



"Justin Anderson" <janderson@healthcareforamericanow.org> on 10/29/2008 11:10:26 AM

To: <2022190174@fec.gov>  
cc:

Subject: FEC Form 9 Disclosure - Health Care for America Now

Please find attached a Health Care for America Now Form 9 disclosure.

Justin Anderson  
Admin Assistant  
Health Care for America Now  
1825 K St NW  
Washington, DC 20006  
202.587.1657



DOC005.pdf

28039904581

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1 of 4

### 1. Person Making the Disbursements/Obligations

(a) Name

Health Care For America Now

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

1825 K ST NW, STE 400

(c) City, State and ZIP Code

Washington, DC 20006

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C30001293

### 3. Is This Statement



New

or



Amended

### 4. Covering Period

10/16/08 through 10/28/08

10/17/08 through 10/28/08

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

10/16/08, 10/28/08

### (b) Communication Title

"Fighter"

### 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

Richard Kirsch

(b) Address (number and street)

1825 K ST NW, STE 400

(c) City, State and ZIP Code

Washington, DC 20006

(d) Name of Employer or Principal Place of Business

(e) Occupation

Health Care For America Now

National Campaign Manager

### 9. Total Donations This Statement

00.0

### 10. Total Disbursements/Obligations This Statement

149,701.51

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Jacki Schechner

SIGNATURE

Jacki Schechner

DATE

10/28/08

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)

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A. (a) Name

Richard Kirsch

(b) Address (number and street)

1825 K ST NW, STE 400

(c) City, State and ZIP Code

Washington, DC 20006

(d) Name of Employer or Principal Place of Business

Health Care for America Now

(e) Occupation

National Campaign Manager

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

28039904583

**SCHEDULE 9-A**  
**Donation(s) Received**

PAGE 3 OF 4

<b>A. Full Name of Donor</b>  Mailing Address of Donor  City State Zip	Date of Receipt MM / DD / YYYY Amount
<b>B. Full Name of Donor</b>  Mailing Address of Donor  City State Zip	Date of Receipt MM / DD / YYYY Amount
<b>C. Full Name of Donor</b>  Mailing Address of Donor  City State Zip	Date of Receipt MM / DD / YYYY Amount
<b>D. Full Name of Donor</b>  Mailing Address of Donor  City State Zip	Date of Receipt MM / DD / YYYY Amount
<b>E. Full Name of Donor</b>  Mailing Address of Donor  City State Zip	Date of Receipt MM / DD / YYYY Amount
<b>SUBTOTAL of Donations This Page (optional)</b> ▶	
<b>TOTAL This Period (last page this line number only)</b> ▶ (carry total from last page to Line 9)	

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

PAGE 4 OF 4

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <u>The New Media Firm, Inc</u> <b>Mailing Address of Payee</b> <u>1634 Eye St NW, STE 704</u> <b>City</b> <u>Washington, DC</u> <b>State</b> <u>DC</u> <b>Zip Code</b> <u>20004</u> <b>Name of Employer</b> <u>Washington, DC Beach</u> <b>Occupation</b> _____		<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;">         MM / DD / YYYY          10 / 27 / 2008       </div> <b>Amount</b> <div style="border: 1px solid black; padding: 2px;">         \$ 149,701.51       </div> <b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;">         MM / DD / YYYY          10 / 29 / 2008       </div>
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <u>Media Buy - "Fighter" TV Ad - MO</u>		
<b>Name of Federal Candidate</b> <u>Blaine Luetkemeyer</u>	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> <u>MO</u> <b>District:</b> <u>9</u>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>Mailing Address of Payee</b> <b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____ <b>Name of Employer</b> _____ <b>Occupation</b> _____		<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;">         MM / DD / YYYY       </div> <b>Amount</b> <div style="border: 1px solid black; padding: 2px;">         \$       </div> <b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;">         MM / DD / YYYY       </div>
<b>Purpose of Disbursement (including title(s) of communication(s))</b> _____		
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> _____		<div style="border: 1px solid black; padding: 2px;">         \$       </div>
<b>TOTAL This Period (last page this line number only)</b> _____ (carry total from last page to Line 10)		<div style="border: 1px solid black; padding: 2px;">         \$ 149,701.51       </div>

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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>10/29/08</i>

*JALP*  
PREPARER  
(3/2005)

*10/29/08*  
DATE PREPARED

28039904586