

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

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30001135

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 1 0

through

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 1 0

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

0 1 / 1 5 / 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: _____

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

.00

10. Total Disbursements/Obligations This Statement

479268.00

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 01/15/2010

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

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media				Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 1 0			
Mailing Address of Payee 66 Canal Center Plaza Suite 555				Amount 459268.00			
City Alexandria		State VA		Zip Code 22314		Communication Date M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 1 0	
Name of Employer		Occupation		Transaction ID : F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) Media Placement: Agree							
Name of Federal Candidate Scott Brown		Office Sought: ☒ House ☐ Senate ☐ President		State: MA District:		Disbursement/Obligation For: 2010 ☐ Primary ☐ General ☒ Other (specify) <u>Special</u>	
F94.000002		Name of Federal Candidate		Office Sought: ☐ House ☐ Senate ☐ President		State: District:	
Name of Federal Candidate		Office Sought: ☐ House ☐ Senate ☐ President		State: District:		Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify)	

B. Full Name (Last, First, Middle Initial) of Payee WWP Strategies				Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 1 0			
Mailing Address of Payee 66 Canal Center Plaza Suite 555				Amount 20000.00			
City Alexandria		State VA		Zip Code 22314		Communication Date M M / D D / Y Y Y Y	
Name of Employer		Occupation		Transaction ID : F93.000002			
Purpose of Disbursement (including title(s) of communication(s)) Production & Placement							
Name of Federal Candidate		Office Sought: ☐ House ☐ Senate ☐ President		State: District:		Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify)	
Name of Federal Candidate		Office Sought: ☐ House ☐ Senate ☐ President		State: District:		Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify)	
Name of Federal Candidate		Office Sought: ☐ House ☐ Senate ☐ President		State: District:		Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify)	

SUBTOTAL of Disbursement/Obligation This Page (optional)	479268.00
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	479268.00