

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 ENERGY ALLIANCE		2. FEC Identification Number C C30001176
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 655 15th Street NW Suite 825		
(c) City, State and ZIP Code WASHINGTON DC 20005		
(d) Name of Employer or Principal Place of Business		(e) Occupation

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period					
	<table border="0"> <tr> <td>M M / D D / Y Y Y Y</td> <td>through</td> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>1 0 / 2 0 / 2 0 0 8</td> <td></td> <td>1 0 / 3 0 / 2 0 0 8</td> </tr> </table>	M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y	1 0 / 2 0 / 2 0 0 8	
M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y				
1 0 / 2 0 / 2 0 0 8		1 0 / 3 0 / 2 0 0 8				

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y **(b) Communication Title** Keep Fighting

1 0 / 3 0 / 2 0 0 8

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
Thomas Pyle

(b) Address (number and street)
655 15th Street NW

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

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

(e) Occupation
President

9. Total Donations This Statement _____ .00

10. Total Disbursements/Obligations This Statement _____ 54139.60

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 Electronically Filed by Thomas Pyle DATE 10/28/2008

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

A.	(a) Name Thomas Pyle	Transaction ID : F91.000001	
	(b) Address (number and street) 655 15th Street NW Suite 825 Suite 825		
	(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.	(a) Name Wayne Gable	Transaction ID : F91.000002	
	(b) Address (number and street) 655 15th Street NW Suite 825 Suite 825		
	(c) City, State and Zip Code Washington DC 20005		
	(d) Name of Employer or Principal Place of Business Gable Consulting	(e) Occupation President	
C.	(a) Name Lisa Wallace	Transaction ID : F91.000003	
	(b) Address (number and street) 655 15th Street NW Suite 825 Suite 825		
	(c) City, State and Zip Code Washington DC 20005		
	(d) Name of Employer or Principal Place of Business American Energy Alliance	(e) Occupation Chief Financial Officer	
D.	(a) Name Brian Kennedy	Transaction ID : F91.000004	
	(b) Address (number and street) 655 15th Street NW Suite 825 Suite 825		
	(c) City, State and Zip Code Washington DC 20005		
	(d) Name of Employer or Principal Place of Business FD Dittus Communications	(e) Occupation VP/Managing Director	

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Revolution Media Group <hr/> Mailing Address of Payee 1090 Vermont Avenue NW Suite 230 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20005</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table>	City	State	Zip Code	Washington	DC	20005	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 2 0 / 2 0 0 8</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">3797.20</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 3 0 / 2 0 0 8</td> </tr> </table> Transaction ID : F93.000001	M M / D D / Y Y Y Y	1 0 / 2 0 / 2 0 0 8	3797.20	M M / D D / Y Y Y Y	1 0 / 3 0 / 2 0 0 8
City	State	Zip Code												
Washington	DC	20005												
Name of Employer	Occupation													
M M / D D / Y Y Y Y														
1 0 / 2 0 / 2 0 0 8														
3797.20														
M M / D D / Y Y Y Y														
1 0 / 3 0 / 2 0 0 8														

Purpose of Disbursement (including title(s) of communication(s))
 Radio Production Costs - Keep Fighting

Name of Federal Candidate Thad Cochran	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MS	District: _____	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000002					
Name of Federal Candidate Roger Wicker	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MS	District: _____	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000003					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

B. Full Name (Last, First, Middle Initial) of Payee CrossRoads Media LLC <hr/> Mailing Address of Payee 66 Canal Center Plaza Suite 555 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 2 7 / 2 0 0 8</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">50342.40</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 3 0 / 2 0 0 8</td> </tr> </table> Transaction ID : F93.000002	M M / D D / Y Y Y Y	1 0 / 2 7 / 2 0 0 8	50342.40	M M / D D / Y Y Y Y	1 0 / 3 0 / 2 0 0 8
City	State	Zip Code												
Alexandria	VA	22314												
Name of Employer	Occupation													
M M / D D / Y Y Y Y														
1 0 / 2 7 / 2 0 0 8														
50342.40														
M M / D D / Y Y Y Y														
1 0 / 3 0 / 2 0 0 8														

Purpose of Disbursement (including title(s) of communication(s))
 Radio Ad Media Buy - Keep Fighting

Name of Federal Candidate Thad Cochran	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MS	District: _____	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000005					
Name of Federal Candidate Roger Wicker	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MS	District: _____	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000006					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

SUBTOTAL of Disbursement/Obligation This Page (optional)	54139.60
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	54139.60