Image# 10931245766 09%/40%/20140 16:28

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

To be used by Fersons (Other than Follical Committees) including Qualified Nonprofit	orporations
1. (a) Name of Individual, Organization or Corporation	
AMERICANS FOR JOB SECURITY	
(b) Address (number and street)	
(c) City, State and ZIP Code	
ALEXANDRIA VA 22314	FEC Identification Number
	C C90011669
2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes X No	
Individual filers only Name of Employer	Occupation
4. TYPE OF REPORT (check appropriate boxes):	
4. THE OF HEL OTH (CHECK appropriate boxes).	
(a) April 15 Quarterly Report 24-Hour Notice X 48-Hour I	Notice
☐ July 15 Quarterly Report	
October Quarterly Report	
☐ January 31 Year-End Report	
Gardary ST Teal End Toport	
(b) Is this Report an amendment? Yes \(\subseteq \text{No } \(\text{X} \)	
5. COVERING PERIOD: FROM MOM / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
THROUGH	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
6. TOTAL CONTRIBUTIONS	.00
7. TOTAL INDEPENDENT EXPENDITURES	1226255.87
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 the 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	09/10/2010
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report t	
Tro L. Gubrilission of laise, entineous of incomplete information may subject the person signing this report i	to the periation of 2 0.0.0 407g.

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 2/4

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full) AMERICANS FOR JOB SECURITY

Full Name (Last, First, Middle Initial) of Payee		Date
McCarthy Marcus Hennings, LTD		M M / D D / Y Y Y
Mailing Address		0,9 0,9 2,010
1850 M St. NW Suite 235		Amount
City State	Zip Code	19748.20
Washington DC	20036	
Purpose of Expenditure	Category/	Office Sought: X House State: OH
Media Production	Type	House Senate
Name of Federal Candidate Supported or Opposed by Expenditure:		President District: 18
Zack Space		Check One: Support X Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	19748.20	2010 — —
for Office Sought		Other (specify)
Full Name (Last, First, Middle Initial) of Payee Mentzer Media		Date
		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 600 Fairmount Ave.		Amount
Suite 306		123842.00
City State	Zip Code	120042.00
Towson MD	21286	
Purpose of Expenditure Media Placement	Category/	Office Sought: X House State: OH
	Туре	House Senate District: 18
Name of Federal Candidate Supported or Opposed by Expenditure:		President
Zack Space		Check One: Support X Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary X General
for Office Sought	123842.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
McCarthy Marcus Hennings, LTD		
Mailing Address		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
1850 M St. NW		Amount
Suite 235 City State	Zip Code	17685.09
Washington DC	20036	
Purpose of Expenditure	Category/	Office Sought: X House State: PA
Media Production	Туре	House Sonate
Name of Federal Candidate Supported or Opposed by Expenditure:		President District: 07
Bryan Lentz		Check One: Support X Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	17685.09	2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		161275.29
(a) SOBTOTAL OF REMIZED INDEPENDENT Experiorities		
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
(carry total from last page forward to Line 7)		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3/4
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee			Date
Mentzer Media			M M / D D / Y Y Y
Mailing Address			M M / D D / Y Y Y O 1 O 9
600 Fairmount Ave.			Amount
Suite 306 City	State	Zip Code	293196.00
Towson	MD	21286	
Purpose of Expenditure			Office Sought: V House Out PA
Media Placement		Category/ Type	State: 177
			House Senate District: 07
Name of Federal Candidate Supported or Opposed by Bryan Lentz	/ Expenditure:		
Diyan Lone			Check One: Support X Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		293196.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
McCarthy Marcus Hennings, LTD			
Mailing Address			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1850 M St. NW			Amount
Suite 235 City	State	Zip Code	21501.95
Washington	DC	20036	
Purpose of Expenditure			Office Sought: V House Out IN
Media Production		Category/ Type	State:
Name of Fodoval Condidate Cumported or Opposed by	. Evenenditure		House Senate District: 08
Name of Federal Candidate Supported or Opposed by Trent Van Haaften	/ Expenditure:		Check One: Support X Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		21501.95	2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			
Mentzer Media			Date
			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 600 Fairmount Ave.			Amount
Suite 306			318576.00
City	State	Zip Code	318376.00
Towson	MD	21286	
Purpose of Expenditure		Category/	Office Sought: X House State: IN
Media Placement		Туре	House Senate District: 08
Name of Federal Candidate Supported or Opposed by	Expenditure:		President District:
Trent Van Haaften			Check One: Support X Oppose
Colonday Voca To Date Day Florities			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		318576.00	2010 — — — — — — Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	s		633273.95
(b) SUBTOTALof Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4/4
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee McCarthy Marcus Hennings, LTD	Date	
Mailing Address 1850 M St. NW Suite 235	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City State Zip Code Washington DC 20036	16392.63	
Purpose of Expenditure Media Production Category/ Type	Office Sought: X House State: PA House Senate District: 04	
Name of Federal Candidate Supported or Opposed by Expenditure: Jason Altmire	Check One: Support X Oppose	
Calendar Year-To-Date Per Election for Office Sought 16392.63	Disbursement For: 2010 Other (specify) Primary X General	
Full Name (Last, First, Middle Initial) of Payee Mentzer Media	Date Date D	
Mailing Address 600 Fairmount Ave. Suite 306	Amount 415314.00	
CityStateZip CodeTowsonMD21286		
Purpose of Expenditure Media Placement Category/ Type	Office Sought: X House State: PA House Senate District: 04	
Name of Federal Candidate Supported or Opposed by Expenditure: Jason Altmire	Check One: Support X Oppose	
Calendar Year-To-Date Per Election for Office Sought 415314.00	Disbursement For: 2010 Other (specify) Primary X General	
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	1226255.87	