

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation American Action Network		
(b) Address (number and street) ☐ check if different than previously reported 1747 Pennsylvania Avenue, NW 5th Floor		
(c) City, State and ZIP Code Washington DC 20006		3. FEC Identification Number C C90011230
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ 24-Hour Report

☐ October 15 Quarterly Report

☒ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

/ /

5. COVERING PERIOD:

FROM

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES

9613.00

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Caleb Crosby

Caleb Crosby

10/12/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Action Network

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

Arena Communications

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 10 / 2014

Mailing Address 1780 Sequoia Vista Circle

Amount

9613.00

City State Zip Code
Salt Lake City UT 84104

Transaction ID : 001

Purpose of Expenditure
Direct mailCategory/
Type 004

Office Sought: ☒ House State: VA
☐ Senate District: 10
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
John FoustCheck One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought 9613.00

Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

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

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:

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

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:

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.....▶ 9613.00

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

(c) **TOTAL** Independent Expenditures.....▶ 9613.00
(carry total from last page forward to Line 7)