

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 ACTION NETWORK

(b) Address (number and street) check if different than previously reported
1401 NEW YORK AVENUE NW STE 1200

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

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number

C C30001648

3. Is This Statement **New** or **Amended**

4. Covering Period / / through / /

5. (a) Date of Public Distribution(s) / / (b) Communication Title extreme

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: corporation

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
stephanie fenjiro

(b) Address (number and street)
1401 new york ave, nw ste 1200

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

(d) Name of Employer or Principal Place of Business
american action network (e) Occupation _____

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 stephanie fenjiro

SIGNATURE Electronically Filed by stephanie fenjiro DATE 10/20/2010

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

A. (a) Name		Transaction ID : F91.000001	
rob collins			
(b) Address (number and street)			
1401 new york ave, nw ste 1200			
(c) City, State and Zip Code			
washington		DC	20005
(d) Name of Employer or Principal Place of Business		(e) Occupation	
american action network		president	

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee wf of r media	Date of Disbursement or Obligation <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0						
M	M	/	D	D	/	Y	Y	Y	Y																		
1	0		1	2		2	0	1	0																		
Mailing Address of Payee 411 branchway road	Amount <table border="1" style="width:100%; text-align: center;"> <tr> <td>875000.00</td> </tr> </table>	875000.00																									
875000.00																											
<table style="width:100%;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>richmond</td> <td>VA</td> <td>23236</td> </tr> </table>	City	State	Zip Code	richmond	VA	23236	Communication Date <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y										
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Name of Employer	Occupation																										
tv ad prod and air time purcha																											

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

Name of Federal Candidate ann mclane kuster	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NH	District: 02	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000002					
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)	<table border="1" style="width:100%;"> <tr> <td style="text-align: center;">875000.00</td> </tr> </table>	875000.00
875000.00		
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<table border="1" style="width:100%;"> <tr> <td style="text-align: center;">875000.00</td> </tr> </table>	875000.00
875000.00		