Image# 10931275619 09%/46#20% 16:14

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

| (a) Name of Individual, Organization or Corporation | |
|--|-----------------------------------|
| | |
| AMERICANS FOR JOB SECURITY | |
| (b) Address (number and street) | |
| 107 SOUTH WEST STREET PMB 551 | |
| (c) City, State and ZIP Code | |
| ALEXANDRIA VA 22314 | FEC Identification Number |
| 2. Corporate filers only | C C90011669 |
| Is the filer a qualified nonprofit corporation? | |
| Individual filers only Name of Employer | Decupation |
| | · |
| | |
| 4. TYPE OF REPORT (check appropriate boxes): | |
| (a) April 15 Quarterly Report 24-Hour Notice 🛛 48-Hour I | Notice |
| ☐ July 15 Quarterly Report | |
| October Quarterly Report | |
| ☐ January 31 Year-End Report | |
| Sandary of roal End Hoport | |
| | |
| (b) Is this Report an amendment? Yes \(\square\) No \(\textbf{X} \) | |
| 5. COVERING PERIOD: FROM 09 / DD 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| THROUGH | |
| $\begin{bmatrix} M & M & M \\ O & 9 \end{bmatrix} / \begin{bmatrix} D & D \\ 1 & 5 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$ | |
| | |
| | 22 |
| 6. TOTAL CONTRIBUTIONS | .00 |
| | |
| 7. TOTAL INDEPENDENT EXPENDITURES | 772237.25 |
| | |
| Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or i request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation | the independent expenditures |
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE | DATE |
| | |
| Stephen DeMaura | 09/16/2010 |
| NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to | to the penalties of 2 U.S.C. 437a |
| | 10 1.0 portained of 2 0.0.0 40/g. |

For further information, contact

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

| PAGE 2/3 |
|----------|
|----------|

FOR LINE 7 FOR FORM 5

| NAME OF FILER (In Full) | | | | |
|---|----------------|-------------------|-----|---|
| AMERICANS FOR JOB SECURITY | | | | |
| Full Name (Last, First, Middle Initial) of Payee McCarthy Marcus Hennings, LTD | | | | Date |
| Mailing Address 1850 M St. NW | | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Suite 235 City Washington | State DC | Zip Code 20036 | | 15565.10 |
| Purpose of Expenditure TV Media Production | | Category/ Type | | Office Sought: X House State: NC House Senate |
| Name of Federal Candidate Supported or Opposed b Bob Etheridge | y Expenditure: | : | | President District: 02 Check One: Support X Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | 15565. | .10 | Disbursement For: 2010 Other (specify) Primary X General |
| Full Name (Last, First, Middle Initial) of Payee Mentzer Media Mailing Address | | | | Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 600 Fairmount Ave. Suite 306 | State | Zip Code | | Amount 325301.00 |
| City Towson | MD | 21286 | | |
| Purpose of Expenditure TV Media Placement | | Category/ Type | | Office Sought: X House State: NC House Senate District: 02 |
| Name of Federal Candidate Supported or Opposed b Bob Etheridge | y Expenditure: | | | President Check One: Support X Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | 325301. | .00 | Disbursement For: 2010 Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee McCarthy Marcus Hennings, LTD | | | | Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1850 M St. NW Suite 235 | | | | Amount |
| City Washington | State DC | Zip Code 20036 | | 15212.15 |
| Purpose of Expenditure TV Media Production | | Category/ Type | | Office Sought: X House State: VA House Senate District: 09 |
| Name of Federal Candidate Supported or Opposed back Boucher | y Expenditure: | | | President Check One: Support X Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | 15212. | .15 | Disbursement For: 2010 Other (specify) Primary X General |
| (a) SUBTOTAL of Itemized Independent Expenditure | es | | | 356078.25 |
| (b) SUBTOTALof Unitemized Independent Expenditu | ures | | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line | | | | |

Image# 10931275621 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE **3**/**3**

| ME OF FILER (In Full) | 3 | | FOR LINE 7 FOR FORM 5 |
|---|-----------------|-------------------|-------------------------------------|
| MERICANS FOR JOB SECURITY | | | |
| WIERICANS FOR JOB SECORITY | | | |
| | | | |
| Full Name (Last, First, Middle Initial) of Payee | | | Date |
| Mentzer Media | | | M M / D D / Y Y Y Y Y 1 1 5 2 0 1 0 |
| Mailing Address | | | |
| 600 Fairmount Ave. | | | Amount |
| Suite 306 City | State | Zip Code | 416159.00 |
| Towson | MD | 21286 | |
| Purpose of Expenditure | | <u> </u> | Office Sought: Y House Control VA |
| TV Media Placement | | Category/ Type | State: 471 |
| | | | House Senate District: 09 |
| Name of Federal Candidate Supported or Opposed | by Expenditure: | : | President |
| Rick Boucher | | | Check One: Support X Oppose |
| | | | Disbursement For: Primary X General |
| Calendar Year-To-Date Per Election for Office Sought | | 416159.00 | 2010 Other (specify) |
| Tor Office Sought | | | Other (specify) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | A16150.00 |
| a) SUBTOTAL of Itemized Independent Expenditu | res | | 416159.00 |
| a) SUBTOTAL of Itemized Independent Expenditu | res | | 416159.00 |
| | | | |
| | | | |
| a) SUBTOTAL of Itemized Independent Expenditur b) SUBTOTAL of Unitemized Independent Expend c) TOTAL Independent Expenditures | itures | | |

(carry total from last page forward to Line 7)