

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 American Action Network | | | 3. FEC Identification Number <div style="border: 1px solid black; padding: 5px; display: inline-block;"> C C90011230 </div> |
| (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 <div style="display: flex; justify-content: space-between;"> Washington DC 20006 </div> | | | |
| 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 / /

5. COVERING PERIOD:

FROM / /

THROUGH / /

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 596854.00

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

10/29/2014

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 EXPENDITURESPAGE 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

American Media & Advocacy Group

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 28 / 2014

Mailing Address

815 Slaters Lane

Amount

536804.00

Transaction ID : 001

Purpose of Expenditure
TV/media placementCategory/
Type 004Office Sought: ☒ House State: NJ
☐ Senate District: 03
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Aimee BelgardCalendar Year-To-Date Per Election
for Office Sought

596854.00

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Revolution

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 28 / 2014

Mailing Address

1020 Princess Street

Amount

40000.00

Transaction ID : 002

Purpose of Expenditure
Digital advertisingCategory/
Type 004Office Sought: ☒ House State: NJ
☐ Senate District: 03
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Aimee BelgardCalendar Year-To-Date Per Election
for Office Sought

596854.00

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Something Else Strategies

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 28 / 2014

Mailing Address

212 Golden Willow Ct.

Amount

20050.00

Transaction ID : 003

Purpose of Expenditure
TV/media productionCategory/
Type 004Office Sought: ☒ House State: NJ
☐ Senate District: 03
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Aimee BelgardCalendar Year-To-Date Per Election
for Office Sought

596854.00

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 596854.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 596854.00
(carry total from last page forward to Line 7)