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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

	(a) Name of Individual, Organization or Corporation	, , , , , , , , , , , , , , , , , , ,	
1747 Pennsylvania Avenue, NW 5th Floor (c) City, State and ZIP Code Washington DC 20006 2. Occupation and Name of Employer (for Individual Filers Only) 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report	American Action Network		
(c) City, State and ZIP Code Washington DC 20006 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 January 31 Year-End Report D State Prince	1747 Pennsylvania Avenue, NW	han previously reported	
Washington DC 20006 3. FEC Identification Number C C 200011230 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report July 15 Quarterly Report January 31 Year-End Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on THROUGH THROUGH TOTAL CONTRIBUTIONS			
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 October 15 Quarterly Report January 31 Year-End Report January 31 Year-End Report b) Is this Report an amendment? X No Yes, it amends the report filed on THE ADDITIONS. 5. COVERING PERIOD: FROM THE OUT OF THE OUT OUT OF THE		DC 20006	3. FEC Identification Number
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filled on THROUGH THROUGH THROUGH Under penalty of perjury Leertly 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 Caleb Crosby Caleb Crosby 10/25/2014			C C90011230
(a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No ves, it amends the report filed on THROUGH THROUGH THROUGH TOTAL CONTRIBUTIONS	Occupation and Name of Employer (for Individual Filers On	nly)	
TYPE OR PRINT NAME OF PERSON COMPLETING FORM Caleb Crosby TOTAL INDEPENDENT EXPENDITURES	(a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No	24-Hour Report 48-Hour Report Yes, it amends the report filed on	
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 [Electronically Filed] Caleb Crosby 10/25/2014			0.00
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 [Electronically Filed] Caleb Crosby 10/25/2014	7. TOTAL INDEPENDENT EXPENDITURES		419714.58
Caleb Crosby Caleb Crosby Caleb Crosby 10/25/2014			n, or concert with, or at the request or suggestion
10/25/2014	TYPE OR PRINT NAME OF PERSON COMPLETING FORM	[E	
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.	Caleb Crosby	Caleb Crosby	10/25/2014
	NOTE: Submission of false, erroneous or incomplete info	ormation may subject the person signing this report	to the penalties of 2 U.S.C. §437g.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) American Action Network					
Full Name (Last, First, Middle Initial) of Paye	е			Date of Public Distribution/Disseminatio	n
American Media & Advocacy Group				10 24 2014	Y
Mailing Address 815 Slaters Lane				Amount	
City	State	Zip Code			
Alexandria	VA	22314		393799.60 Transaction ID : 001	
Purpose of Expenditure TV/media placement		Category/ Type 004	Offic	Occasion Ciato.	A
Name of Federal Candidate Supported or Op Pat Murphy	pposed by Expend	iture:	Che	President Support Oppos	—— :е
Calendar Year-To-Date Per Election for Office Sought	1 1 7	469714.58	Disk	oursement For: Primary Genera 2014 Other (specify)	al
Full Name (Last, First, Middle Initial) of Paye	e			Date of Public Distribution/Disseminatio	n
American Media & Advocacy Group				10 24 2014	Y
Mailing Address 815 Slaters Lane				Amount	
City	State	Zip Code		6052.00	-
Alexandria	VA	22314		6952.00 Transaction ID : 002	ш
Purpose of Expenditure TV/media placement		Category/ Type 004	Offi	ce Sought: House State:	IA
Name of Federal Candidate Supported or Op	oposed by Expend			President District:	01
Pat Murphy			Che	eck One: Support X Oppos	е
Calendar Year-To-Date Per Election for Office Sought		469714.58	Disk	oursement For: Primary Genera 2014 Other (specify)	al
Full Name (Last, First, Middle Initial) of Payee			Date of Public Distribution/Dissemination		
dmm Media				10 24 2014	Y
Mailing Address 1911 N. Ft. Myer Drive					_
Suite 400				Amount	
City	State	Zip Code		18962.98	
Arlington	VA	22209		Transaction ID: 003	
Purpose of Expenditure TV/media production		Category/ Type 004	Offic	ce Sought: X House State: 1	Α
Name of Federal Candidate Supported or O	nosed by Expend		_	Senate District:	01
Pat Murphy	Spood by Expond	itaro.	Che	ck One: Support X Oppos	е
Calendar Year-To-Date Per Election for Office Sought		469714.58	Disk	Oursement For: Primary General Other (specify)	al
(a) SUBTOTAL of Itemized Independent Expe	enditures		······	419714.58	
(b) SUBTOTAL of Unitemized Independent E.	xpenditures		······		
(c) TOTAL Independent Expenditures(carry total from last page forward to			······	419714.58	