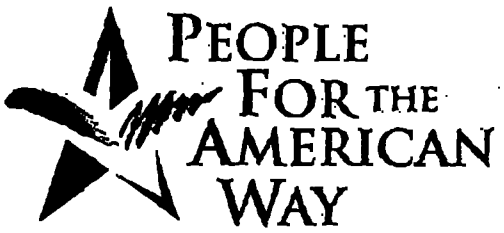

FAX COVER SHEET

To: FEC

From: Marge Baker

Date: 11/3/08

Pages (including cover): 5

For problems with Fax Transmittal, call 202.467.4999 and ask for

28039911674

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Phone 202.467.4999 ♦ Fax 202.293.2672 ♦ pfaw@pfaw.org ♦ www.pfaw.org

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name
People For the American Way

(b) Address (number and street) ☐ check if different than previously reported
2000 M St. NW, Suite 400

(c) City, State and ZIP Code
Washington, DC 20036

2. FEC Identification Number
C

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement x New or Amended

4. Covering Period 10 22 2008 through 11 03 2008

5. (a) Date of Public Distribution(s) 11 03 2008 **(b) Communication Title** TV issue ad, "Judge"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) x 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
Anne Walter

(b) Address (number and street)
2000 M St., NW, Suite 400

(c) City, State and ZIP Code
Washington, DC 20036

(d) Name of Employer or Principal Place of Business
People For the American Way

(e) Occupation
Deputy Director of Finance

9. Total Donations This Statement $ 13,650.00

10. Total Disbursements/Obligations This Statement $ 13,650.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Marge Baker

SIGNATURE Marge Baker DATE 11/3/08

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

FEC FORM 9 (REV. 12/2007)

28039911675

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

11. Person(s) Sharing/Exercising Control

A. (a) Name
Kathryn Kolbert

(b) Address (number and street)
2000 M ST., NW, Suite 400

(c) City, State and ZIP Code
Washington, DC 20036

(d) Name of Employer or Principal Place of Business
People For the American Way

(e) Occupation
President

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

28039911676

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Donald Sussman

Mailing Address of Donor
100 Sterling Road

City State Zip
Greenwich, CT 06831

Date of Receipt
10 22 2008

Amount
13 65 000

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

SUBTOTAL of Donations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

13 65 0 0 0

28039911677

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: Abar Hutton Media

Mailing Address of Payee: 6190 Grove Dale Court, Suite 200

City: Alexandria, VA 22310 State: Zip Code:

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 31 2008

Amount: 13,650.00

Communication Date: 11 03 2008

Purpose of Disbursement (Including title(s) of communication(s)): Purchased TV ad air time, "Judge"

Name of Federal Candidate: Susan Collins
Office Sought: [ ] House [ ] Senate [x] President
State: ~~ME~~ District:
Disbursement/Obligation For: [ ] Primary [ ] General [x] Other (specify) ▶ 2008 issue campaign

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

Mailing Address of Payee

City State Zip Code

Name of Employer Occupation

Date of Disbursement or Obligation

Amount

Communication Date

Purpose of Disbursement (Including title(s) of communication(s))

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 Disbursements/Obligations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 13,650.00
(carry total from last page to Line 10)

28039911678

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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