

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) Address (number and street) 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

2. FEC Identification Number

C C30001135

3. Is This Statement **New**
or
 Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Tsunami
1 0 / 3 0 / 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 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 873220.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Stephen DeMaura

SIGNATURE Electronically Filed by Stephen DeMaura

DATE 10/31/2008

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

A. (a) Name	Transaction ID : F91.000001	
Stephen 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

A. Full Name (Last, First, Middle Initial) of Payee
Crossroads Media

Mailing Address of Payee
66 Canal Center Plaza Suite 555

City	State	Zip Code
Alexandria	VA	22314

Name of Employer	Occupation

Date of Disbursement or Obligation

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	8

Amount

873220.00

Communication Date

M	M	/	D	D	/	Y	Y	Y	Y

Transaction ID : F93.000001

Purpose of Disbursement (including title(s) of communication(s))

Placement Costs: Tsunami

Name of Federal Candidate Al Franken	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: _____	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000002				

Name of Federal Candidate Nancy Pelosi	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 08	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000003				

Name of Federal Candidate Barney Frank	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MA District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000004				

SUBTOTAL of Disbursement/Obligation This Page (optional)

873220.00

TOTAL This Period (last page this line number only)
(carry total from last page to line 10)

873220.00
