

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
CITIZENS FOR STRENGTH AND SECURITY ACTION FUND INC. (CSS ACTION FUND)

(b) Address (number and street) check if different than previously reported
300 M STREET SE STE 1102

(c) City, State and ZIP Code
WASHINGTON VA 20003

(d) Name of Employer or Principal Place of Business
N/A

(e) Occupation
N/A

2. FEC Identification Number
C C30001713

3. Is This Statement
 New
 or
 Amended

4. Covering Period
 M M / D D / Y Y Y Y
 1 0 / 1 4 / 2 0 1 0
 through
 M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 1 0

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y
 1 0 / 1 4 / 2 0 1 0 **(b) Communication Title** FAMILIES

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
CARRIE SCHUYLER

(b) Address (number and street)
1000 POTOMAC ST NW

(c) City, State and ZIP Code
WASHINGTON DC 20007

(d) Name of Employer or Principal Place of Business
HILLTOP PUBLIC SOLUTIONS

(e) Occupation
CONSULTANT

9. Total Donations This Statement _____ .00

10. Total Disbursements/Obligations This Statement _____ 114650.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM CARRIE SCHUYLER

SIGNATURE Electronically Filed by CARRIE SCHUYLER DATE 10/15/2010

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	
JESSICA BRADLEY		
(b) Address (number and street)	1000 POTOMAC ST NW STE 500 STE 500	
(c) City, State and Zip Code	WASHINGTON DC	20007
(d) Name of Employer or Principal Place of Business	HILLTOP PUBLIC SOLUTIONS	(e) Occupation CONSULTANT

SCHEDULE 9-B

Disbursement(s) Made or Obligations

<p>A. Full Name (Last, First, Middle Initial) of Payee LUC MEDIA</p> <hr/> <p>Mailing Address of Payee 25 WHITLOCK PLACE STE 201</p> <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>MARIETTA</td> <td>GA</td> <td>30064</td> </tr> </table> <hr/> <p>Name of Employer _____ Occupation _____</p>	City	State	Zip Code	MARIETTA	GA	30064	<p>Date of Disbursement or Obligation <table style="border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: none;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: none;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount <table style="border: none;"> <tr> <td style="border: 1px solid black; width: 100px; height: 20px; text-align: right;">100450.00</td> </tr> </table> </p> <p>Communication Date <table style="border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: none;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: none;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID : F93.000001</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0	100450.00	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
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1	0		1	4		2	0	1	0																																							

Purpose of Disbursement (including title(s) of communication(s))
 MEDIA BUY, FAMILIES

Name of Federal Candidate SCOTT MURPHY	Office Sought:	<input checked="" type="checkbox"/> House	State:	NY	Disbursement/Obligation For: 2010
		<input type="checkbox"/> Senate		District: 20	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify) _____

F94.000002

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) _____

<p>B. Full Name (Last, First, Middle Initial) of Payee ISSUE AND IMAGE, INC.</p> <hr/> <p>Mailing Address of Payee 300 N. LEE STREET</p> <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/> <p>Name of Employer _____ Occupation _____</p>	City	State	Zip Code	ALEXANDRIA	VA	22314	<p>Date of Disbursement or Obligation <table style="border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: none;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: none;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount <table style="border: none;"> <tr> <td style="border: 1px solid black; width: 100px; height: 20px; text-align: right;">14200.00</td> </tr> </table> </p> <p>Communication Date <table style="border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: none;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: none;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID : F93.000002</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0	14200.00	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
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1	0		1	4		2	0	1	0																																							

Purpose of Disbursement (including title(s) of communication(s))
 PRODUCTION EXPENSES, FAMILIES

Name of Federal Candidate SCOTT MURPHY	Office Sought:	<input checked="" type="checkbox"/> House	State:	NY	Disbursement/Obligation For: 2010
		<input type="checkbox"/> Senate		District: 20	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify) _____

F94.000004

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)	114650.00
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	114650.00