

To: <2022190174@fec.gov>

cc:

Subject: FEC Form 9

DATE: August 22, 2008

FROM: Michael Schuster

MSchuster@aarp.org

TO: 2022190174@fec.gov

To Whom it May Concern:

Attached, please find an amended FEC Form 9 "24 Hour Notice of Disbursements/Obligations for Electioneering Communications" from AARP. The attached amendment replaces a Form 9 submitted on July 26, 2008.

AARP submitted the single July 26, 2008 report to disclose its obligation to pay a single vendor, under one contract, for production and multiple broadcasts of its electioneering communications over various cable and broadcast television facilities.

This amendment reflects more accurate cost figures from that vendor, GDSM Idea City, thus amending Line 10 "Total Disbursements/Obligations This Statement" from \$867,816.00 to \$1,150,552.00 and the "Amount" figure in Schedule 9-B, Box A from \$867,816.00 to \$1,150,552.00.

Respectfully Submitted,

Michael R. Schuster Associate General Counsel and Senior Vice President (202)-434-2333



FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

Person Making the Disbursementa/Obligations (a) Name AARP (b) Address (number and street)										
AARP (b) Address (number and street) check if different than previously reported 601 E Street, N.W. (c) City, State and ZP Code Washington, DD. C. 20049 (d) Name of Employer or Principal Place of Business N/A N/A N/A N/A N/A N/A N/A N/	. Pers	on Making the	Disbu	rsements/Oblig	ations					
(a) Date of Public Distribution(s) (b) The filer is a (n): (a) Individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Custodian of Records (a) Name (b) Corporation, Labor Organization or Qualified Nonprofit Corporation, were the disbursements made exclusively from donations to a segregated bank account? Custodian of Records (a) Name Mary Ann Riesenhers (b) Address (number and street) (c) Address (number and street) (d) Name of Employer or Principal Place of Business ARP Clear in the filer is and Compliance Off Composition, Labor Organization or Qualified Nonprofit Corporation, we have a considered organization or qualified nonprofit corporation, we have a considered organization or qualified nonprofit corporation, we have a considered organization or qualified nonprofit corporation, which is the filer is an Individual, unincorporated organization or qualified nonprofit corporation, which is the filer is an Individual, unincorporated organization or qualified nonprofit corporation, which is the disbursements made exclusively from donations to a segregated bank account? Custodian of Records (a) Name Mary Ann Riesenhers (b) Address (number of Principal Place of Business AARP Chief Ethics and Compliance Off Total Disbursements/Obligations This Statement Lista 5 and 2 5 5 2 20 0 0	(a) I	Name								
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	(d) A	Name of Employer o	D.C.	ipal Place of Business			Chiéf 1	Sthics and Co	mpliance	Offi
TYPE OR PRINT NAME OF PERSON COMPLETING FORM Kevin Donnellan	(d)	Name of Employer of AARP al Donations Th	D.C. or Prince	ipal Place of Business			Chiéf)	Sthics and Co	ompliance	Offi
	(d) A	Name of Employer of AARP al Donations Th	D.C. or Prince is Sta	ipal Place of Business Itement Iigations This S	tatement		Chiéf)	Sthics and Co	ompliance	Offi

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

	son(s) Sharing/Exercising Control						
Ā.	(a) Name William D. Novelli						
	(b) Address (number and street) 601 E Street, N.W.						
	(c) City, State and ZIP Code Washington, D.C. 20049						
	(d) Name of Employer or Principal Place of Business	(e) Occupation					
	AARP	CEO					
В.	(a) Name						
	Emilio Pardo (b) Address (number and street)						
	601 E Street, N.W. (c) City, State and ZIP Code						
	Washington, D.C. 20049 (d) Name of Employer or Principal Place of Business	(e) Occupation					
	AARP	EVP and Chief Brand Offic					
C.	(a) Name Nancy LeaMond						
	(b) Address (number and street) 601 E Street, N.W.						
	(c) City, State and ZIP Code Washington, D.C. 20049						
	(d) Name of Employer or Principal Place of Business	(e) Occupation					
	AARP	EVP Social Impact					
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					

SCHEDULE	9-A
Donation(s)	Received

PAGE 3 OF 4

	A.	Full Name of Donor		Date of Receipt	
		Mailing Address of Donor			Amount
	٠	City	State	Zip	
	В.	Full Name of Donor			Date of Receipt
		Mailing Address of Donor			Amount
		City	State	Zlp	
	C.	Full Name of Donor			Date of Receipt
		Mailing Address of Donor			Amount
		City	State	Zip	
	D.	Full Name of Donor			Date of Receipt
		Mailing Address of Donor			Amount
		City	State	Zip	0
٠	E.	Full Name of Donor			Date of Receipt
		Mailing Address of Donor			Amount
		City	State	Zip	0
SI	UBTO	OTAL of Donations This Page (opt	onai)		.0
π	JATO	This Period (last page this line no (carry total from last page to Line			

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

PAGE 4 3OF 4

Ŧ.				Date of Disbursement or Obligation		
ľ	The state of the s					
ļ	GSDM Idea City			0.6 0 3 2 0 0 8		
١	Mailing Address of Payee	Mailing Address of Payee				
ı	_828 West 6th Street		Amount			
	City	State	Zip Code	1.5.0 a 5.5.2 a 0.0		
ı	Austin	TX	78703	Communication Date		
ı	Name of Employer	Occupati N/A	ion	0.7 2.6 2.0.0.8		
l	N/A			0.7 2.6 2.0.0.8		
l	Purpose of Disbursement (Including title(s) of communication(s)) Television ads ("DWF/Senators/Local" and "DWF/Citize:			/- all\		
ı				ns/Local") Disbursement/Obligation For:		
ı	Name of Federal Candidate	Office Sought:	House State:	Primary General		
	John McCain	2	Senate District: ——	X Other (specify) Convention		
l	Name of Federal Candidate	Office Sought:	7 House	Disbursement/Obligation For:		
l	Name of Pederal Candidate	Office Sought	Senate State:	Primary General		
l	Barack Obama	- -	District:	X Other (specify) ▶ Convention		
l	Name of Federal Candidate	Office Sought:	7 House	Disbursement/Obligation For:		
١			Senate State:	Primary General		
l		-	President District:	Other (specify)		
Ł				Date of Disbursement or Obligation		
E	3. Full Name (Last, First, Middle Initi	al) of Payee		NEW / DEO / VEVEVEV		
١	_N/A					
ı	Mailing Address of Payee			Amount		
ı	N/A					
ľ	City N/A	State	Zip Code			
				Communication Date		
İ	Name of Employer	Occupati	on	MAM , 080 , VAYYAY		
l	N/A	- Alala (a) at a a second a la at	Version 1			
l	Purpose of Disbursement (Includin N/A	g true(s) or communicat	oon(s))			
ı		00-0	77 18			
l	Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For: Primary General		
ĺ	N/A	-	Senate District:			
l	Name of Federal Candidate	Office Sought:	_ President	☐ Other (specify) ▶		
1	Name of Federal Candidate	Cince Sought.	Senate State:	Primary General		
ļ	N/A	· -	District:	Other (specify)		
l	Name of Federal Candidate	Office Sought:	President House	Disbursement/Obligation For:		
l		- Chies Cought	State:	Primary General		
١	N/A	-	President District:	Other (specify)		
L						
	_					
	1 1 5 0 5 5 2 0					
	SUBTOTAL of Disbursements/Obliga					
_	TOTAL This Period (last page this li	ne number only)		11 50552 00		
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate it	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirm	nation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	a 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): E-MA=L Date of Re	eceipt or Postmarked
Imid	8/25/08
(3/2005)	DATE PREPARED