

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 ALLIANCE FOR RETIRED AMERICANS		2. FEC Identification Number <input type="text" value="C30001226"/>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16TH STREET NW 4TH FLOOR NORTH		
(c) City, State and ZIP Code WASHINGTON DC 20006		
(d) Name of Employer or Principal Place of Business		(e) Occupation

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period														
	<table border="0"> <tr> <td><input type="text" value="10"/></td> <td>/</td> <td><input type="text" value="01"/></td> <td>/</td> <td><input type="text" value="2008"/></td> </tr> <tr> <td colspan="5" style="text-align: center;">through</td> </tr> <tr> <td><input type="text" value="10"/></td> <td>/</td> <td><input type="text" value="17"/></td> <td>/</td> <td><input type="text" value="2008"/></td> </tr> </table>	<input type="text" value="10"/>	/	<input type="text" value="01"/>	/	<input type="text" value="2008"/>	through					<input type="text" value="10"/>	/	<input type="text" value="17"/>	/
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<input type="text" value="10"/>	/	<input type="text" value="17"/>	/	<input type="text" value="2008"/>											

5. (a) Date of Public Distribution(s) / / **(b) Communication Title** Disgrace

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: Social Welfare 501C4

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
Ms Suzanne H Elnahal

(b) Address (number and street)
815 16th Street, NW

(c) City, State and ZIP Code
Washington DC 20006

(d) Name of Employer or Principal Place of Business
Alliance For Retired Americans

(e) Occupation
Director of Finance and Administration

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement

Under penalty of perjury, I certify that this statement is true, correct and complete.
 TYPE OR PRINT NAME OF PERSON COMPLETING FORM Mr Edward F Coyle
 SIGNATURE Electronically Filed by Mr Edward F Coyle DATE 10/20/2008

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

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name	Transaction ID : F91.000001	
Mr Edward F Coyle		
(b) Address (number and street)		
815 16th Street, NW, 4th Floor North 4th Floor North		
(c) City, State and Zip Code		
Washington	DC	20006
(d) Name of Employer or Principal Place of Business	(e) Occupation	
Alliance for Retired Americans	Executive Director	

SCHEDULE 9-B
Disbursement(s) Made or Obligations

<p>A. Full Name (Last, First, Middle Initial) of Payee Comcast Spotlight, Inc</p> <hr/> <p>Mailing Address of Payee 1601 Mile High Stadium Circle</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Denver</td> <td>CO</td> <td>80204</td> </tr> </table> <hr/> <p>Name of Employer _____ Occupation _____</p>	City	State	Zip Code	Denver	CO	80204	<p>Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align:center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">1 0 / 0 1 / 2 0 0 8</td> </tr> </table> </p> <p>Amount <table style="width:100%; border: none;"> <tr> <td style="text-align:right;">8659.00</td> </tr> </table> </p> <p>Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align:center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">1 0 / 0 6 / 2 0 0 8</td> </tr> </table> </p> <p>Transaction ID : F93.000001</p>	M M / D D / Y Y Y Y	1 0 / 0 1 / 2 0 0 8	8659.00	M M / D D / Y Y Y Y	1 0 / 0 6 / 2 0 0 8
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<p>Purpose of Disbursement (including title(s) of communication(s)) Television Advertising, (Disgrace)</p>												
<p>Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>											
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<table style="width:100%; border: none;"> <tr> <td style="width:60%;">SUBTOTAL of Disbursement/Obligation This Page (optional)</td> <td style="width:40%; text-align:right;">10268.00</td> </tr> <tr> <td>TOTAL This Period (last page this line number only) (carry total from last page to line 10)</td> <td style="text-align:right;">10268.00</td> </tr> </table>		SUBTOTAL of Disbursement/Obligation This Page (optional)	10268.00	TOTAL This Period (last page this line number only) (carry total from last page to line 10)	10268.00							
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