

2009 SEP 28 AM 8:39

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

MICHAEL STOLLERY

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

12407 MOORPARK ST, #102

(c) City, State and ZIP Code

STUDIO CITY, CA 91604

(d) Name of Employer or Principal Place of Business

EHI-INSUR INC.

(e) Occupation

IT CONSULTANT

2. FEC Identification Number

0

3. Is This Statement

New

or

Amended

4. Covering Period

01 01 2009

through

MM/DD/YYYY

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

MM/DD/YYYY

(b) Communication Title

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

MICHAEL A. STOLLERY

(b) Address (number and street)

12407 MOORPARK ST, #102

(c) City, State and ZIP Code

STUDIO CITY, CA 91604

(d) Name of Employer or Principal Place of Business

EHI-INSUR INC.

(e) Occupation

IT CONSULTANT

9. Total Donations This Statement

0

10. Total Disbursements/Obligations This Statement

0

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

MICHAEL STOLLERY

SIGNATURE

DATE

9.21.09

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

29030162507

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

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

A. (a) Name MICHAEL STOLLERY	
(b) Address (number and street) 12407 MOORPARK ST., #102	
(c) City, State and ZIP Code STUDIO CITY, CA 91604	
(d) Name of Employer or Principal Place of Business EHI-INSM INC.	(e) Occupation IT CONSULTANT
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

29030162508

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor N/A</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Amount</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>0.00</p>

29030162509

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

29030162510

A. Full Name (Last, First, Middle Initial) of Payee				Date of Disbursement or Obligation M M / D D / Y Y Y Y	
N/A				Amount	
Mailing Address of Payee				Communication Date M M / D D / Y Y Y Y	
City		State		Zip Code	
Name of Employer		Occupation		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: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		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		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 M M / D D / Y Y Y Y	
Mailing Address of Payee				Amount	
City				Communication Date M M / D D / Y Y Y Y	
State		Zip Code		Purpose of Disbursement (Including title(s) of communication(s))	
Name of Employer		Occupation		Name of Federal Candidate	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				0.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				0.00	

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
9/23/05

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JWD
 PREPARER

9/28/05
 DATE PREPARED

29030162511