

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
0 7 / 1 3 / 2 0 1 0

through

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 1 0

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

0 7

1 3

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

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

318874.30

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Stephen DeMauraSIGNATURE Electronically Filed by Stephen DeMauraDATE 07/14/2010

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	
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 <hr/> Mailing Address of Payee 66 Canal Center Plaza Suite 555 <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/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td>Occupation</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	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;">0 7 / 1 3 / 2 0 1 0</td> </tr> </table> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">310874.30</div> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> </table> Transaction ID : F93.000001	M M / D D / Y Y Y Y	0 7 / 1 3 / 2 0 1 0	M M / D D / Y Y Y Y
City	State	Zip Code										
Alexandria	VA	22314										
Name of Employer	Occupation											
M M / D D / Y Y Y Y												
0 7 / 1 3 / 2 0 1 0												
M M / D D / Y Y Y Y												

Purpose of Disbursement (including title(s) of communication(s))
 Media Placement: Brink

Name of Federal Candidate Jane Norton	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: _____	Disbursement/Obligation For: 2010 <input checked="" type="checkbox"/> Primary <input 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 The Strategy Group for Media <hr/> Mailing Address of Payee 3944 North Hampton Drive <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>Powell</td> <td>OH</td> <td>43065</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td>Occupation</td> </tr> </table>	City	State	Zip Code	Powell	OH	43065	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;">0 7 / 1 3 / 2 0 1 0</td> </tr> </table> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8000.00</div> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> </table> Transaction ID : F93.000002	M M / D D / Y Y Y Y	0 7 / 1 3 / 2 0 1 0	M M / D D / Y Y Y Y
City	State	Zip Code										
Powell	OH	43065										
Name of Employer	Occupation											
M M / D D / Y Y Y Y												
0 7 / 1 3 / 2 0 1 0												
M M / D D / Y Y Y Y												

Purpose of Disbursement (including title(s) of communication(s))
 Production: Brink

Name of Federal Candidate Jane Norton	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: _____	Disbursement/Obligation For: 2010 <input checked="" type="checkbox"/> Primary <input 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)	<div style="border: 1px solid black; padding: 2px;">318874.30</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px;">318874.30</div>