

# 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<br><b>American Action Network</b>  |  | 3. FEC Identification Number<br><b>C</b> C90011230 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>1747 Pennsylvania Avenue, NW<br>5th Floor |  |  |
| (c) City, State and ZIP Code<br>Washington DC 20006   |  |  |
| 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

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|---|---|

5. COVERING PERIOD:

FROM 

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|---|---|

THROUGH 

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|---|---|

|   |           |
|---|-----------|
| 6. TOTAL CONTRIBUTIONS.....             | 0.00      |
| 7. TOTAL INDEPENDENT EXPENDITURES ..... | 932740.32 |

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

10/02/2014

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**

NAME OF FILER (In Full)  
American Action Network

|   |             |   |  |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br>American Media & Advocacy Group |             | Date of Public Distribution/Dissemination<br>09 / 30 / 2014   |  |
| Mailing Address<br>815 Slaters Lane   |             | Amount<br>701740.32   |  |
| City<br>Alexandria  | State<br>VA | Zip Code<br>22314   |  |
| Purpose of Expenditure<br>TV air time purchase                                      |             | Category/<br>Type<br>004  | Office Sought: <input checked="" type="checkbox"/> House State: NY<br><input type="checkbox"/> Senate District: 01<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Tim Bishop        |             | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |  |
| Calendar Year-To-Date Per Election for Office Sought<br>939490.32                   |             | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|  |             |   |  |
|--|-------------|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br>IMGE                     |             | Date of Public Distribution/Dissemination<br>09 / 30 / 2014   |  |
| Mailing Address<br>603 King Street<br>4th Floor                              |             | Amount<br>200000.00   |  |
| City<br>Alexandria   | State<br>VA | Zip Code<br>22314   |  |
| Purpose of Expenditure<br>Digital Advertising                                |             | Category/<br>Type<br>004  | Office Sought: <input checked="" type="checkbox"/> House State: NY<br><input type="checkbox"/> Senate District: 01<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Tim Bishop |             | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |  |
| Calendar Year-To-Date Per Election for Office Sought<br>939490.32            |             | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|  |             |   |  |
|--|-------------|---|--|
| Full Name (Last, First, Middle Initial) of Payee<br>RedPrint Strategy        |             | Date of Public Distribution/Dissemination<br>09 / 30 / 2014   |  |
| Mailing Address<br>311 S. Fillmore St.                                       |             | Amount<br>31000.00  |  |
| City<br>Arlington  | State<br>VA | Zip Code<br>22204   |  |
| Purpose of Expenditure<br>TV Production                                      |             | Category/<br>Type<br>004  | Office Sought: <input checked="" type="checkbox"/> House State: NY<br><input type="checkbox"/> Senate District: 01<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Tim Bishop |             | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |  |
| Calendar Year-To-Date Per Election for Office Sought<br>939490.32            |             | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|  |           |
|--|-----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....                                    | 932740.32 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....                                 |           |
| (c) <b>TOTAL</b> Independent Expenditures.....<br>(carry total from last page forward to Line 7) | 932740.32 |