

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation AMERICAN ACTION NETWORK INC		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C90011230 </div>			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 555 13TH STREET NW SUITE 510 WEST					
(c) City, State and ZIP Code WASHINGTON DC 20004					
2.	Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<table style="width: 100%; border: none;"> <tr> <td style="width: 10%; border: none;">Individual filers only</td> <td style="border: none; width: 60%;">Name of Employer</td> <td style="border: none; width: 30%;">Occupation</td> </tr> </table>			Individual filers only	Name of Employer	Occupation
Individual filers only	Name of Employer	Occupation			

4. TYPE OF REPORT (check appropriate boxes):

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

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	5

 /

D	D
1	8

 /

Y	Y	Y	Y
2	0	1	1

THROUGH

M	M
0	5

 /

D	D
1	8

 /

Y	Y	Y	Y
2	0	1	1

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

31757.70

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

Stephanie Fenjiro

05/19/2011

NOTE: Submission of false, erroneous or incomplete information 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 / 2

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

AMERICAN ACTION NETWORK INC

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

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	1

Mailing Address
2340 E. Beardsley Rod
ste 100

Amount

15878.85

City	State	Zip Code
phoenix	AZ	85024

Purpose of Expenditure
mailer 3 - davis.hochulCategory/
Type

Office Sought:

☒

House

State: NY

House

☐

Senate

District: 26

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Jack DavisCalendar Year-To-Date Per Election
for Office Sought

78814.79

Disbursement For:
2011☐

Primary

☐

General

☐ Other (specify)

Special

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

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	1

Mailing Address
2340 e. beardsley rd
ste 100

Amount

15878.85

City	State	Zip Code
phoenix	AZ	85024

Purpose of Expenditure
mail 3 davis.hochulCategory/
Type

Office Sought:

☒

House

State: NY

House

☐

Senate

District: 26

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Kathy HochulCalendar Year-To-Date Per Election
for Office Sought

94693.64

Disbursement For:
2011☐

Primary

☐

General

☐ Other (specify)

Special

(a) SUBTOTAL of Itemized Independent Expenditures

31757.70

(b) SUBTOTAL of Unitemized Independent Expenditures

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

31757.70