

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

(b) Address (number and street) ☐ 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

2. FEC Identification Number

C C30001135

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

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

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

(b) Communication Title Flexibility

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 A 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

.00

10. Total Disbursements/Obligations This Statement

98040.00

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 10/09/2008

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)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transaction ID : F91.000001	
	Stephen A DeMaura		
	(b) Address (number and street)		
	107 South West Street PMB 551		
	PMB 551		
	(c) City, State and Zip Code		
	Alexandria	VA	22314
	(d) Name of Employer or Principal Place of Business		(e) Occupation
	Americans for Job Security		President

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media	Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 8						
Mailing Address of Payee 66 Canal Center Plaza Suite 555	Amount 96880.00						
<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>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	Communication Date M M / D D / Y Y Y Y
City	State	Zip Code					
Alexandria	VA	22314					
Name of Employer _____ Occupation _____	Transaction ID : F93.000001						
Purpose of Disbursement (including title(s) of communication(s)) Placement Costs: Flexibility							
Name of Federal Candidate Jeanne Shaheen	Office Sought: ☐ House ☒ Senate ☐ President State: NH District: _____						
Disbursement/Obligation For: 2008 ☐ Primary ☒ General ☐ Other (specify) _____							
F94.000002 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) _____							
B. Full Name (Last, First, Middle Initial) of Payee Soundscapes							
Mailing Address of Payee 3422 Old Cantrell Road	Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 8						
City Little Rock	Amount 1160.00						
State AR	Communication Date M M / D D / Y Y Y Y						
Zip Code 72202	Transaction ID : F93.000002						
Name of Employer _____ Occupation _____							
Purpose of Disbursement (including title(s) of communication(s)) Production: Flexibility							
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)							
TOTAL This Period (last page this line number only) (carry total from last page to line 10)							