

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 AMERICAN ACTION NETWORK		2. FEC Identification Number C C30001648
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1401 NEW YORK AVENUE NW STE 1200		
(c) City, State and ZIP Code WASHINGTON DC 20005		
(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 1 0 / 1 3 / 2 0 1 0 through M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
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5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y **(b) Communication Title** _____

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: corporation

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
stephanie fenjiro

(b) Address (number and street)
1401 new york avenue nw ste 1200

(c) City, State and ZIP Code
washington DC 20005

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

9. Total Donations This Statement _____ .00

10.Total Disbursements/Obligations This Statement _____ 700000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.
 TYPE OR PRINT NAME OF PERSON COMPLETING FORM stephanie fenjiro
 SIGNATURE Electronically Filed by stephanie fenjiro DATE 10/14/2010

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		
rob collins			
(b) Address (number and street)			
1401 new york avenue nw ste 1200			
(c) City, State and Zip Code			
washington	DC	20005	
(d) Name of Employer or Principal Place of Business	(e) Occupation		

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee WFofR	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 13 / 2010 </div>						
Mailing Address of Payee 411 Branchway Road	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">700000.00</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Richmond</td> <td>VA</td> <td>23236</td> </tr> </table>	City	State	Zip Code	Richmond	VA	23236	Communication Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 14 / 2010 </div>
City	State	Zip Code					
Richmond	VA	23236					
Name of Employer _____ Occupation _____	Transaction ID : F93.000001						

Purpose of Disbursement (including title(s) of communication(s))
 tv ad production & air time purchase

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px; text-align: right;">700000.00</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px; text-align: right;">700000.00</div>