

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 <input type="text" value="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														
	<table border="0"> <tr> <td><input type="text" value="10"/></td> <td>/</td> <td><input type="text" value="12"/></td> <td>/</td> <td><input type="text" value="2010"/></td> </tr> <tr> <td colspan="5" style="text-align: center;">through</td> </tr> <tr> <td><input type="text" value="10"/></td> <td>/</td> <td><input type="text" value="22"/></td> <td>/</td> <td><input type="text" value="2010"/></td> </tr> </table>	<input type="text" value="10"/>	/	<input type="text" value="12"/>	/	<input type="text" value="2010"/>	through					<input type="text" value="10"/>	/	<input type="text" value="22"/>	/
<input type="text" value="10"/>	/	<input type="text" value="12"/>	/	<input type="text" value="2010"/>											
through															
<input type="text" value="10"/>	/	<input type="text" value="22"/>	/	<input type="text" value="2010"/>											

5. (a) Date of Public Distribution(s) / / **(b) Communication Title** 47'

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
american action network

(e) Occupation
administrator

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 stephanie fenjiro
 SIGNATURE Electronically Filed by stephanie fenjiro DATE 10/22/2010

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	
american action network		president	

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee wf or media <hr/> Mailing Address of Payee 411 branchway road <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>richmond</td> <td>VA</td> <td>23236</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> <tr> <td>tv ad prod/air time purchase</td> <td></td> </tr> </table>	City	State	Zip Code	richmond	VA	23236	Name of Employer	Occupation	tv ad prod/air time purchase		Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 1 2 / 2 0 1 0</td> </tr> </table> <hr/> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">379000.00</div> <hr/> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> </table> <hr/> Transaction ID : F93.000001	M M / D D / Y Y Y Y	1 0 / 1 2 / 2 0 1 0	M M / D D / Y Y Y Y
City	State	Zip Code												
richmond	VA	23236												
Name of Employer	Occupation													
tv ad prod/air time purchase														
M M / D D / Y Y Y Y														
1 0 / 1 2 / 2 0 1 0														
M M / D D / Y Y Y Y														

Purpose of Disbursement (including title(s) of communication(s))
 47

Name of Federal Candidate chris murphy	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CT	District: 05	Disbursement/Obligation For: 2010
F94.000002					<input type="checkbox"/> Primary <input checked="" 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;">379000.00</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;">379000.00</div>