05/17/2016 12:29

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation	,	
American Action Network		
(b) Address (number and street) check if different than 1747 Pennsylvania Avenue, NW 5th Floor	previously reported	
(c) City, State and ZIP Code		
Washington	DC 20006	3. FEC Identification Number
Occupation and Name of Employer (for Individual Filers Only)		C C90011230
2. Geografion and Name of Employer (for marviagar rifers offiny)		
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No 5. COVERING PERIOD: FROM THROUGH	X 24-Hour Report 48-Hour Report Yes, it amends the report filed on	
TOTAL CONTRIBUTIONS TOTAL INDEPENDENT EXPENDITURES		30000.00
Under penalty of perjury I certify that the independent expenditures reported hof, any candidate or authorized committee or agent of either, or any political		ation, or concert with, or at the request or suggestion
, , ,	. ,	
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE [Electronically Filed]
Caleb Crosby	Caleb Crosby	05/17/2016
NOTE: Submission of false, erroneous or incomplete information	ation may subject the nerson signing this rep	_
1101 E. Cashilosion of laise, enoneous of incomplete informa-	and the person signing the repr	5.1.15 1.16 portained of 2 0.0.0. 340/ g.

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F5N Transaction ID:

The information included in this report was originally filed on Form 24 on March 8, 2016. This filing is being made to provide the information on the correct form.

Form/Schedule: Transaction ID:

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR II	NE 7 (OF FO	RM 5

NAME OF FILER (In Full) American Action Network		
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination	
Connection Strategy	03 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 2192	Amount	
City State Zip Code	2000000	
Arlington VA 22202	30000.00 Transaction ID : 001	
Purpose of Expenditure Phone calls Category/ Type 004	Office Sought: House State: IL Senate District: 15	
Name of Federal Candidate Supported or Opposed by Expenditure: John Shimkus	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 30000.00	Disbursement For: Primary General 2016 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination	
Mailing Address	M = M / D = D / Y = Y = Y = Y	
	Amount	
City State Zip Code		
Purpose of Expenditure Category/ Type	Office Sought: House State:	
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 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	
	M = M / D = D / Y = Y = Y	
Mailing Address		
	Amount	
City State Zip Code		
Purpose of Expenditure Category/ Type	Office Sought: House State:	
Name of Federal Candidate Supported or Opposed by Expenditure:	District:	
	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	30000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	30000.00	