

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation American Action Network			
(b) Address (number and street) ☐ check if different than previously reported 1747 Pennsylvania Avenue, NW 5th Floor			
(c) City, State and ZIP Code Washington DC 20006			3. FEC Identification Number C C90011230
2. Occupation and Name of Employer (for Individual Filers Only)			

Age Group	Percentage
18-24	18%
25-34	15%
35-44	12%
45-54	10%
55-64	8%
65-74	6%
75-84	4%
85+	2%

25000.00

FEC Schedule 5 (REV. 09/2013)

SCHEDULE 5-E **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Action Network

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

The Prosper Group Corporation

Date of Public Distribution/Dissemination

MM / DD / YYYY
11 / 03 / 2016

Mailing Address

435 East Main Street

Suite 250

Amount

25000.00

City

State

Zip Code

Greenwood

IN

46143

Transaction ID : 001

Purpose of Expenditure
Media placementCategory/
Type 004

Office Sought: ☒ House State: IA
☐ Senate District: 01
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
Vernon, Monica, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought

697519.88

Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

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

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office 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 Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

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

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office 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 Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 25000.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 25000.00
(carry total from last page forward to Line 7)