

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation <b>American Action Network</b>		
(b) Address (number and street) <input type="checkbox"/> 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 <div> <div>C</div> <div>C90011230</div> </div>
2. Occupation and Name of Employer (for Individual Filers Only)		

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES .....	14063.04

FEC Schedule 5 (REV. 09/2013)

# **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

Majority Strategies

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 28 / 2014

Mailing Address 135 Professional Drive

Suite 104

Amount

14063.04

City

State

Zip Code

Ponte Vedra Beach

FL

32082

Transaction ID : 001

Purpose of Expenditure

Mobile advertising

Category/

Type

004

Office Sought:

☒

House

State: MN

☐

Senate

District: 08

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Rick Nolan

Disbursement For:

☐

Primary

☒

General

2014

☐ Other (specify) ▶Calendar Year-To-Date Per Election  
for Office Sought

726029.49

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

Check One:

☐

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Disbursement For:

☐

Primary

☐

General

☐ Other (specify) ▶Calendar Year-To-Date Per Election  
for Office Sought

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

Check One:

☐

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Disbursement For:

☐

Primary

☐

General

☐ Other (specify) ▶Calendar Year-To-Date Per Election  
for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

14063.04

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

(c) TOTAL Independent Expenditures.....▶

14063.04

(carry total from last page forward to Line 7)