

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 SIERRA CLUB		2. FEC Identification Number C C30000962
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 85 SECOND STREET 2ND FLOOR		
(c) City, State and ZIP Code SAN FRANCISCO CA 94105		
(d) Name of Employer or Principal Place of Business		(e) Occupation

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period	M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8
		through M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 8

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8 **(b) Communication Title** The Answer, Pretending

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. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Gayle Sheehan

(b) Address (number and street)
85 Second St.

(c) City, State and ZIP Code
San Francisco CA 94105

(d) Name of Employer or Principal Place of Business
Sierra Club

(e) Occupation
Director of Compliance

9. Total Donations This Statement _____ .00

10. Total Disbursements/Obligations This Statement _____ 576731.66

Under penalty of perjury, I certify that this statement is true, correct and complete.
 TYPE OR PRINT NAME OF PERSON COMPLETING FORM Gayle Sheehan
 SIGNATURE Electronically Filed by Gayle Sheehan DATE 10/28/2008

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)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Carl Pope	Transaction ID : F91.000001	
	(b) Address (number and street) 85 Second St.		
	(c) City, State and Zip Code San Francisco CA 94105		
	(d) Name of Employer or Principal Place of Business Sierra Club	(e) Occupation Executive Director	
B.	(a) Name Kim Haddow	Transaction ID : F91.000002	
	(b) Address (number and street) 85 Second St.		
	(c) City, State and Zip Code San Francisco CA 94105		
	(d) Name of Employer or Principal Place of Business Sierra Club	(e) Occupation National Communications Director	

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies			Date of Disbursement or Obligation <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>		
Mailing Address of Payee 1010 Wisconsin Avenue, NW Suite 800			Amount <input type="text" value="572003.00"/>		
City	State	Zip Code	Communication Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>		
Washington	DC	20007	Transaction ID : F93.000001		
Name of Employer Occupation					

Purpose of Disbursement (including title(s) of communication(s)) Radio Ads - The Answer, Pretending					
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House	State:	FL	Disbursement/Obligation For: 2008
Jeffrey Miller		<input type="checkbox"/> Senate	District:	01	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> President			
F94.000003					
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House	State:	FL	Disbursement/Obligation For: 2008
Ric Keller		<input type="checkbox"/> Senate	District:	08	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> President			
F94.000005					
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House	State:	FL	Disbursement/Obligation For: 2008
Lincoln Diaz-Balart		<input type="checkbox"/> Senate	District:	21	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> President			
F94.000006					

B. Full Name (Last, First, Middle Initial) of Payee Mailing Address of Payee <div style="text-align: center;">continued</div>			Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
City	State	Zip Code	Amount <input type="text"/>		
Name of Employer Occupation			Communication Date <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
			Transaction ID :		
Purpose of Disbursement (including title(s) of communication(s))					
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House	State:	FL	Disbursement/Obligation For: 2008
Tom Feeney		<input type="checkbox"/> Senate	District:	24	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> President			
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House	State:	FL	Disbursement/Obligation For: 2008
Alcee Hastings		<input type="checkbox"/> Senate	District:	23	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> President			
F94.000008					
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House	State:	FL	Disbursement/Obligation For: 2008
Mario Diaz-Balart		<input type="checkbox"/> Senate	District:	25	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> President			
F94.000009					

SUBTOTAL of Disbursement/Obligation This Page (optional)	<input type="text" value="572003.00"/>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<input type="text"/>

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Great American Media, Inc.			Date of Disbursement or Obligation <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>		
Mailing Address of Payee PO Box 7777			Amount <input type="text" value="4728.66"/>		
City	State	Zip Code	Communication Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>		
Philadelphia	PA	19175	Transaction ID : F93.000002		
Name of Employer Occupation					

Purpose of Disbursement (including title(s) of communication(s)) Radio Ads - The Answer, Pretending					
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House	State:	FL	Disbursement/Obligation For: 2008
Jeff Miller		<input type="checkbox"/> Senate	District:	01	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
F94.000004		<input type="checkbox"/> President			
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House	State:	FL	Disbursement/Obligation For: 2008
Ric Keller		<input type="checkbox"/> Senate	District:	08	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
F94.000010		<input type="checkbox"/> President			
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House	State:	FL	Disbursement/Obligation For: 2008
Lincoln Diaz-Balart		<input type="checkbox"/> Senate	District:	21	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
F94.000011		<input type="checkbox"/> President			

B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mailing Address of Payee <p style="text-align: center;">continued</p>			Amount <input type="text"/>		
City	State	Zip Code	Communication Date <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Name of Employer Occupation			Transaction ID :		
Purpose of Disbursement (including title(s) of communication(s))					
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House	State:	FL	Disbursement/Obligation For: 2008
Tom Feeney		<input type="checkbox"/> Senate	District:	24	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> President			
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House	State:	FL	Disbursement/Obligation For: 2008
Alcee Hastings		<input type="checkbox"/> Senate	District:	23	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
F94.000013		<input type="checkbox"/> President			
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House	State:	FL	Disbursement/Obligation For: 2008
Mario Diaz-Balart		<input type="checkbox"/> Senate	District:	25	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
F94.000014		<input type="checkbox"/> President			

SUBTOTAL of Disbursement/Obligation This Page (optional)	<input type="text" value="4728.66"/>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<input type="text" value="576731.66"/>