

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		2. FEC Identification Number C C30001648
(b) Address (number and street) <input type="checkbox"/> 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

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 2 / 2 0 1 0</td> <td></td> <td>1 0 / 1 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	1 0 / 1 2 / 2 0 1 0	
M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y				
1 0 / 1 2 / 2 0 1 0		1 0 / 1 4 / 2 0 1 0				

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y **(b) Communication Title** READ THIS

1 0 / 1 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: 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 AVENUE 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
ADMINISTRATOR

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 10/15/2010

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	Transction ID : F91.000001	
ROB COLLINS		
(b) Address (number and street)	1401 NEW YORK AVENUE NW STE 1200	
(c) City, State and Zip Code	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

Mailing Address of Payee
411 BRANCHWAY ROAD

City	State	Zip Code
RICHMOND	VA	23236

Name of Employer	Occupation
TV AD PROD/AIR TIME PURCHASE	

Date of Disbursement or Obligation

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	1	0

Amount

505000.00

Communication Date

M	M	/	D	D	/	Y	Y	Y	Y
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Transaction ID : F93.000001

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

READ THIS

Name of Federal Candidate CHARLIE WILSON	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH	District: 06	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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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) _____
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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) _____
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SUBTOTAL of Disbursement/Obligation This Page (optional)

505000.00

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

505000.00
