

**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** C00000000

**3. Is This Statement**

New

or

Amended

**4. Covering Period**

M M / D D / Y Y Y Y  
09 / 07 / 2010

through

M M / D D / Y Y Y Y  
09 / 08 / 2010

**5. (a) Date of Public Distribution(s)** M M / D D / Y Y Y Y

09 / 07 / 2010

**(b) Communication Title** Instrumental

**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 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**

54572.00

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 09/07/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

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**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

**11. Person(s) Sharing/Exercising Control**

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

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**SCHEDULE 9-B**  
**Disbursement(s) Made or Obligations**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Crossroads Media LLC					<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 09 / 07 / 2010					
Mailing Address of Payee 66 Canal Center Plaza Suite 555					Amount 40000.00					
City Alexandria		State VA		Zip Code 22314		Communication Date M M / D D / Y Y Y Y				
Name of Employer _____					Occupation _____					
Transaction ID : F93.000001										
Purpose of Disbursement (including title(s) of communication(s)) Placement Costs: Instrumental										
Name of Federal Candidate Harry Teague			Office Sought: <input checked="" type="checkbox"/> House Senate President		State: NM District: 02		Disbursement/Obligation For: 2010 Primary <input checked="" type="checkbox"/> 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>B. Full Name (Last, First, Middle Initial) of Payee</b> Upgrade Films					<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 09 / 07 / 2010					
Mailing Address of Payee 3299 K Street NW Suite 200					Amount 14572.00					
City Washington		State DC		Zip Code 20007		Communication Date M M / D D / Y Y Y Y				
Name of Employer _____					Occupation _____					
Transaction ID : F93.000002										
Purpose of Disbursement (including title(s) of communication(s)) Production: Instrumental										
Name of Federal Candidate Harry Teague			Office Sought: <input checked="" type="checkbox"/> House Senate President		State: NM District: 02		Disbursement/Obligation For: 2010 Primary <input checked="" type="checkbox"/> General			Other (specify) _____
F94.000004										
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>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....					54572.00					
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)					54572.00					

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *Web form #499* Date of Receipt or Postmarked  
*9/7/10*

*Jm 10*

PREPARER

*9/7/10*

DATE PREPARED

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