

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 C C90011230 |
| (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 | | |
| 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 | 9 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

THROUGH

| | |
|---|---|
| M | M |
| 0 | 5 |

 /

| | |
|---|---|
| D | D |
| 2 | 3 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

6. TOTAL CONTRIBUTIONS

| |
|-----|
| .00 |
|-----|

7. TOTAL INDEPENDENT EXPENDITURES.....

| |
|---------|
| 2000.00 |
|---------|

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 | | 05/23/2011 |

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

NAME OF FILER (In Full)

AMERICAN ACTION NETWORK INC

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

Date

/ /

Mailing Address
2340 e. beardsley rod
ste 100

Amount

City State Zip Code
phoenix AZ 85024

Purpose of Expenditure
face book ad

Category/
Type

Office Sought: House State: NY
 Senate District: 26
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Jane Corwin

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
2011
 Other (specify) Special

(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)