

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation America, Inc.		3. FEC Identification Number <div>C C90014788</div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1900 Campus Commons Dr Suite 600		
(c) City, State and ZIP Code Reston VA 20191		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report ☐ 24-Hour Report
☐ October 15 Quarterly Report ☒ 48-Hour Report
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on / /

5. COVERING PERIOD:

FROM / /

THROUGH / /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

[Electronically Filed]

David A. Bozell

David A. Bozell

04/17/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

America, Inc.

Full Name (Last, First, Middle Initial) of Payee
Creative Response ConceptsMailing Address 2760 Eisenhower Ave
4th FloorCity State Zip Code
Alexandria VA 22314

Date of Public Distribution/Dissemination

MM / DD / YYYY
04 / 17 / 2014

Amount

50000.00

Transaction ID : F57.000001

Purpose of Expenditure
Online/Digital Ads & ProductionCategory/
Type 004Office Sought: ☐ House State: NB
☒ Senate District: 00
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Shane OsbornCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 50000.00Disbursement For: ☒ Primary ☐ General
2014 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date of Public Distribution/Dissemination

MM / DD / YYYY

Amount

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date of Public Distribution/Dissemination

MM / DD / YYYY

Amount

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... 50000.00

(b) SUBTOTAL of Unitemized Independent Expenditures 0.00

(c) TOTAL Independent Expenditures..... 50000.00
(carry total from last page forward to Line 7)