

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

National Association of Home Builders

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

1201 15th St NW

(c) City, State and ZIP Code

Washington

DC

20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C00000000

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

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

 M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8

(b) Communication Title phone

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: 501 c 6

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

Joseph Barney

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

20000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Karl Eckhart

SIGNATURE Electronically Filed by Karl Eckhart

DATE 10/22/2008

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

PAGE 2 / 2

A. Full Name (Last, First, Middle Initial) of Payee National Association of Home Builders				Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	
Mailing Address of Payee 1201 15th St NW				Amount 20000.00	
City Washington	State DC	Zip Code 20005		Communication Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	
Name of Employer		Occupation		Transaction ID : F93.000001	
Purpose of Disbursement (including title(s) of communication(s)) phone					
Name of Federal Candidate Paul Kanjorski F94.000002	Office Sought: X	House Senate President	State: PA District: 11	Disbursement/Obligation For: 2008 Primary X General Other (specify) _____	
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)				20000.00	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				20000.00	

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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
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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>Webform #322</i>	Date of Receipt or Postmarked <i>10/22/08</i>

EL
 PREPARER
 (3/2005)

10/22/08
 DATE PREPARED

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