

**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 Elder Citizens for Better Government		2. FEC Identification Number C C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported Attn: Government Affairs 701 Maiden Choice Lane		
(c) City, State and ZIP Code Baltimore MD 21228		
(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
	M M / D D / Y Y Y Y 02 / 05 / 2008 through M M / D D / Y Y Y Y 02 / 05 / 2008

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title One Third
02 / 05 / 2008

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)? Yes No

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 Mr. Adam E Kane	
(b) Address (number and street) 701 Maiden Choice Lane	
(c) City, State and ZIP Code Baltimore MD 21228	
(d) Name of Employer or Principal Place of Business Erickson Retirement Communities, LLC	(e) Occupation VP, Government Affairs

9. Total Donations This Statement 20000.00

10. Total Disbursements/Obligations This Statement 20000.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Mr. Mark Anthony Yost, Jr.

SIGNATURE _____ DATE 02/05/2008

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

11. Person(s) Sharing/Exercising Control

A.	(a) Name	Mr. Adam E Kane		Transaction ID : F91.000001
	(b) Address (number and street)	701 Maiden Choice Lane		
	(c) City, State and Zip Code	Baltimore	MD	21228
	(d) Name of Employer or Principal Place of Business	Erickson Retirement Communities, LLC		(e) Occupation
				VP, Government Affairs
B.	(a) Name	Mr. Mark A Yost, Jr.		Transaction ID : F91.000002
	(b) Address (number and street)	701 Maiden Choice Lane		
	(c) City, State and Zip Code	Baltimore	MD	21228
	(d) Name of Employer or Principal Place of Business	Erickson Retirement Communities, LLC		(e) Occupation
				Manager, Government Affairs
C.	(a) Name	Ms. Kelley Hirsch		Transaction ID : F91.000003
	(b) Address (number and street)	701 Maiden Choice Lane		
	(c) City, State and Zip Code	Baltimore	MD	21228
	(d) Name of Employer or Principal Place of Business	Erickson Retirement Communities, LLC		(e) Occupation
				Project Specialist

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SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor			Date of Receipt	
Erickson Retirement Communities, LLC			M M / D D / Y Y Y Y	
Mailing Address of Donor			11 / 07 / 2007	
701 Maiden Choice Lane			Amount	
			10000.00	
City	State	Zip	Transaction ID : F92.000001	
Baltimore	MD	21228		

B. Full Name of Donor			Date of Receipt	
Erickson Retirement Communities, LLC			M M / D D / Y Y Y Y	
Mailing Address of Donor			02 / 04 / 2008	
701 Maiden Choice Lane			Amount	
			10000.00	
City	State	Zip	Transaction ID : F92.000002	
Baltimore	MD	21228		

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SUBTOTAL of Donations This Page (optional).....	20000.00
TOTAL This Period (last page this line number only)..... (carry total from last page to Line 9)	20000.00

**SCHEDULE 9-B
Disbursement(s) Made or Obligations**

A. Full Name (Last, First, Middle Initial) of Payee Main Street Media				Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 8	
Mailing Address of Payee 221 Third Street, SE				Amount 20000.00	
City Washington	State DC	Zip Code 20003			
Name of Employer _____			Occupation _____		
Purpose of Disbursement (including title(s) of communication(s)) Create and Distribute Radio Ad					
Name of Federal Candidate Albert Wynn F94.000002	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MD District: 04	Disbursement/Obligation For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> 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)				20000.00	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				20000.00	

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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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *Web Form* Date of Receipt or Postmarked
2/5/08

DAD
 PREPARER

2/5/08
 DATE PREPARED

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