

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 2 / 2 0 1 0 through M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
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5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0 **(b) Communication Title** hiding

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 .00

10. Total Disbursements/Obligations This Statement 725000.00

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 10/16/2010

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	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	AMERICAN ACTION NETWORK	(e) Occupation PRESIDENT

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee WF OF R MEDIA			Date of Disbursement or Obligation <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
Mailing Address of Payee 411 BRANCHWAY ROAD			Amount <input type="text" value="725000.00"/>
City RICHMOND	State VA	Zip Code 23236	Communication Date <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Name of Employer TV AD PROD/AIR TIME PURCHASE		Occupation	Transaction ID : F93.000001

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

Name of Federal Candidate ED PERLMUTTER F94.000002	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u> District: <u>07</u>	Disbursement/Obligation For: 2010 <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) _____

Empty space for additional disbursement entries.

SUBTOTAL of Disbursement/Obligation This Page (optional)	<input type="text" value="725000.00"/>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<input type="text" value="725000.00"/>