



"Schuster, Michael" <MSchuster@aarp.org> on 09/12/2008 09:48:31 PM

To: <2022190174@fec.gov>
cc:

Subject: FEC Form 9 Filing

To Whom It May Concern:

Attached, please find AARP's FEC Form 9 "24 Hour Notice of Disbursements/Obligations for Electioneering Communications" regarding an advertising flight that first aired on September 8, 2008. AARP filed a previous FEC Form 9 to disclose the initial flight of the electioneering communications at issue (the "AARP EC") on July 26, 2008, as amended on August 21, 2008.

AARP recognizes, and alerts the Commission voluntarily and promptly after discovery, that it is filing the attached FEC Form 9 three days after the date required by Section 104.20(b) of the Commission's Rules. AARP is committed to full compliance with all relevant law and regulations and, accordingly, has taken corrective action to prevent recurrence of this inadvertent oversight.

AARP's late filing results from communication errors between AARP personnel responsible for advertising, compliance staff, and its advertising vendor, GSDM Idea City ("GSDM"). AARP's contractual arrangement with GSDM covers a wide variety of advertising activities; the AARP EC represents only a small portion of the cable and television airtime inventory AARP has purchased through GSDM. On September 5, 2008, AARP advertising personnel instructed GSDM to replace one AARP advertising spot with the AARP EC on September 8, 2008, until a new advertisement is ready for broadcast.

On the evening of September 11, 2008, GSDM provided AARP with this new AARP EC flight's airtime cost. The AARP Office of General Counsel ("OGC") promptly implemented an internal review, which resulted in identifying September 8, 2008 as the date of public distribution. The OGC review yielded an action plan to prevent such miscommunications and filing errors in the future. OGC has obtained AARP executive support for implementing these corrective actions and will conduct more detailed briefings for AARP executives early in the week of September 15, 2008. Specific corrective actions include:

- (A) Requiring AARP advertising personnel to obtain written approval by one or more specifically-identified AARP Executive Vice Presidents before instructing vendors or expending funds to produce or distribute electioneering communications;
- (B) Requiring the approving AARP Executive Vice President to provide OGC with at least 24 hours' notice in advance of any such instruction, contract, obligation, or distribution; and,
- (C) Providing additional electioneering communications compliance training to the AARP Executive Vice Presidents designated as electioneering communication approvers and AARP advertising personnel.

AARP has reported this potential violation promptly and voluntarily,

28039831951

within 24 hours of obtaining the relevant facts and concluding its internal review. It has implemented appropriate corrective actions by changing internal procedures and will provide additional training to affected staff. AARP stands ready to cooperate fully with the Commission regarding this matter. Please contact the undersigned with any questions, requests for additional information, or for any other reason.

Respectfully submitted,

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



20080912184111.pdf

28039831952

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 St., NW

(c) City, State and ZIP Code
Washington, DC 20049

(d) Name of Employer or Principal Place of Business

(e) Occupation

n/a

2. FEC Identification Number

C

3. Is This Statement New
or
 Amended

4. Covering Period

09 / 05 / 2008
through
09 / 08 / 2008

5. (a) Date of Public Distribution(s) 09 / 08 / 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 St., NW

(c) City, State and ZIP Code

Washington, DC 20049

(d) Name of Employer or Principal Place of Business

(e) Occupation

AARP

Chief Ethics and Compliance Officer

9. Total Donations This Statement

0

10. Total Disbursements/Obligations This Statement

426,113.00

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 9.12.08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §497g.

28039831953

11. Person(s) Sharing/Exercising Control

A. (a) Name William D. Novelli	
(b) Address (number and street) 601 E St., NW	
(c) City, State and ZIP Code Washington, DC 20049	
(d) Name of Employer or Principal Place of Business AARP	(e) Occupation CEO
B. (a) Name Emilio Pardo	
(b) Address (number and street) 601 E St. NW	
(c) City, State and ZIP Code Washington, DC 20049	
(d) Name of Employer or Principal Place of Business AARP	(e) Occupation EVP and Chief Brand Officer
C. (a) Name Nancy LeaMond	
(b) Address (number and street) 601 E St. NW	
(c) City, State and ZIP Code Washington, DC 20049	
(d) Name of Employer or Principal Place of Business AARP	(e) Occupation EVP Social Impact
D. (a) Name Kevin Donnellan	
(b) Address (number and street) 601 E St. NW	
(c) City, State and ZIP Code Washington, DC 20049	
(d) Name of Employer or Principal Place of Business AARP	(e) Occupation EVP Integrated Communications
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

28039831954

SCHEDULE 9-A
Donation(s) Received

28039831955

<p>A. Full Name of Donor <u>n/a</u> Mailing Address of Donor</p> <p><u>n/a</u> City State Zip</p> <p><u>n/a</u></p>	<p>Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount <input type="text" value="0"/></p>
<p>B. Full Name of Donor <u>n/a</u> Mailing Address of Donor</p> <p><u>n/a</u> City State Zip</p> <p><u>n/a</u></p>	<p>Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount <input type="text" value="0"/></p>
<p>C. Full Name of Donor <u>n/a</u> Mailing Address of Donor</p> <p><u>n/a</u> City State Zip</p> <p><u>n/a</u></p>	<p>Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount <input type="text" value="0"/></p>
<p>D. Full Name of Donor <u>n/a</u> Mailing Address of Donor</p> <p><u>n/a</u> City State Zip</p> <p><u>n/a</u></p>	<p>Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount <input type="text" value="0"/></p>
<p>E. Full Name of Donor <u>n/a</u> Mailing Address of Donor</p> <p><u>n/a</u> City State Zip</p> <p><u>n/a</u></p>	<p>Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount <input type="text" value="0"/></p>
<p>SUBTOTAL of Donations This Page (optional) <input type="text" value="0"/></p>	
<p>TOTAL This Period (last page this line number only) <input type="text" value="0"/> (carry total from last page to Line 9)</p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

28039831956

A. Full Name (Last, First, Middle Initial) of Payee GSDM Idea City				Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2008	
Mailing Address of Payee 828 West 6th St				Amount Amount 4 2 6 1 1 3 0 0	
City	State	Zip Code		Communication Date MM / DD / YYYY 09 / 08 / 2008	
Austin	TX	78703			
Name of Employer	Occupation				
n/a					
Purpose of Disbursement (Including title(s) of communication(s)) Television ads ("DWF/Senators/Local" and "DWF/Citizens/Local")					
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
John McCain		<input type="checkbox"/> House		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
		<input type="checkbox"/> Senate			
		<input checked="" type="checkbox"/> President			
State: _____		District: _____			
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
Barack Obama		<input type="checkbox"/> House		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
		<input type="checkbox"/> Senate			
		<input checked="" type="checkbox"/> President			
State: _____		District: _____			
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
n/a		<input type="checkbox"/> House		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate			
		<input type="checkbox"/> President			
State: _____		District: _____			
B. Full Name (Last, First, Middle Initial) of Payee n/a					
Mailing Address of Payee				Date of Disbursement or Obligation	
n/a				MM / DD / YYYY	
City				Amount	
n/a				Amount	
State				Communication Date	
n/a				MM / DD / YYYY	
Zip Code				Disbursement/Obligation For:	
n/a				<input type="checkbox"/> Primary <input type="checkbox"/> General	
Name of Employer		Occupation		<input type="checkbox"/> Other (specify) ▶	
n/a		n/a			
Purpose of Disbursement (Including title(s) of communication(s))					
n/a					
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
n/a		<input type="checkbox"/> House		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate			
		<input type="checkbox"/> President			
State: _____		District: _____			
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
n/a		<input type="checkbox"/> House		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate			
		<input type="checkbox"/> President			
State: _____		District: _____			
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
n/a		<input type="checkbox"/> House		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate			
		<input type="checkbox"/> President			
State: _____		District: _____			
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				4 2 6 1 1 3 0 0	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				4 2 6 1 1 3 0 0	

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): *E-Mail* Date of Receipt or Postmarked
9/15/08

[Signature] *9/15/08*
 PREPARER DATE PREPARED

28039831957