

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 MAJORITY ACTION INC.		3. FEC Identification Number C C90011891
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO BOX 309		
(c) City, State and ZIP Code PURCELLVILLE VA 20134		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

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

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y Y Y
 THROUGH
 M M / D D / Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS **0.00**

7. TOTAL INDEPENDENT EXPENDITURES **27102.73**

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. 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
Leon Wolf	<i>Leon Wolf</i>	10/30/2012

[Electronically Filed]

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**

NAME OF FILER (In Full)
AMERICAN MAJORITY ACTION INC.

Full Name (Last, First, Middle Initial) of Payee AMERICAN MAJORITY ACTION INC.		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address PO BOX 309		Amount 110.00 Transaction ID : F57.4197
City PURCELLVILLE	State VA	
Zip Code 20134	Purpose of Expenditure Literature - handouts	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 99803.85		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AMERICAN MAJORITY ACTION INC.		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address PO BOX 309		Amount 17922.73 Transaction ID : F57.4198
City PURCELLVILLE	State VA	
Zip Code 20134	Purpose of Expenditure Labor - phone banks, block walkers	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 99693.85		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee AMERICAN MAJORITY ACTION INC.		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address PO BOX 309		Amount 4060.00 Transaction ID : F57.4199
City PURCELLVILLE	State VA	
Zip Code 20134	Purpose of Expenditure Labor - block walkers, phone banks	Category/ Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 11984.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	22092.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
AMERICAN MAJORITY ACTION INC.

Full Name (Last, First, Middle Initial) of Payee
AMERICAN MAJORITY ACTION INC.

Mailing Address PO BOX 309

City State Zip Code
PURCELLVILLE VA 20134

Date
MM / DD / YYYY
10 / 29 / 2012

Amount
5010.00

Transaction ID : F57.4200

Purpose of Expenditure
Labor - block walkers, phone banks

Category/Type 001

Name of Federal Candidate Supported or Opposed by Expenditure:
SHERROD BROWN

Office Sought: House State: OH
 Senate District: _____
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 18141.50

Disbursement For: Primary General
2012 Other (specify) _____

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

Mailing Address

City State Zip Code

Date
MM / DD / YYYY

Amount

Purpose of Expenditure

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: House State: _____
 Senate District: _____
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 Other (specify) _____

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

Mailing Address

City State Zip Code

Date
MM / DD / YYYY

Amount

Purpose of Expenditure

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: House State: _____
 Senate District: _____
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 Other (specify) _____

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

(b) **SUBTOTAL** of Unitemized Independent Expenditures..... ▶

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

5010.00

27102.73