

# 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

<b>3. Is This Statement</b> <input checked="" type="checkbox"/> <b>New</b> or <input type="checkbox"/> <b>Amended</b>	<b>4. Covering Period</b>					
	<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>0 9 / 0 3 / 2 0 1 0</td> <td></td> <td>0 9 / 0 4 / 2 0 1 0</td> </tr> </table>	M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y	0 9 / 0 3 / 2 0 1 0	
M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y				
0 9 / 0 3 / 2 0 1 0		0 9 / 0 4 / 2 0 1 0				

**5. (a) Date of Public Distribution(s)**  0 9 /  0 3 /  2 0 1 0 **(b) Communication Title** Pennsylvania Jobs

**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 09/03/2010

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)

## 11. Person(s) Sharing/Exercising Control

<b>A.</b> (a) Name	<b>Transaction ID :</b> F91.000001		
Stephen DeMaura			
(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	Americans for Job Security		(e) Occupation
			President

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

**A.** Full Name (Last, First, Middle Initial) of Payee  
 Crossroads Media LLC

Mailing Address of Payee  
 66 Canal Center Plaza Suite 555

City State Zip Code  
 Alexandria VA 22314

Name of Employer Occupation

Date of Disbursement or Obligation  
 M M / D D / Y Y Y Y  
 09 / 03 / 2010

Amount  
 72100.00

Communication Date  
 M M / D D / Y Y Y Y

Transaction ID : F93.000001

Purpose of Disbursement (including title(s) of communication(s))

Placement Costs: Pennsylvania Jobs

Name of Federal Candidate Office Sought:  House State: PA Disbursement/Obligation For: 2010  
 Pat Toomey  Senate District:  Primary  General  
 F94.000002  President

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)

**SUBTOTAL** of Disbursement/Obligation This Page (optional) .....

72100.00

**TOTAL** This Period (last page this line number only) .....  
(carry total from last page to line 10)

72100.00