

# 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

**New**  
or  
 **Amended**

**4. Covering Period**  
M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 8  
through  
M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

**5. (a) Date of Public Distribution(s)** M M / D D / Y Y Y Y **(b) Communication Title** Economy in Crisis  
1 0 / 0 6 / 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** \_\_\_\_\_ 190482.50

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 10/07/2008

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/> <p>Name of Employer _____ Occupation _____</p>	City	State	Zip Code	Alexandria	VA	22314	<p>Date of Disbursement or Obligation  <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">8</td> </tr> </table> </p> <p>Amount  <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">189314.50</td> </tr> </table> </p> <p>Communication Date  <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> </table> </p> <p><b>Transaction ID :</b> F93.000001</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	0	8	189314.50	M	M	/	D	D	/	Y	Y	Y	Y
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<p>Purpose of Disbursement (including title(s) of communication(s)) Placement Costs: Economy in Crisis</p>																																						
<p>Name of Federal Candidate Kay Hagan</p> <p>F94.000002</p>	<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: _____</p>	<p>Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>																																				
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<p><b>B.</b> Full Name (Last, First, Middle Initial) of Payee Soundscapes</p> <hr/> <p>Mailing Address of Payee 3422 Old Cantrell Road</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>Little Rock</td> <td>AR</td> <td>72202</td> </tr> </table> <hr/> <p>Name of Employer _____ Occupation _____</p>	City	State	Zip Code	Little Rock	AR	72202	<p>Date of Disbursement or Obligation  <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">8</td> </tr> </table> </p> <p>Amount  <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">1168.00</td> </tr> </table> </p> <p>Communication Date  <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> </table> </p> <p><b>Transaction ID :</b> F93.000002</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	0	8	1168.00	M	M	/	D	D	/	Y	Y	Y	Y
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