

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name **American Energy Alliance**

(b) Address (number and street)  check if different than previously reported  
1100 H Street NW  
Suite 400

(c) City, State and ZIP Code  
Washington DC 20005

(d) Name of Employer or Principal Place of Business (e) Occupation

### 2. FEC Identification Number

C C30001176

### 3. Is This Statement

**New**  
or  
 **Amended**

### 4. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2012  
through  
M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2012

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

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2012

### (b) Communication Title

Stand With Coal

### 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  
Thomas Pyle

(b) Address (number and street)  
1100 H Street NW  
Suite 400

(c) City, State and ZIP Code  
Washington DC 20005

(d) Name of Employer or Principal Place of Business (e) Occupation  
American Energy Alliance President

### 9. Total Donations This Statement

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ .00

### 10. Total Disbursements/Obligations This Statement

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 575700.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Thomas Pyle

SIGNATURE Thomas Pyle

[Electronically Filed] DATE 10/17/2012

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**

<b>A.</b>		<b>Transaction ID : F91.000001</b>	
(a) Name	Thomas Pyle		
(b) Address (number and street)	1100 H Street NW Suite 400		
(c) City, State and ZIP Code	Washington	DC	20005
(d) Name of Employer or Principal Place of Business	American Energy Alliance	(e) Occupation	President
<b>B.</b>		<b>Transaction ID : F91.000002</b>	
(a) Name	Wayne Galsle		
(b) Address (number and street)	1100 H Street NW Suite 400		
(c) City, State and ZIP Code	Washington	DC	20005
(d) Name of Employer or Principal Place of Business	American Energy Alliance	(e) Occupation	Self-Employed
<b>C.</b>		<b>Transaction ID : F91.000003</b>	
(a) Name	Jim Clarkson		
(b) Address (number and street)	1100 H Street NW Suite 400		
(c) City, State and ZIP Code	Washington	DC	20005
(d) Name of Employer or Principal Place of Business	American Energy Alliance	(e) Occupation	Self-Employed
<b>D.</b>		<b>Transaction ID : F91.000004</b>	
(a) Name	John Peterson		
(b) Address (number and street)	1100 H Street NW Suite 400		
(c) City, State and ZIP Code	Washington	DC	20005
(d) Name of Employer or Principal Place of Business	American Energy Alliance	(e) Occupation	Retired Member of Congress
<b>E.</b>		<b>Transaction ID : F91.000005</b>	
(a) Name	Scott Beaulier		
(b) Address (number and street)	1100 H Street NW Suite 400		
(c) City, State and ZIP Code	Washington	DC	20005
(d) Name of Employer or Principal Place of Business	American Energy Alliance	(e) Occupation	Professor

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Revolution Media Group</b>			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 11 / 2012		
Mailing Address of Payee 1020 Princess Street			Amount 500700.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y 10 / 17 / 2012		
Alexandria	VA	22314			
Name of Employer		Occupation			
Revolution Media Group					
Purpose of Disbursement (Including title(s) of communication(s)) Radio Ad Buy - Stand With Coal			<b>Transaction ID : F93.000001</b>		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For: 2012	
Barack Obama		<input type="checkbox"/>	DC	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
		<input type="checkbox"/>		<input type="checkbox"/> Other (specify) ▶	
		<input checked="" type="checkbox"/>			
<b>Transaction ID : F94.000002</b> Name of Federal Candidate			Office Sought:	House	State: _____
				<input type="checkbox"/>	Senate
				<input type="checkbox"/>	President
			District: _____	Disbursement/Obligation For:	
				<input type="checkbox"/> Primary <input type="checkbox"/> General	
				<input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate			Office Sought:	House	State: _____
				<input type="checkbox"/>	Senate
				<input type="checkbox"/>	President
			District: _____	Disbursement/Obligation For:	
				<input type="checkbox"/> Primary <input type="checkbox"/> General	
				<input type="checkbox"/> Other (specify) ▶	

  

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>Angler LLC</b>			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2012		
Mailing Address of Payee 1100 G Street NW Suite 805			Amount 75000.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y 10 / 17 / 2012		
Washington	DC	20005			
Name of Employer		Occupation			
Angler LLC					
Purpose of Disbursement (Including title(s) of communication(s)) Online Ad Buy - Stand With Coal			<b>Transaction ID : F93.000002</b>		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For: 2012	
Barack Obama		<input type="checkbox"/>	DC	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
		<input type="checkbox"/>		<input type="checkbox"/> Other (specify) ▶	
		<input checked="" type="checkbox"/>			
<b>Transaction ID : F94.000004</b> Name of Federal Candidate			Office Sought:	House	State: _____
				<input type="checkbox"/>	Senate
				<input type="checkbox"/>	President
			District: _____	Disbursement/Obligation For:	
				<input type="checkbox"/> Primary <input type="checkbox"/> General	
				<input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate			Office Sought:	House	State: _____
				<input type="checkbox"/>	Senate
				<input type="checkbox"/>	President
			District: _____	Disbursement/Obligation For:	
				<input type="checkbox"/> Primary <input type="checkbox"/> General	
				<input type="checkbox"/> Other (specify) ▶	

  

<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶		575700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)		575700.00