



"Schuster, Michael" <MSchuster@aarp.org> on 10/02/2008 03:41:04 PM

To: <2022190174@fcc.gov>
cc:

Subject: Amended FEC Form 9

To Whom It May Concern:

AARP hereby submits the attached FEC Form 9 "24 Hour Notice of Disbursements/Obligations For Electioneering Communications" amended report to disclose additional and previously unreported vendor cost obligations pertaining to producing the electioneering communications disclosed in AARP's July 26, 2008 Form 9, as previously amended on August 21, 2008.

AARP's sole electioneering communications production and airtime vendor, GSDM Idea City, notified AARP of this additional \$38,040 charge for production of the "DWF/Senators/Local" and "DWF/Citizens/Local" advertisements when submitting its September 2008 invoice. AARP was unaware of this obligation's final amount when it filed the underlying FEC Form 9 report on July 26, 2008 and is now reporting this new obligation within 24 hours of first notice.

Please feel free to contact me directly should you have any questions or require additional information.

Michael R. Schuster
Senior Associate General Counsel and Senior Vice President
(202)-434-2333
MSchuster@aarp.org

Michael R. Schuster

Senior Associate General Counsel

Senior Vice President



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FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

AARP

(b) Address (number and street) check if different than previously reported

601 E St., NW

(c) City, State and ZIP Code

Washington, DC 20049

(d) Name of Employer or Principal Place of Business

n/a

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

New

or

Amended

4. Covering Period

06 / 03 / 2008

through

07 / 26 / 2008

5. (a) Date of Public Distribution(s)

07 / 26 / 2008

(b) Communication Title

"DWF/Senators/Local"

"DWF/Citizens/Local"

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

Mary Ann Riesenberg

(b) Address (number and street)

601 E St., NW

(c) City, State and ZIP Code

Washington, DC 20049

(d) Name of Employer or Principal Place of Business

AARP

(e) Occupation

Chief Ethics and Compliance Officer

9. Total Donations This Statement

0

10. Total Disbursements/Obligations This Statement

1,188,592.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Kevin Donnellan

SIGNATURE

Kevin Donnellan

DATE

10.02.08

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

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

11. Person(s) Sharing/Exercising Control

A. (a) Name	
William D. Novelli	
(b) Address (number and street)	
601 E St., NW	
(c) City, State and ZIP Code	
Washington, DC 20049	
(d) Name of Employer or Principal Place of Business	(e) Occupation
AARP	CEO
B. (a) Name	
Emilio Pardo	
(b) Address (number and street)	
601 E St. NW	
(c) City, State and ZIP Code	
Washington, DC 20049	
(d) Name of Employer or Principal Place of Business	(e) Occupation
AARP	EVP and Chief Brand Officer
C. (a) Name	
Nancy LeaMond	
(b) Address (number and street)	
601 E St. NW	
(c) City, State and ZIP Code	
Washington, DC 20049	
(d) Name of Employer or Principal Place of Business	(e) Occupation
AARP	EVP Social Impact
D. (a) Name	
Kevin Donnellan	
(b) Address (number and street)	
601 E St. NW	
(c) City, State and ZIP Code	
Washington, DC 20049	
(d) Name of Employer or Principal Place of Business	(e) Occupation
AARP	EVP Integrated Communications
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-A
Donation(s) Received

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<p>A. Full Name of Donor n/a Mailing Address of Donor n/a City State Zip n/a</p>	<p>Date of Receipt MM / DD / YYYY Amount 0</p>
<p>B. Full Name of Donor n/a Mailing Address of Donor n/a City State Zip n/a</p>	<p>Date of Receipt MM / DD / YYYY Amount 0</p>
<p>C. Full Name of Donor n/a Mailing Address of Donor n/a City State Zip n/a</p>	<p>Date of Receipt MM / DD / YYYY Amount 0</p>
<p>D. Full Name of Donor n/a Mailing Address of Donor n/a City State Zip n/a</p>	<p>Date of Receipt MM / DD / YYYY Amount 0</p>
<p>E. Full Name of Donor n/a Mailing Address of Donor n/a City State Zip n/a</p>	<p>Date of Receipt MM / DD / YYYY Amount 0</p>

SUBTOTAL of Donations This Page (optional)

0

TOTAL This Period (last page this line number only)
(carry total from last page to Line 9)

0

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee GSDM Idea City <small>Mailing Address of Payee</small> 828 West 6th St City State Zip Code Austin TX 78703 Name of Employer Occupation n/a n/a				Date of Disbursement or Obligation 06 / 03 / 2008 Amount 118859200 Communication Date 07 / 26 / 2008	
Purpose of Disbursement (Including title(s) of communication(s)) Television ads ("DWF/Senators/Local" and "DWF/Citizens/Local")					
Name of Federal Candidate John McCain		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
Name of Federal Candidate Barack Obama		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
Name of Federal Candidate n/a		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 n/a <small>Mailing Address of Payee</small> n/a City State Zip Code n/a Name of Employer Occupation n/a				Date of Disbursement or Obligation _____ / _____ / _____ Amount _____ Communication Date _____ / _____ / _____	
Purpose of Disbursement (Including title(s) of communication(s)) n/a					
Name of Federal Candidate n/a		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 n/a		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 n/a		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)				118859200	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				118859200	

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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>10/2/08</i>

MAD
 PREPARER
 (3/2005)

10/3/08
 DATE PREPARED

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