FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

Amended O	1 Individual Organization or Qualified No.	pprofit Corporation Making the Dishu	rsement/Ohligations			
Americans for Job Security (b) Address (number and street)	_	ipionit ooi poration making the bissu				
(b) Address (number and street)	• •					
107 South West Street PMB 551 (e) City, State and ZIP Code Alexandria (d) Name of Employer or Principal Place of Business New A. Covering Period Amended Amended		rent than previously reported	2. FEC Identification Number			
Alexandria VA 22314 (d) Name of Employer or Principal Place of Business (e) Occupation New						
3. Is This Statement		VA 22314	C C00000000			
3. Is This Statement or A. Covering Period through Open 10 10 10 10 10 10 10 10 10 10 10 10 10	(d) Name of Employer or Principal Place of Business	(e) Occupation	n			
3. Is This Statement or A. Covering Period through Og ' 0g '	New	M M O 9	′ D D ′ Y Y Y Y Y Y Y			
Amended 0 9 1 0 2008	3 le Thie Statement	4. Covering Period				
6. The filer is a(n): (a)	Amended	MO 9	′ [°] 10 ′ [°] 2008 [°]			
(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? 8. Custodian of Records (a) Name Stephen A 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 President 9. Total Donations This Statement 10. Total Disbursements/Obligations This Statement	5. (a) Date of Public Distribution(s) $^{M}_{O}$ $^{M}_{O}$	$^{\prime}$ $^{\circ}$ $^{\circ}$ $^{\circ}$ $^{\circ}$ $^{\circ}$ $^{\circ}$ $^{\circ}$ $^{\circ}$ (b) Commun	ication Title Get Serious			
(e) Other, specify: 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? 8. Custodian of Records (a) Name Stephen A 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 (e) Occupation Americans for Job Security President 9. Total Donations This Statement	6. The filer is a(n): (a) Individual (b)	Unincorporated Organization (c) Quali	ified Nonprofit Corporation (11 CFR 114.10)			
7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? 8. Custodian of Records (a) Name Stephen A 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 (e) Occupation Americans for Job Security President 9. Total Donations This Statement 111702.33	(d) X Corporation, Labor Organization or Qualif	ied Nonprofit Corporation making communications	under 11 CFR 114.15			
from donations to a segregated bank account? 8. Custodian of Records (a) Name Stephen A DeMaura (b) Address (number and street) 107 South West Street (c) City, State and ZIP Code Alexandria (d) Name of Employer or Principal Place of Business (e) Occupation Americans for Job Security President 9. Total Donations This Statement 10.Total Disbursements/Obligations This Statement 111702.33	(e) Other, specify:					
(a) Name Stephen A DeMaura (b) Address (number and street) 107 South West Street (c) City, State and ZIP Code Alexandria (d) Name of Employer or Principal Place of Business Americans for Job Security President 9. Total Donations This Statement 10.Total Disbursements/Obligations This Statement 111702.33			vely Yes No			
Stephen A 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 (e) Occupation Americans for Job Security President 9. Total Donations This Statement .00	8. Custodian of Records					
(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 (e) Occupation Americans for Job Security President 9. Total Donations This Statement .00	• •					
(c) City, State and ZIP Code Alexandria VA 22314 (d) Name of Employer or Principal Place of Business Americans for Job Security President 9. Total Donations This Statement .00 10.Total Disbursements/Obligations This Statement 111702.33						
Alexandria VA 22314 (d) Name of Employer or Principal Place of Business (e) Occupation Americans for Job Security President 9. Total Donations This Statement .00 10.Total Disbursements/Obligations This Statement 111702.33						
(d) Name of Employer or Principal Place of Business Americans for Job Security President 9. Total Donations This Statement 00 10.Total Disbursements/Obligations This Statement 111702.33	(c) City, State and ZIP Code					
Americans for Job Security President 9. Total Donations This Statement .00 10.Total Disbursements/Obligations This Statement 111702.33		· · · · · · · · · · · · · · · · · · ·				
9. Total Donations This Statement	(d) Name of Employer or Principal Place of Business	(e) Occupation	on			
10.Total Disbursements/Obligations This Statement 111702.33	Americans for Job Security	President				
	9. Total Donations This Statement		.00			
Under penalty of perjury, I certify that this statement is true, correct and complete.	10.Total Disbursements/Obligations This \$	Statement	111702.33			
	Under penalty of perjury, I certify that this statement is	•				
TYPE OR PRINT NAME OF PERSON COMPLETING FORM Stephen A DeMaura	TYPE OR PRINT NAME OF PERSON COMPLETING	Stephen A DeMaura				
SIGNATURE Electronically Filed by Stephen A DeMaura DATE 09/10/2008	SIGNATURE Electronically Filed by Stephen	A DeMaura DATE	/10/2008			

	List of Person(s) Sharing/Exercising Control (use additional pages as necessary)				PAGE 2/3
11.	Pers	con(s) Sharing/Exercising Control			
	A.	(a) Name Stephen A DeMaura	Transction ID: F91.000001		
		(b) Address (number and street) 107 South West Street PMB 551 PMB 551			
		(c) City, State and Zip Code			
		Alexandria	VA	22314	
		(d) Name of Employer or Principal Place of Business	(e) Occupation		
		Americans for Job Security		President	

SCHEDULE 9-B Disbursement(s) Made or Obligations

PAGE 3/3

Full Name (Last, First, Middle Initial) of Payee		Date of Disbursement or Obligation				
Crossroads Media			M M / D D / Y Y Y			
Mailing Address of Payee		09 05 2008				
66 Canal Center Plaza Suite 555		Amount				
City	State	Zip Cod	e	110002.33		
Alexandria	VA	22314		Communication Date		
Name of Employer		Occupation		M M / D D / Y Y Y		
• -				T-anastian ID		
Purpose of Disbursement (including	title(s) of communication	n(s)\		Transction ID: F93.000001		
Placement Costs: Get Serious	ans(c) or co mmence	(-//				
	Office County			Dishuman and Other and a Francisco		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For: Primary General		
		Senate	District:	r many ======		
	0.5	President	_	Other (specify)		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:		
		Senate	District:	Primary General		
		President		Other (specify)		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:		
	•	Senate	District:	Primary General		
		President	District.	Other (specify)		
Full Name (Last, First, Middle Initial)	of Payee			Date of Disbursement or Obligation		
Soundscapes	•			M M / D D / Y Y Y		
Mailing Address of Payee		10.00 L	-	<u> </u>		
3422 Old Cantrell Rd				Amount		
City State Zip Code		1700.00				
Little Rock	AR	72202		Communication Date		
Name of Employer		Occupation		M M / D D / Y Y Y		
D. man of Dishumament (including title/a) of agreemunication/a))				Transction ID: F93.000002		
Purpose of Disbursement (including title(s) of communication(s))						
Production						
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:		
		Senate	District:	Primary General		
		President		Other (specify)		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:		
		Senate	District:	Primary General		
		President		Other (specify)		
			se _{Stote} .	Disbursement/Obligation For:		
Name of Federal Candidate	Office Sought:	House	State:			
Name of Federal Candidate	Office Sought:	House Senate	State:	Primary General		
Name of Federal Candidate	Office Sought:	_	State: District:			
Name of Federal Candidate	Office Sought:	Senate		Primary General Other (specify)		
Name of Federal Candidate	Office Sought:	Senate		·,		
		Senate President	District:	·,		
Name of Federal Candidate SUBTOTAL of Disbursement/Obligation		Senate President	District:	Other (specify)		

PREPARER

(3/2005)

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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Webson #256 Date of Receipt or Postmarked Other (Specify):

DATE PREPARED