

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 AMERICANS FOR JOB SECURITY		2. FEC Identification Number C C30001135
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 107 SOUTH WEST STREET PMB 551	(c) City, State and ZIP Code ALEXANDRIA VA 22314	
(d) Name of Employer or Principal Place of Business		(e) Occupation

3. Is This Statement **New**
or **Amended**

4. Covering Period / /
through / /

5. (a) Date of Public Distribution(s) / / (b) Communication Title Outsource

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. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records
(a) Name
Stephen DeMaura
(b) Address (number and street)
107 South West Street
(c) City, State and ZIP Code
Alexandria VA 22314
(d) Name of Employer or Principal Place of Business
Americans for Job Security
(e) Occupation
President

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement

Under penalty of perjury, I certify that this statement is true, correct and complete.
TYPE OR PRINT NAME OF PERSON COMPLETING FORM Stephen DeMaura
SIGNATURE Electronically Filed by Stephen DeMaura DATE 05/07/2010

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

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media <hr/> Mailing Address of Payee 66 Canal Center Plaza Suite 555 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 5 / 0 6 / 2 0 1 0</td> </tr> </table> <hr/> Amount <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">484213.00</td> </tr> </table> <hr/> Communication Date <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> </table> <hr/> Transaction ID : F93.000001	M M / D D / Y Y Y Y	0 5 / 0 6 / 2 0 1 0	484213.00	M M / D D / Y Y Y Y
City	State	Zip Code											
Alexandria	VA	22314											
Name of Employer	Occupation												
M M / D D / Y Y Y Y													
0 5 / 0 6 / 2 0 1 0													
484213.00													
M M / D D / Y Y Y Y													

Purpose of Disbursement (including title(s) of communication(s))
 Placement Costs: Outsource

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

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

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

B. Full Name (Last, First, Middle Initial) of Payee WWP Strategies <hr/> Mailing Address of Payee 66 Canal Center Plaza Suite 555 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 5 / 0 6 / 2 0 1 0</td> </tr> </table> <hr/> Amount <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">5787.00</td> </tr> </table> <hr/> Communication Date <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> </table> <hr/> Transaction ID : F93.000002	M M / D D / Y Y Y Y	0 5 / 0 6 / 2 0 1 0	5787.00	M M / D D / Y Y Y Y
City	State	Zip Code											
Alexandria	VA	22314											
Name of Employer	Occupation												
M M / D D / Y Y Y Y													
0 5 / 0 6 / 2 0 1 0													
5787.00													
M M / D D / Y Y Y Y													

Purpose of Disbursement (including title(s) of communication(s))
 Production: Outsource

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: AR	Disbursement/Obligation For: 2010
William Halter		<input checked="" type="checkbox"/> Senate	District: _____	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____

F94.000003

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional)	490000.00
TOTAL This Period (last page this line number only)	490000.00
(carry total from last page to line 10)	