



"Wilson, Charlene E. - CEWilson" <CEWilson@aarp.org> on 08/22/2008 04:27:45 PM

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 Form9.pdf

28039820608

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name

AARP

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

601 E Street, N.W.

(c) City, State and ZIP Code

Washington, D.D.C. 20049

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

N/A

### 2. FEC Identification Number

C

### 3. Is This Statement

New

or

Amended

### 4. Covering Period

06 / 03 / 2008

through

07 / 26 / 2008

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

07 / 26 / 2008

### (b) Communication Title

"DWF/Senators/Local"  
DWF/Citizens/Local"

### 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

Mary Ann Riesenber

(b) Address (number and street)

601 E Street, N.E.

(c) City, State and ZIP Code

Washington, D.C. 20049

(d) Name of Employer or Principal Place of Business

AARP

(e) Occupation

Chief Ethics and Compliance Officer

### 9. Total Donations This Statement

0

### 10. Total Disbursements/Obligations This Statement

1,550,520.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Kevin Donnellan

SIGNATURE

*Kevin Donnellan*

DATE

8.22.08

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

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

**11. Person(s) Sharing/Exercising Control**

<b>A. (a) Name</b>	
William D. Novelli	
<b>(b) Address (number and street)</b>	
601 E Street, N.W.	
<b>(c) City, State and ZIP Code</b>	
Washington, D.C. 20049	
<b>(d) Name of Employer or Principal Place of Business</b>	<b>(e) Occupation</b>
AARP	CEO
<b>B. (a) Name</b>	
Emilio Pardo	
<b>(b) Address (number and street)</b>	
601 E Street, N.W.	
<b>(c) City, State and ZIP Code</b>	
Washington, D.C. 20049	
<b>(d) Name of Employer or Principal Place of Business</b>	<b>(e) Occupation</b>
AARP	EVP and Chief Brand Officer
<b>C. (a) Name</b>	
Nancy LeaMond	
<b>(b) Address (number and street)</b>	
601 E Street, N.W.	
<b>(c) City, State and ZIP Code</b>	
Washington, D.C. 20049	
<b>(d) Name of Employer or Principal Place of Business</b>	<b>(e) Occupation</b>
AARP	EVP Social Impact
<b>D. (a) Name</b>	
<b>(b) Address (number and street)</b>	
<b>(c) City, State and ZIP Code</b>	
<b>(d) Name of Employer or Principal Place of Business</b>	<b>(e) Occupation</b>
<b>E. (a) Name</b>	
<b>(b) Address (number and street)</b>	
<b>(c) City, State and ZIP Code</b>	
<b>(d) Name of Employer or Principal Place of Business</b>	<b>(e) Occupation</b>

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**SCHEDULE 9-A**  
**Donation(s) Received**

28039820611

<p><b>A. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>0</p>
<p><b>B. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>0</p>
<p><b>C. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>0</p>
<p><b>D. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>0</p>
<p><b>E. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>0</p>

**SUBTOTAL** of Donations This Page (optional) ..... ▶ 0

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**TOTAL** This Period (last page this line number only) ..... ▶ 0  
 (carry total from last page to Line 9)

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> GSDM Idea City				Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2008	
Mailing Address of Payee 828 West 6th Street				Amount _____ 115055200	
City Austin	State TX	Zip Code 78703			
Name of Employer N/A		Occupation N/A		Communication Date MM / DD / YYYY 07 / 26 / 2008	
Purpose of Disbursement (Including title(s) of communication(s)) Television ads ("DWF/Senators/Local" and "DWF/Citizens/Local")					
Name of Federal Candidate John McCain		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
Name of Federal Candidate Barack Obama		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> N/A				Date of Disbursement or Obligation MM / DD / YYYY _____	
Mailing Address of Payee N/A				Amount _____ _____	
City N/A	State _____	Zip Code _____			
Name of Employer N/A		Occupation _____		Communication Date MM / DD / YYYY _____	
Purpose of Disbursement (Including title(s) of communication(s)) N/A					
Name of Federal Candidate N/A		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate N/A		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate N/A		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional) .....				_____ 115055200	
TOTAL This Period (last page this line number only) ..... (carry total from last page to Line 10)				_____ 115055200	

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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.

28039820613

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
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>8/25/08</i>
<i>Jms</i> PREPARER	<i>8/25/08</i> DATE PREPARED