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) Address (number and street)   ☐ check if different than previously reported
107 SOUTH WEST STREET PMB 551

2. FEC Identification Number

C C30001135

(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
1 1 / 1 8 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

5. (a) Date of Public Distribution(s)   M M 1 1 / D D 1 8 / Y Y Y Y 2 0 0 8   **(b) Communication Title** Armored

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   (e) Occupation
Americans for Job Security   President

9. Total Donations This Statement   .00

10. Total Disbursements/Obligations This Statement   664442.12

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM   Stephen A DeMaura

SIGNATURE Electronically Filed by   Stephen A DeMaura   DATE 11/19/2008

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

FE3AN038.PDF   FEC FORM 9 (REV. 12/2007)

11. Person(s) Sharing/Exercising Control

A. (a) Name	**Transction ID :** 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	(e) Occupation
Americans for Job Security	President

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee

Crossroads Media

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 1 1 / D D 1 8 / Y Y Y Y 2 0 0 8

Amount

657020.00

Communication Date

M M / D D / Y Y Y Y

Transction ID :   F93.000001

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

Placement Costs: Armored

Name of Federal Candidate	Office Sought:		State:	GA	Disbursement/Obligation For: 2008
Jim Martin		House			☐ Primary ☐ General
	X	Senate	District:		X Other (specify) Runoff
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)

B. Full Name (Last, First, Middle Initial) of Payee

WWP Strategies

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 1 1 / D D 1 8 / Y Y Y Y 2 0 0 8

Amount

7422.12

Communication Date

M M / D D / Y Y Y

Transction ID :   F93.000002

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

Production: Armored

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)
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) ....

664442.12

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

664442.12