Image# 10931443105

10/14/2010 16 : 39

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

(b) Address (number and street) ☐ check if different than previously reported
1401 NEW YORK AVENUE NW STE 1200

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

2. FEC Identification Number

C C30001648

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

[X] New

or

[ ] Amended

4. Covering Period

MM / DD / YYYY: 10 / 13 / 2010

through

MM / DD / YYYY: 10 / 14 / 2010

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

MM / DD / YYYY: 10 / 14 / 2010

(b) Communication Title

TV ad production & air time purchase

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) [X] 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

550000.00

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 penalities 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

Transction 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 Media

Mailing Address of Payee
411 Branchway Road

City: Richmond | State: VA | Zip Code: 23236

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 / 13 / 2010

Amount: 550000.00

Communication Date: 10 / 14 / 2010

Transction ID : F93.000001

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

Name of Federal Candidate | Office Sought: ☐ House ☐ Senate ☐ President | State: | District: | Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify)

Name of Federal Candidate | Office Sought: ☐ House ☐ Senate ☐ President | State: | District: | Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify)

Name of Federal Candidate | Office Sought: ☐ House ☐ Senate ☐ President | State: | District: | Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify)

SUBTOTAL of Disbursement/Obligation This Page (optional) 550000.00

TOTAL This Period (last page this line number only) 550000.00
(carry total from last page to line 10)