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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

(b) Address (number and street) check if different than previously reported 565 13TH STREET NW SUITE 510 WEST (c) City, State and ZIP Code 3. FEC Identification Number WASHINGTON DC 20004 2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes No 2. Corporate filers only Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report Xi 24-Hour Report Occupation 9. Is this Report an amendment? Yes No S. COVERING PERIOD: FROM 9. Is this Report an amendment? Yes No S. COVERING PERIOD: FROM 9. Is this Report an amendment? Yes No S. COVERING PERIOD: FROM 10 0 30. 2012 S. COVERING PERIOD: FROM 00. 10. 10. 0 2012 S. TOTAL CONTRIBUTIONS 00. Vector methy of projung Loady that the independent expenditure reported have not nade in account and frequent of any constation or account with, or at the requent of the method commission is negative frequence for the commission is negative frequence for the commission is negative for the commission is negative for the commission is negualations. Vector P		(a) Name of Individual, Organization or Corporation MERICAN ACTION NETWORK INC							
WASHINGTON DC 20004 2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes No Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) (b) (c) (c) (a) April 15 Quarterly Report (c) 24-Hour Report (c) (c) (b) Is this Report an amendment? Yes No (c) (c) (c) October 15 Quarterly Report (c) (c) (c) (c) (c) October 15 Quarterly Report (c) (c) (c) (c) (c) October 15 Quarterly Report (c) (c) (c) (c) (c) October 16 Quarterly Report (c) (c) (c) (c) (c) Infloyed (c) (c) (c) (c) (c) (c) Infloyed (c) (c) (c) (c) (c) (c) Infloyed (c) (c) (c) (c) (c) (c) Infloyed (c) <th></th> <th>555 13TH STREET NW</th> <th>ously reported</th> <th></th>		555 13TH STREET NW	ously reported						
2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes No 2. Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report Occupation 3. July 15 Quarterly Report X 24-Hour Report October 15 Quarterly Report 3. January 31 Year-End Report 48-Hour Report 9. Is this Report an amendment? Yes No 5. COVERING PERIOD: FROM 99 30 2012 10 06 2012 THROUGH 37127.20		(c) City, State and ZIP Code		3. FEC Identification Number					
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4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report (a) July 15 Quarterly Report (b) July 15 Quarterly Report (c) (c) (c) String PERIOD: FROM (c) (c) (c) <	2.								
(a) April 15 Quarterly Report July 15 Quarterly Report Cotober 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? Yes No COVERING PERIOD: FROM 9 30 2012 THROUGH 10 06 2012 0. TOTAL CONTRIBUTIONS 0. TOTAL CONTRIBUTIONS Cover and the request of segment in cooperation, consultation, or concert with, or at the request of segment in addition, (if the independent expendent expende		Individual filers only Name of Employer		Occupation					
Image: Sector of the sector		4. TYPE OF REPORT (check appropriate boxes):							
		(a) April 15 Quarterly Report							
Cotober 15 Quarterly Report January 31 Year-End Report () Is this Report an amendment? Yes No () Is this Report an amendment? Yes No () Is this Report an amendment? Yes No () Statist Report an amendment? Yes No () COVERING PERIOD: FROM () 09 () 00 () 2012 THROUGH () 06 () 2012 () THROUGH () 06 () 2012 () TOTAL CONTRIBUTIONS () TOTAL INDEPENDENT EXPENDITURES Where reported herein were not made in cooperation, 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 not made in cooperation, or concert with, or at the request or suggestion or its a qualified nonport corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE Signature Trajero		July 15 Quarterly Report							
 is this Report an amendment? Yes No i. COVERING PERIOD: FROM i. OVERING PERIOD: FROM i. OVERING PERIOD: FROM i. OTAL CONTRIBUTIONS i. OTAL CONTRIBUTIONS i. OTAL INDEPENDENT EXPENDITURES i. OTAL INDEPENDENT EXPENDITURES i. Otagestion of any candidate committee or genet of ether, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or subgreation of any candidate committee or approximate or any political party committee or its agent. In addition, (if the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or subgreation of any candidate committee or approximation is a qualified nonproti corporation under the Commission's regulation. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATUR Signation frengino 		October 15 Quarterly Report							
5. COVERING PERIOD: FROM Image: Comparison of the compar		January 31 Year-End Report	48-Hour Report						
7. TOTAL INDEPENDENT EXPENDITURES 37127.20 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 stephanie frenijro stephanie frenijro		5. COVERING PERIOD: FROM 09 / 30 / THROUGH							
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 stephanie frenijiro stephanie frenijiro		6. TOTAL CONTRIBUTIONS		.00					
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. 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 freniiro stephanie frenjiro Stephanie frenjiro		7. TOTAL INDEPENDENT EXPENDITURES		37127.20					
[Electronically Filed] stephanie frenjiro	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								
stephanie freniiro	T١	PE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE						
	st	ephanie frenjiro	stephanie frenjiro	10/16/2012					

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

Image# 12972705292									
SCHEDULE 5-E TEMIZED INDEPENDENT EXPEND	TURES			PAGE 2	OF 2 OF FORM 5				
NAME OF FILER (In Full)	TUNES			FOR LINE /	OF FORM 5				
AMERICAN ACTION NETWORK INC									
Full Name (Last, First, Middle Initial) of P	ayee		Date						
American Media and Advocacy group	American Media and Advocacy group			10 03 2012					
Mailing Address 815 slaters lane	Aailing Address 815 slaters lane			03	2012				
City	State	Zip Code			27127.20				
alexandria	VA	22314	Transaction	n ID : F57.0000	37127.20				
Purpose of Expenditure tv purchase and placement		Category/ Type 004	Office Sought:	K House Senate	State: MN District: 08				
Name of Federal Candidate Supported or rick nolan	ne of Federal Candidate Supported or Opposed by Expenditure: x nolan		Check One:	President Support	Oppose				
Calendar Year-To-Date Per Election for Office Sought	655610.20		Disbursement For: 2012 Other (sp						
Full Name (Last, First, Middle Initial) of Payee			Date						
				M M / D D / Y Y Y Y Y					
Mailing Address	ddress		Amount	Amount					
City	State	Zip Code	,						
Purpose of Expenditure		Category/ Type	Office Sought:	House Senate	State:				
Name of Federal Candidate Supported or	ne of Federal Candidate Supported or Opposed by Expenditure:		Check One: Support Oppose						
Calendar Year-To-Date Per Election for Office Sought		Å Å .	Disbursement For: Other (sp		General				
Full Name (Last, First, Middle Initial) of P	ayee								
Mailing Address									
			Amount						
City	State	Zip Code							
Purpose of Expenditure		Category/ Type	Office Sought:	House Senate	State:				
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One:	President Support	District:				
Calendar Year-To-Date Per Election for Office Sought		A A .	Disbursement For:		General				
(a) SUBTOTAL of Itemized Independent E	xpenditures				37127.20				
(b) SUBTOTAL of Unitemized Independen	t Expenditures		•	7					
(c) TOTAL Independent Expenditures (carry total from last page forwa			•	7	37127.20				

FEC Schedule 5 (Rev. 02/2003)