

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

|   |   |  |
|---|---|--|
| 1. (a) Name of Individual, Organization or Corporation<br>AMERICANS FOR JOB SECURITY  |   | 3. FEC Identification Number<br><b>C</b> C90011669 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>107 SOUTH WEST STREET PMB 551 |   |  |
| (c) City, State and ZIP Code<br>ALEXANDRIA VA 22314   |   |  |
| 2. <b>Corporate filers only</b>   | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>Individual filers only</b>   | Name of Employer Occupation   |  |

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  24-Hour Notice  48-Hour Notice
- July 15 Quarterly Report
- October Quarterly Report
- January 31 Year-End Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

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|   |   |
|---|---|
| D | D |
| 2 | 9 |

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|   |   |   |   |
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| Y | Y | Y | Y |
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THROUGH

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| 2 | 9 |

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|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

6. TOTAL CONTRIBUTIONS ..... 

|     |
|-----|
| .00 |
|-----|

7. TOTAL INDEPENDENT EXPENDITURES..... 

|          |
|----------|
| 11600.00 |
|----------|

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

|   |                  |             |
|---|------------------|-------------|
| <b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b> | <b>SIGNATURE</b> | <b>DATE</b> |
| Stephen DeMaura                                     | _____            | 10/29/2010  |

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

For further information, contact:  
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

AMERICANS FOR JOB SECURITY

Full Name (Last, First, Middle Initial) of Payee  
McCarthy Marcus Hennings, LTD

Date

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

Mailing Address  
1850 M St. NW  
Suite 235

Amount

1600.00

City State Zip Code  
Washington DC 20036

Purpose of Expenditure  
Radio Ad Production: Author

Category/  
Type

Office Sought:  House State: VA  
House  Senate District: 09  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Rick Boucher

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 32636.08

Disbursement For:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Mentzer Media

Date

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

Mailing Address  
600 Fairmount Ave.  
Suite 306

Amount

10000.00

City State Zip Code  
Towson MD 21286

Purpose of Expenditure  
Radio Ad Placement: Author

Category/  
Type

Office Sought:  House State: VA  
House  Senate District: 09  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Rick Boucher

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 432159.00

Disbursement For:  Primary  General  
2010  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

11600.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

11600.00