

# 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>2. FEC Identification Number</b> <b>C</b> C30001135
(b) Address (number and street) <input type="checkbox"/> 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

<b>3. Is This Statement</b> <input checked="" type="checkbox"/> <b>New</b> or <input type="checkbox"/> <b>Amended</b>	<b>4. Covering Period</b>											
	<table border="0"> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> <td></td> </tr> <tr> <td>0 9 / 1 6 / 2 0 0 8</td> <td>through</td> <td></td> </tr> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> <td></td> </tr> <tr> <td>0 9 / 1 7 / 2 0 0 8</td> <td></td> <td></td> </tr> </table>	M M / D D / Y Y Y Y			0 9 / 1 6 / 2 0 0 8	through		M M / D D / Y Y Y Y			0 9 / 1 7 / 2 0 0 8	
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**5. (a) Date of Public Distribution(s)** M M / D D / Y Y Y Y **(b) Communication Title** Get Serious

0 9 / 1 7 / 2 0 0 8

**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 A 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** \_\_\_\_\_ 110005.33

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 09/18/2008

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

<b>A.</b> (a) Name	<b>Transaction ID :</b> F91.000001	
Stephen A DeMaura		
(b) Address (number and street)	107 South West Street PMB 551	
PMB 551		
(c) City, State and Zip Code	VA	22314
Alexandria		
(d) Name of Employer or Principal Place of Business	(e) Occupation	
Americans for Job Security	President	

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<p><b>A.</b> Full Name (Last, First, Middle Initial) of Payee Crossroads Media</p> <hr/> <p>Mailing Address of Payee 66 Canal Center Plaza Suite 555</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table> <hr/> <p>Purpose of Disbursement (including title(s) of communication(s)) Placement Costs: Get Serious</p>	City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	<p>Date of Disbursement or Obligation  <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 1 6 / 2 0 0 8</td> </tr> </table> </p> <p>Amount  <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">110005.33</td> </tr> </table> </p> <p>Communication Date  <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> </table> </p> <p><b>Transaction ID :</b> F93.000001</p>	M M / D D / Y Y Y Y	0 9 / 1 6 / 2 0 0 8	110005.33	M M / D D / Y Y Y Y																																	
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<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">110005.33</td> </tr> </table>	110005.33
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<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">110005.33</td> </tr> </table>	110005.33
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