

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
AMERICA'S AGENDA: HEALTH CARE FOR KIDS, INC

(b) Address (number and street) check if different than previously reported
1919 PENNSYLVANIA AVE NW STE 500

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

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30001150

3. Is This Statement **New**
or

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Kids
1 0 / 1 4 / 2 0 0 8

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. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name

Mark Blum

(b) Address (number and street)

1919 Pennsylvania Ave., NW Ste 500

(c) City, State and ZIP Code

Washington DC 20006

(d) Name of Employer or Principal Place of Business

America's Agenda: Health Care for Kids

(e) Occupation

Secretary/Treasurer

9. Total Donations This Statement

1396722.50

10. Total Disbursements/Obligations This Statement

1396722.50

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Mark Blum

SIGNATURE Electronically Filed by Mark Blum

DATE 10/14/2008

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	
	Mark Blum		
	(b) Address (number and street)		
	1919 Pennsylvania Ave., NW Ste 500		
	(c) City, State and Zip Code		
	Washington	DC	20006
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	America's Agenda: Health Care for Kids	Secretary/Treasurer	

A. Full Name of Donor

Pharmaceutical Research and Manufacturers of America (PhRMA)

Mailing Address of Donor
950 F St., NW, Suite 300

City	State	Zip
Washington	DC	20004

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Amount

1396722.50

Transaction ID : F92.000001

SUBTOTAL of Donations This Page (optional).....

1396722.50

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

1396722.50

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
Issue & Image, Inc.

Mailing Address of Payee
300 North Lee St., Suite 500

City	State	Zip Code
Alexandria	VA	22314

Name of Employer	Occupation
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Date of Disbursement or Obligation

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	8

Amount

1396722.50

Communication Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	8

Transaction ID : F93.000001

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

Media Expenses & Airtime for Kids

Name of Federal Candidate Melissa Bean	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 08	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000002			
Name of Federal Candidate Frank Lautenberg	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: _____	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000003			
Name of Federal Candidate Tom Harkin	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: _____	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000004			

SUBTOTAL of Disbursement/Obligation This Page (optional)	1396722.50
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	1396722.50