



"Chris Singerling" <Singerling@abc.org> on 10/16/2008 10:02:50 PM

To: <2022190174@fec.gov>
cc: "Chris Singerling" <Singerling@abc.org>

Subject: Form 9 Filings - 5 Total

To whom it may concern:

Attached please find five (5) FEC Form 9 filings from Associated Builders and Contractors Inc. If you have any questions please do not hesitate to contact me at the number below.

Sincerely,

Chris Singerling
Director of Political Affairs
Associated Builders & Contractors
(703) 812-2022
singerling@abc.org

 Please consider your responsibility to the environment before printing this e-mail.



ABC Radio Ad - High Flying - FEC Form 9.pdf ABC Radio Ad - Gets It - FEC Form 9.pdf ABC Radio Ad - Smart - FEC Form 9.pdf



ABC Radio Ad - Economy+Jobs - FEC Form 9.pdf ABC Radio Ad - Tough Decisions - FEC Form 9.pdf

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FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

ASSOCIATED BUILDERS AND CONTRACTORS, INC.

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

4250 N. FAIRFAX DR.; 9th FLOOR

(c) City, State and ZIP Code

ARLINGTON, VA 22203

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

070003355

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

10 / 10 / 2008

through

10 / 15 / 2008

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

10 / 15 / 2008

(b) Communication Title

TOUGH DECISIONS

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

CHRIS SINGERLING

(b) Address (number and street)

4250 N. FAIRFAX DRIVE; 9th FLOOR

(c) City, State and ZIP Code

ARLINGTON, VA 22203

(d) Name of Employer or Principal Place of Business

(e) Occupation

ASSOCIATED BUILDERS + CONTRACTORS INC. DIRECTOR OF POLITICAL AFFAIRS

9. Total Donations This Statement

000

10. Total Disbursements/Obligations This Statement

91603.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

CHRISTOPHER J. SINGERLING

SIGNATURE

Christopher J. Singerling

DATE

10/16/08

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 3

11. Person(s) Sharing/Exercising Control

A. (a) Name CHRIS SINGERLING	
(b) Address (number and street) 4250 NORTH FAIRFAX DRIVE ; 9th FLOOR	
(c) City, State and ZIP Code ARLINGTON, VA 22203	
(d) Name of Employer or Principal Place of Business ASSOCIATED BUILDERS AND CONTRACTORS, INC.	(e) Occupation DIRECTOR OF POLITICAL AFFAIRS
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

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE **3** OF **3**

A. Full Name (Last, First, Middle Initial) of Payee SANDLER - INNOCENZI, INC.			Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 10 / 2008</div>	
Mailing Address of Payee 705 PRINCE STREET			Amount <div style="border: 1px solid black; padding: 2px;">\$ 91,603.00</div>	
City ALEXANDRIA, VA	State VA	Zip Code 22314	Communication Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 15 / 2008</div>	
Name of Employer 				

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

RADIO AD "TOUGH DECISIONS" (PRODUCTION AND BUY)

Name of Federal Candidate GORDON SMITH	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OR District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>	
Mailing Address of Payee			Amount <div style="border: 1px solid black; padding: 2px;">\$</div>	
City	State	Zip Code	Communication Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>	
Name of Employer				

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

Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

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

91,603.00
91,603.00

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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
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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>E-Mail</i>	Date of Receipt or Postmarked <i>10/16/08</i>


PREPARER
(3/2005)

10/17/08
DATE PREPARED

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