

# 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		<b>2. FEC Identification Number</b> <b>C</b> 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  **New**  
or  **Amended**

4. Covering Period  
 M M / D D / Y Y Y Y  
 0 6 / 2 4 / 2 0 1 0  
 through  
 M M / D D / Y Y Y Y  
 0 6 / 2 5 / 2 0 1 0

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Back to Work  
 0 6 / 2 4 / 2 0 1 0

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

10. Total Disbursements/Obligations This Statement

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 06/25/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<p><b>A.</b> Full Name (Last, First, Middle Initial) of Payee Crossroads Media</p> <hr/> <p>Mailing Address of Payee 66 Canal Center Plaza Suite 555</p> <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>Occupation</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	<p>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;">0 6 / 2 4 / 2 0 1 0</td> </tr> </table> </p> <p>Amount  <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">135300.00</td> </tr> </table> </p> <p>Communication Date  <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> </table> </p> <p><b>Transaction ID :</b> F93.000001</p>	M M / D D / Y Y Y Y	0 6 / 2 4 / 2 0 1 0	135300.00	M M / D D / Y Y Y Y												
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<p><b>B.</b> Full Name (Last, First, Middle Initial) of Payee The Strategy Group for Media</p> <hr/> <p>Mailing Address of Payee 3944 North Hampton Drive</p> <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>Powell</td> <td>OH</td> <td>43065</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td>Occupation</td> </tr> </table>	City	State	Zip Code	Powell	OH	43065	Name of Employer	Occupation	<p>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;">0 6 / 2 4 / 2 0 1 0</td> </tr> </table> </p> <p>Amount  <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">8000.00</td> </tr> </table> </p> <p>Communication Date  <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> </table> </p> <p><b>Transaction ID :</b> F93.000002</p>	M M / D D / Y Y Y Y	0 6 / 2 4 / 2 0 1 0	8000.00	M M / D D / Y Y Y Y												
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