

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

AMERICAN ACTION NETWORK

(b) Address (number and street) ☐ check if different than previously reported

1401 NEW YORK AVENUE NW STE 1200

(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 C30001648

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

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

through

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

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

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0(b) Communication Title naked walz

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: corporation

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

stephanie fenjiro

(b) Address (number and street)

1401 NEW YORK AVENUE NW STE 1200

(c) City, State and ZIP Code

washington

DC

20005

(d) Name of Employer or Principal Place of Business

american action network

(e) Occupation

administrator

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

99975.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

stephanie fenjiroSIGNATURE Electronically Filed by stephanie fenjiroDATE 10/28/2010

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)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transaction ID : F91.000001	
	rob collins		
	(b) Address (number and street)		
	1401 NEW YORK AVENUE NW STE 1200		
	(c) City, State and Zip Code		
	washington	DC	20005
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	american action network	president	

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

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A. Full Name (Last, First, Middle Initial) of Payee wf of r media				Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0			
Mailing Address of Payee 411 branchway road				Amount 99975.00			
City richmond		State VA		Zip Code 23236		Communication Date M M / D D / Y Y Y Y	
Name of Employer tv ad prod/air time purch		Occupation		Transaction ID : F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) naked walz							
Name of Federal Candidate tim walz		Office Sought: ☒ House ☐ Senate ☐ President		State: MN District: 01		Disbursement/Obligation For: 2010 ☐ Primary ☒ General ☐ Other (specify) _____	
F94.000002		Name of Federal Candidate		Office Sought: ☐ House ☐ Senate ☐ President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: ☐ House ☐ Senate ☐ President		State: _____ District: _____		Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) _____	

SUBTOTAL of Disbursement/Obligation This Page (optional)	99975.00
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	99975.00