

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 Common Sense Solutions		2. FEC Identification Number C C30001903
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 170 Westminster Street		
(c) City, State and ZIP Code Providence RI 02903		
(d) Name of Employer or Principal Place of Business n/a	(e) Occupation n/a	

3. Is This Statement

New

or

Amended

4. Covering Period

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

through

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

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

1 0 / 2 6 / 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 Christopher Stenberg	
(b) Address (number and street) 170 Westminster Street	
(c) City, State and ZIP Code Providence RI 02903	
(d) Name of Employer or Principal Place of Business self-employed	(e) Occupation consultant

9. Total Donations This Statement 75000.00

10. Total Disbursements/Obligations This Statement 28770.80

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Christopher Stenberg

SIGNATURE Electronically Filed by Christopher Stenberg DATE 02/15/2011

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 Christopher Stenberg	Transaction ID : F91.000001
	(b) Address (number and street) 170 Westminster Street	
	(c) City, State and Zip Code Providence RI 02903	
	(d) Name of Employer or Principal Place of Business self-employed	(e) Occupation consultant
B.	(a) Name Edward Cotugno	Transaction ID : F91.000002
	(b) Address (number and street) 1692 Chalkstone Ave.	
	(c) City, State and Zip Code Providence RI 02909	
	(d) Name of Employer or Principal Place of Business not employed	(e) Occupation

A. Full Name of Donor

Russell Jeffrey

Mailing Address of Donor
 9 Brayton Meadow

City	State	Zip
E. Greenwich	RI	02818

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Amount

50000.00

Transaction ID : F92.000001

B. Full Name of Donor

Russell Jeffrey

Mailing Address of Donor
 9 Brayton Meadow

City	State	Zip
E. Greenwich	RI	02818

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 7 / 2 0 1 0

Amount

25000.00

Transaction ID : F92.000002

SUBTOTAL of Donations This Page (optional).....

75000.00

TOTAL This Period (last page this line number only).....
 (carry total from last page to Line 9)

75000.00

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Red Rocket Productions			Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0		
Mailing Address of Payee 1629 State Street			Amount 950.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0		
Santa Barbara	CA	93101	Transaction ID : F93.000001		
Name of Employer n/a			Occupation n/a		

Purpose of Disbursement (including title(s) of communication(s))
 Media production - Question

Name of Federal Candidate David Cicilline	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: RI District: 01	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000002				
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) _____

B. Full Name (Last, First, Middle Initial) of Payee WLNE			Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0		
Mailing Address of Payee 10 Orms Street			Amount 3315.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0		
Providence	RI	02904	Transaction ID : F93.000002		
Name of Employer n/a			Occupation n/a		

Purpose of Disbursement (including title(s) of communication(s))
 Television airtime - Question

Name of Federal Candidate David Cicilline	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: RI District: 01	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000004				
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)	4265.00
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee WLNE <hr/> Mailing Address of Payee 10 Orms Street <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>Providence</td> <td>RI</td> <td>02904</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> <tr> <td>n/a</td> <td>n/a</td> </tr> </table>	City	State	Zip Code	Providence	RI	02904	Name of Employer	Occupation	n/a	n/a	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 1 / 0 1 / 2 0 1 0</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">5525.00</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 1 / 0 1 / 2 0 1 0</td> </tr> </table> Transaction ID : F93.000003	M M / D D / Y Y Y Y	1 1 / 0 1 / 2 0 1 0	5525.00	M M / D D / Y Y Y Y	1 1 / 0 1 / 2 0 1 0
City	State	Zip Code														
Providence	RI	02904														
Name of Employer	Occupation															
n/a	n/a															
M M / D D / Y Y Y Y																
1 1 / 0 1 / 2 0 1 0																
5525.00																
M M / D D / Y Y Y Y																
1 1 / 0 1 / 2 0 1 0																

Purpose of Disbursement (including title(s) of communication(s))
 Television airtime - Question

Name of Federal Candidate David Cicilline	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: RI	District: 01	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000006	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) _____

B. Full Name (Last, First, Middle Initial) of Payee WLNE <hr/> Mailing Address of Payee 10 Orms Street <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>Providence</td> <td>RI</td> <td>02904</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> <tr> <td>n/a</td> <td>n</td> </tr> </table>	City	State	Zip Code	Providence	RI	02904	Name of Employer	Occupation	n/a	n	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 / 3 0 / 2 0 1 0</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">6460.00</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 / 3 0 / 2 0 1 0</td> </tr> </table> Transaction ID : F93.000004	M M / D D / Y Y Y Y	1 0 / 3 0 / 2 0 1 0	6460.00	M M / D D / Y Y Y Y	1 0 / 3 0 / 2 0 1 0
City	State	Zip Code														
Providence	RI	02904														
Name of Employer	Occupation															
n/a	n															
M M / D D / Y Y Y Y																
1 0 / 3 0 / 2 0 1 0																
6460.00																
M M / D D / Y Y Y Y																
1 0 / 3 0 / 2 0 1 0																

Purpose of Disbursement (including title(s) of communication(s))
 Television airtime - Question

Name of Federal Candidate David Cicilline	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: RI	District: 01	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000008	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)	11985.00
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	_____

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Cox Media			Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0		
Mailing Address of Payee PO Box 105353			Amount 9488.60		
City Atlanta	State GA	Zip Code 30348	Communication Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0		
Name of Employer n/a		Occupation n/a	Transaction ID : F93.000005		

Purpose of Disbursement (including title(s) of communication(s))
Television airtime - Question

Name of Federal Candidate David Cicilline	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: RI District: 01	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000010			
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) _____

B. Full Name (Last, First, Middle Initial) of Payee Cox Media			Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0		
Mailing Address of Payee PO Box 105353			Amount 742.00		
City Atlanta	State GA	Zip Code 30348	Communication Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0		
Name of Employer n/a		Occupation n/a	Transaction ID : F93.000006		

Purpose of Disbursement (including title(s) of communication(s))
Television airtime - Question

Name of Federal Candidate David Cicilline	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: RI District: 01	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000012			
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)	10230.60
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Teresa M. Graham			Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0		
Mailing Address of Payee 27 Shangri-La Blvd			Amount 2290.20		
City East Wareham	State MA	Zip Code 02538	Communication Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0		
Name of Employer n/a		Occupation media consultant		Transaction ID : F93.000007	

Purpose of Disbursement (including title(s) of communication(s))
 Media placement fee - Question

Name of Federal Candidate David Cicilline F94.000014	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: RI District: 01	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" 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)	2290.20
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	28770.80