

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 1401 NEW YORKA VE NW STE 1200 SUITE 1200		
(c) City, State and ZIP Code WASHINGTON DC 20005		
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 / /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES.....

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	_____	09/30/2010

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
Targeted Victory

Date

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 1 0

Mailing Address
66 Canal center plaza
ste 501

Amount

50000.00

City State Zip Code
alexandria VA 22314

Purpose of Expenditure
internet

Category/
Type

Office Sought:

House State: WI
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Russ Feingold

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought .00

Disbursement For: 2010
 Primary General
 Other (specify) _____

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

50000.00

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

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

50000.00