / 25 / 2008
Name of Employer Occupation		Purpose of Disbursement (including title(s) of communication(s)) <u>RADIO AD "ENERGY + JOBS" (PRODUCTION AND BUY)</u>	
Name of Federal Candidate <u>ED TINSLEY</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NM</u> District: <u>02</u>	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	State: _____ District: _____	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	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		38,670.50	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		_____	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

28039901416

A. Full Name (Last, First, Middle Initial) of Payee SANDLER - INNOCENZI, INC.		Date of Disbursement or Obligation 10 / 10 / 2008	
Mailing Address of Payee 705 PRINCE STREET		Amount 25,547.50	
City ALEXANDRIA, VA	State VA	Zip Code 22314	Communication Date 10 / 25 / 2008
Name of Employer Occupation		Purpose of Disbursement (Including title(s) of communication(s)) RADIO AD "ENERGY + JOBS" (PRODUCTION AND BUY)	
Name of Federal Candidate DARREN WHITE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NM District: 01	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	State: _____ District: _____	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	State: _____ District: _____	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	
Mailing Address of Payee		Amount	
City	State	Zip Code	Communication Date
Name of Employer		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	State: _____ District: _____	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	State: _____ District: _____	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	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional)		25,547.50	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		122,888.00	

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>E-Mail</i>	Date of Receipt or Postmarked <i>10/27/08</i>

[Signature] PREPARER *10/27/08*
DATE PREPARED

28039901417