

## "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

PÖF









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

## FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. P	erson Making the Disbursements/Obliga	tions			<del></del>		
	(a) Name ASSOCIATED BUILDE	es Aus Cours	A C TOME	lave			
(b) Address (number and street)					Number		
	4250 N. FAIRFAX DR.; 9th FLOOR			C70003355			
(c) City, State and ZIP Code  ARLINISTON, VA 22203  (d) Name of Employer or Principal Place of Business (e) Occ			·				
(d) Name of Employer or Principal Place of Business (e) Occupation					<del>.</del>		
_							
	New		10	10 200	B		
3. I	s This Statement Or	4. Covering Period	Association is	through	Leaves of the le		
	Amended		10	25 200	8		
5. (	a) Date of Public Distribution(s)	5 / 2008 (b) Comm	nunication Titl	FUTURE IS	Now"		
- 6. T	he filer is a(n): (a) Individual (b) Unin	corporated Organization (c)	Qualified No	onprofit Corporation (11	CFR 114.10)		
	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						
	Limited -						
(e) Other, specify:							
	If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?				No 🗶		
8. Custodian of Records							
	(a) Name	CHRIS SINGERLING					
(b) Address (number and street)							
	4250 J. FAIR	FAX DRIVE;	th FL	DOL	<del> </del>		
(c) City, State and ZIP Code  ARLINGTON, VA 22203							
	(d) Name of Employer or Principal Place of Business		(e) Occupation	DILECTOR	» f		
					AFFAIRS		
9. 7	Fotal Donations This Statement	( to def <sub>dr</sub> - Arms, )	general expending	000			
			karatana i ranisan 	o a canten de marcontinoni			
10. 1	Fotal Disbursements/Obligations This St	atement g	147				
=	Under penalty of perjury, I certify that this stateme	nt is true, correct and complete.			=======================================		
TYPE OR PRINT NAME OF PERSON COMPLETING FORM CHRISTOPHER J. SINGERLING					21115		
	M-1	1 1 -					
	SIGNATURE		DATE	0/26/08			

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

Α.	(a) Name CHRIS SINGERLING					
	(b) Address (number and street)  4250 North FAIRFAX DRIVE (c) City, State and ZIP Code	: 9th Floor				
	ARLINGTON, VA 22203					
	(d) Name of Employer or Principal Place of Business  ASSOCIATED BUILDERS AND CONTEA	(e) Occupation DIRECTOR OF CTORS, I.J.C. POLITICAL AFFAIR				
В.	(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	<del></del>				
	(b) Address (number and street)					
	(c) City, State and ZIP Code	<del></del>				
	(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				

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}	Full Name (Last, First, Middle Initial) of Payee  SANDLEL - INHOCENZI INC.	Date of Disbursement or Obligation				
-	Mailing Address of Payee	Amount				
-	City State Zip Code	1.03,247,5,0				
_	ALEXANDRIA, VA 22314	Communication Date				
	Name of Employer Occupation	10 25 2008				
		CTION AND BUY)				
	Name of Federal Candidate  Office Sought:   House State:   Name of Federal Candidate	Disbursement/Obligation For: Primary General				
	TIM WALBERG Senate President District: 07	Other (specify)				
]	Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:				
	Senate District:	Primary General				
١.	President	Other (specify)				
	Name of Federal Candidate  Office Sought: House State:	Disbursement/Obligation For: Primary General				
	Senate District:					
<u> </u>	President	Other (specify)				
В.	Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation				
-	SANDLER - NOCENZI, NC. Mailing Address of Pavee	10 10 2008				
	705 PRINCE STREET	Amount				
-	City State Zip Code	43,862,50				
-	ALEXANDRIA VA 22314  Name of Employer Occupation	Communication Date				
ļ		25 2008				
	Purpose of Disbursement (Including title(s) of communication(s))	\				
-		Disbursement/Obligation For:				
l	State. NV	Primary General				
Ι.	JON PORTER President District DS	Other (specify) >				
ļ	Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:				
ł	Senate District:	Primary General				
] .	Name of Federal Candidate  Office Sought: House	☐ Other (specify) ► ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
1	State:	Primary General				
	President District:	Other (specify)				
1						
Processing more designations and the second						
SUBTOTAL of Disbursements/Obligations This Page (optional)						
TC	OTAL This Period (last page this line number only)	14711000				
(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.					
	Date of Receipt				
Hand Delivered	Date of Necelpt				
	Postmarked				
USPS First Class Mail	·				
	Postmarked (R/C)				
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Delivery Confirmation™ or Signature Confirmation™ Label					
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(3/2005)	DATE PREPARED				