

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 Street NW

(c) City, State and ZIP Code

Washington

DC

20005

2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement ☒ New
or
☐ Amended

4. Covering Period

M M / D D / Y Y Y Y
10 / 20 / 2008
through
M M / D D / Y Y Y Y
10 / 31 / 2008

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (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: 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)

1201 15th Street NW

(c) City, State and ZIP Code

Washington

DC

20005

(d) Name of Employer or Principal Place of Business

National Association of Home Builders

(e) Occupation

Treasurer

9. Total Donations This Statement .00

10. Total Disbursements/Obligations This Statement 45000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Karl John Eckhart

SIGNATURE Electronically Filed by Karl John Eckhart

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.

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SCHEDULE 9-B
Disbursement(s) Made or Obligations

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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 0 / 2 0 0 8		
Mailing Address of Payee 1201 15th St NW					Amount 22500.00		
City Washington		State DC		Zip Code 20005			
Name of Employer 			Occupation 				
Purpose of Disbursement (including title(s) of communication(s)) Radio:GSmith Ver2 Final							
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) _____	
Name of Federal Candidate 		Office Sought: House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
B. 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 0 / 2 0 0 8		
Mailing Address of Payee 1201 15th St NW					Amount 22500.00		
City Washington		State DC		Zip Code 20005			
Name of Employer 			Occupation 				
Purpose of Disbursement (including title(s) of communication(s)) Radio:Smith Ver1 Revised Final							
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) _____	
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)					45000.00		
TOTAL This Period (last page this line number only) (carry total from last page to line 10)					45000.00		

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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
<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>Webform # 315</i>	Date of Receipt or Postmarked <i>10/20/08</i>
<i>SL</i>	<i>10/21/08</i>
PREPARER (3/2005)	DATE PREPARED

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