

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 AMERICANS FOR JOB SECURITY		2. FEC Identification Number C C30001135
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 107 SOUTH WEST STREET PMB 551	(c) City, State and ZIP Code ALEXANDRIA VA 22314	
(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 / 1 5 / 2 0 0 8</td> <td></td> <td>1 0 / 1 5 / 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 / 1 5 / 2 0 0 8	
M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y				
1 0 / 1 5 / 2 0 0 8		1 0 / 1 5 / 2 0 0 8				

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y **(b) Communication Title** High Taxes Hurt

1 0 / 1 5 / 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
Stephen 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

(e) Occupation
President

9. Total Donations This Statement _____ .00

10. Total Disbursements/Obligations This Statement _____ 110558.04

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Stephen DeMaura

SIGNATURE Electronically Filed by Stephen DeMaura DATE 10/15/2008

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	Transaction ID : F91.000001	
Stephen DeMaura		
(b) Address (number and street)	107 South West Street PMB 551	
PMB 551		
(c) City, State and Zip Code	VA	22314
Alexandria		
(d) Name of Employer or Principal Place of Business	(e) Occupation	
Americans for Job Security	President	

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media			Date of Disbursement or Obligation <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>		
Mailing Address of Payee 66 Canal Center Plaza Suite 555			Amount <input type="text" value="110558.04"/>		
City Alexandria	State VA	Zip Code 22314	Communication Date <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
Name of Employer		Occupation		Transaction ID : F93.000001	

Purpose of Disbursement (including title(s) of communication(s))
 Placement Costs: High Taxes Hurt

Name of Federal Candidate Al Franken F94.000002	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District:	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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) _____
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)	<input type="text" value="110558.04"/>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<input type="text" value="110558.04"/>