

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 INC | | 3. FEC Identification Number C C90011230 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 555 13TH STREET NW SUITE 510 WEST | | |
| (c) City, State and ZIP Code WASHINGTON DC 20004 | | |
| 2. Corporate filers only | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Individual filers only | Name of Employer | Occupation |

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
- ☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2012
 THROUGH
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2012

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES 39723.20

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. 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

[Electronically Filed]

stephanie fenjiro

stephanie fenjiro

10/26/2012

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
AMERICAN ACTION NETWORK INC

| | | | |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial) of Payee american media & advocacy group | | Date MM / DD / YYYY 10 / 17 / 2012 | |
| Mailing Address 815 slaters lane | | Amount 39723.20 | |
| City alexandria | State VA | Zip Code 22314 | |
| Purpose of Expenditure tv placement | | Category/ Type 004 | Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: rick nolan | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 772028.38 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|-------|---|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | |
| Purpose of Expenditure | | Category/ Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|-------|---|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | |
| Purpose of Expenditure | | Category/ Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|---|--|----------|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 39723.20 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | | 39723.20 | |