



"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](mailto:singerling@abc.org)



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

28039901425

# 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.; 9<sup>th</sup> 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

**"SMART"**

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; 9<sup>th</sup> FLOOR**

(c) City, State and ZIP Code

**ARLINGTON, VA 22203**

(d) Name of Employer or Principal Place of Business

(e) Occupation

**ASSOCIATED BUILDERS + CONTRACTORS INC.**

**DIRECTOR OF POLITICAL AFFAIRS**

9. Total Donations This Statement

**000**

10. Total Disbursements/Obligations This Statement

**9160300**

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.

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

11. Person(s) Sharing/Exercising Control

A. (a) Name <b>CHRIS SINGERLING</b>	
(b) Address (number and street) <b>4250 NORTH FAIRFAX DRIVE ; 9<sup>th</sup> FLOOR</b>	
(c) City, State and ZIP Code <b>ARLINGTON, VA 22203</b>	
(d) Name of Employer or Principal Place of Business <b>ASSOCIATED BUILDERS AND CONTRACTORS, INC.</b>	(e) Occupation <b>DIRECTOR OF POLITICAL AFFAIRS</b>
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

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <u>SANDLER - INNOCENZI, INC.</u>		<b>Date of Disbursement or Obligation</b> <table border="1" style="width:100%; text-align: center;"> <tr> <td>MM</td><td>DD</td><td>YYYY</td> </tr> <tr> <td>10</td><td>10</td><td>2008</td> </tr> </table>		MM	DD	YYYY	10	10	2008
MM	DD	YYYY							
10	10	2008							
Mailing Address of Payee <u>705 PRINCE STREET</u>		<b>Amount</b> <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="3">91,603.00</td> </tr> </table>		91,603.00					
91,603.00									
City <u>ALEXANDRIA, VA</u>	State <u>VA</u>	Zip Code <u>22314</u>							
Name of Employer _____		Occupation _____							
Purpose of Disbursement (Including title(s) of communication(s)) <u>RADIO AD "SMART" (PRODUCTION &amp; BUY)</u>									
Name of Federal Candidate <u>GORDON SMITH</u>	Office Sought: <table style="display: inline-table; vertical-align: top;"> <tr><td><input checked="" type="checkbox"/></td><td>House</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<input checked="" type="checkbox"/>	House	<input checked="" type="checkbox"/>	Senate	<input type="checkbox"/>	President	State: <u>OR</u> District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
<input checked="" type="checkbox"/>	House								
<input checked="" type="checkbox"/>	Senate								
<input type="checkbox"/>	President								
Name of Federal Candidate _____	Office Sought: <table style="display: inline-table; vertical-align: top;"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<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) ▶ _____
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<input type="checkbox"/>	Senate								
<input type="checkbox"/>	President								
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<input type="checkbox"/>	House								
<input type="checkbox"/>	Senate								
<input type="checkbox"/>	President								

  

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> _____		<b>Date of Disbursement or Obligation</b> <table border="1" style="width:100%; text-align: center;"> <tr> <td>MM</td><td>DD</td><td>YYYY</td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> </table>		MM	DD	YYYY			
MM	DD	YYYY							
Mailing Address of Payee _____		<b>Amount</b> <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="3"> </td> </tr> </table>							
City _____	State _____	Zip Code _____							
Name of Employer _____		Occupation _____							
Purpose of Disbursement (Including title(s) of communication(s)) _____									
Name of Federal Candidate _____	Office Sought: <table style="display: inline-table; vertical-align: top;"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<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) ▶ _____
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<input type="checkbox"/>	House								
<input type="checkbox"/>	Senate								
<input type="checkbox"/>	President								

  

SUBTOTAL of Disbursements/Obligations This Page (optional) ..... ▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td>91,603.00</td> </tr> </table>	91,603.00
91,603.00		
TOTAL This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)	<table border="1" style="width:100%; text-align: center;"> <tr> <td>91,603.00</td> </tr> </table>	91,603.00
91,603.00		

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

*EW*

*10/27/08*

PREPARER  
(3/2005)

DATE PREPARED

28039901429