

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/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

MM / DD / YYYY
08 / 24 / 2010
through
MM / DD / YYYY
08 / 24 / 2010

5. (a) Date of Public Distribution(s) MM / DD / YYYY 09 / 03 / 2010 (b) Communication Title _____

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. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
DeMaura, Stephen, , ,

(b) Address (number and street)
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
Americans for Job Security President

9. Total Donations This Statement

46518.98

10. Total Disbursements/Obligations This Statement

0.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM DeMaura, Stephen, , ,

SIGNATURE DeMaura, Stephen, , ,

[Electronically Filed] DATE 02/16/2017

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-A
Donation(s) Received

<p>A. Full Name of Donor Center to Protect Patient Rights</p> <hr/> <p>Mailing Address of Donor PO Box 72465</p> <hr/> <p>City State Zip Phoenix AZ 85050</p>	<p>Date of Receipt MM / DD / YYYY 08 / 24 / 2010</p> <p>Amount 46518.98</p> <p>Transaction ID : F92.4098</p>
<p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt MM / DD / YYYY</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt MM / DD / YYYY</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt MM / DD / YYYY</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt MM / DD / YYYY</p> <p>Amount</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>46518.98</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>46518.98</p>