Image# 10931519269 107/45720140 20:09

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation	
AMERICAN ACTION NETWORK INC	
(b) Address (number and street)	
(c) City, State and ZIP Code	
WASHINGTON DC 20005	3. FEC Identification Number C C90011230
2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes X No	C C90011230
Individual filers only Name of Employer	Occupation
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	our Notice
☐ July 15 Quarterly Report	
October Quarterly Report	
☐ January 31 Year-End Report	
(b) Is this Report an amendment? Yes \(\square\) No \(\textbf{X} \)	
5. COVERING PERIOD: FROM M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
THROUGH	
M M / D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
6. TOTAL CONTRIBUTIONS	.00
7. TOTAL INDEPENDENT EXPENDITURES	2318181.81
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent or request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regu	on, if the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
STEPHANIE FENJIRO	10/15/2010
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the person significance to the pers	port 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

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

AMERICAN ACTION NETWORK INC	
Full Name (Last, First, Middle Initial) of Payee WF OF R MEDIA	Date
Mailing Address 411 BRANCHWAY ROAD	M M / D D / Y Y Y Y Y Amount
City State Zip Code VA 23236	643500.00
Purpose of Expenditure PUPIL Category/ Type	Office Sought: House State: H Senate District: PA
Name of Federal Candidate Supported or Opposed by Expenditure: LENTZ BRYAN	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee TARGETED VICTORY	Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 66 CANAL CENTER PLAZA STE 501	Amount 59909.09
City State Zip Code ALEXANDRIA VA 22314	
Purpose of Expenditure INTERNET ADVERTISING & WEBSITE Category/ Type	Office Sought: X House State: PA House Senate District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: BRYAN LENTZ	Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: Primary X General Other (specify)
Full Name (Last, First, Middle Initial) of Payee WF OF R MEDIA	Date M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 411 BRANCHWAY ROAD	Amount
City State Zip Code VA 23236	600000.00
Purpose of Expenditure STUDIO Category/ Type	Office Sought: House State: H Senate District: IL
Name of Federal Candidate Supported or Opposed by Expenditure: KIRK MARK	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: 2010 Other (specify) Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	1303409.09
(b) SUBTOTALof Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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ME OF FILER (In Full)			
MERICAN ACTION NETWORK INC			
Full Name (Last, First, Middle Initial) of Payee			Date
TARGETED VICTORY			
Mailing Address			1.0 1.4 2.010
66 CANAL CENTE PLAZA STE 501			Amount
City	State	Zip Code	59909.09
ALEXANDRIA	VA	22314	
Purpose of Expenditure		Category/	Office Sought: X House State: IL
INTERNET ADVERTISING & WEBSITE		Туре	House Senate District: 10
Name of Federal Candidate Supported or Opposed by	Expenditure:	:	President District: 10
MARK KIRK			Check One: Support X Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
WF OF R MEDIA			
Mailing Address			M M / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
411 BRANCHWAY ROAD			Amount
City	State	Zip Code	75000.00
RICHMOND	VA	23236	
Purpose of Expenditure		Category/	Office Sought: House State: H
STUDIO		Type	Senate District: AR
Name of Federal Candidate Supported or Opposed by	Expenditure:	: '	President District: An
BERRY MARION			Check One: Support Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		.00	2010 Cother (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
TARGETED VICTORY			
Mailing Address			M M / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
66 CANAL CENTER PLAZA			Amount
STE 501 City	State	Zip Code	29954.54
ALEXANDRIA	VA	22314	
Purpose of Expenditure	-	Category/	Office Sought: X House State: AR
INTERNET ADVERTISING & WEBSITE		Туре	House Senate
Name of Federal Candidate Supported or Opposed by	Expenditure:	:	President District: 01
MARION BERRY			Check One: Support X Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		.00	2010 Other (specify)
a) SUBTOTAL of Itemized Independent Expenditures	;		164863.63
(b) SUBTOTALof Unitemized Independent Expenditure	'es		
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7			

Image# 10931519272 SCHEDULE 5-E

MIZED INDEPENDENT EXPENDITU	RES		FOR LINE 7 FOR FORM 5
ME OF FILER (In Full)			
AMERICAN ACTION NETWORK INC			
Full Name (Last, First, Middle Initial) of Payee			1 5.
WF OF R MEDIA			Date
WI OI ITMEDIA			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			
411 BRANCHWAY ROAD			Amount
City	State	Zip Code	790000.00
RICHMOND	VA	23236	
Purpose of Expenditure			Office Sought: House Own H
AFFORD		Category/	House State: H
ALIGID		Туре	Senate District: MA
Name of Federal Candidate Supported or Oppo	sed by Expenditure:		☐ President
DELAHUNT BILL			Check One: Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election		.00	2010 — —
for Office Sought			Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
TARGETED VICTORY			M M / D D / Y Y Y
Mailing Address			
66 CANAL CENTER PLAZA			Amount
STE 501			59909.09
City	State	Zip Code	
ALEXANDRIA	VA	22314	
Purpose of Expenditure	_	Category/	Office Sought: X House State: MA
INTERNET ADVERTISING & WEBSITE	=	Туре	House Senate District: 10
Name of Federal Candidate Supported or Oppo	sed by Expenditure:		President District. 10
BILL DELAHUNT			Check One: Support X Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election		.00	2010
for Office Sought	L	.00	Other (specify)
			•
(a) SUBTOTAL of Itemized Independent Expen	ditures		849909.09
(b) SUBTOTALof Unitemized Independent Exp	enditures		
			0040404.04
(a) TOTAL Independent Expanditures			2318181.81

(carry total from last page forward to Line 7)