

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 M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0 through M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
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5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y **(b) Communication Title** _____

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 (e) Occupation

9. Total Donations This Statement _____ .00

10. Total Disbursements/Obligations This Statement _____ 740000.00

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 10/14/2010

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	Transaction ID : F91.000001	
	rob collins		
	(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	(e) Occupation	

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee WFofR Media <hr/> Mailing Address of Payee 411 Branchway Road <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>Richmond</td> <td>VA</td> <td>23236</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>	City	State	Zip Code	Richmond	VA	23236	Name of Employer	Occupation	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;">1 0 / 1 3 / 2 0 1 0</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">740000.00</td> </tr> </table> Communication Date <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;">1 0 / 1 4 / 2 0 1 0</td> </tr> </table> Transaction ID : F93.000001	M M / D D / Y Y Y Y	1 0 / 1 3 / 2 0 1 0	740000.00	M M / D D / Y Y Y Y	1 0 / 1 4 / 2 0 1 0
City	State	Zip Code												
Richmond	VA	23236												
Name of Employer	Occupation													
M M / D D / Y Y Y Y														
1 0 / 1 3 / 2 0 1 0														
740000.00														
M M / D D / Y Y Y Y														
1 0 / 1 4 / 2 0 1 0														

Purpose of Disbursement (including title(s) of communication(s))
 tv ad production & air time purchase

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) _____
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) _____
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) _____

SUBTOTAL of Disbursement/Obligation This Page (optional)	740000.00
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	740000.00