

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		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C90011230 </div>			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1401 New York Avenue, NW Ste 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				
<table style="width: 100%; border: none;"> <tr> <td style="width: 5%; border: none;">Individual filers only</td> <td style="border: none; width: 60%;">Name of Employer</td> <td style="border: none; width: 35%;">Occupation</td> </tr> </table>			Individual filers only	Name of Employer	Occupation
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

 /

D D

 /

Y Y Y Y

THROUGH

M M

 /

D D

 /

Y Y Y Y

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

0.00

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

10/22/2010

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

A. Form/Schedule : **F5N**
Transaction ID :

Electronic filing office/help desk informed that this is an application limitation of the FECfiling software that doesn't display the total expenditures on the summary page but they are displayed schedule 5E page 2.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

American Action Network

Full Name (Last, First, Middle Initial) of Payee
Smart Media Group

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Mailing Address
814 King Street
Ste 400

Amount

560520.00

City
AlexandriaState
VAZip Code
22314Purpose of Expenditure
tv broadcastCategory/
Type

Office Sought:

☐

House

State: WV

Senate

☒

Senate

District: 00

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
JOHN REEVES RAESECalendar Year-To-Date Per Election
for Office Sought

560520.00

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

560520.00

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

560520.00