

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 MAJORITY ACTION INC.		3. FEC Identification Number C C90011891
(b) Address (number and street) ☐ check if different than previously reported PO BOX 309		
(c) City, State and ZIP Code PURCELLVILLE VA 20134		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? ☒ Yes ☐ 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 Y Y
THROUGH				
M M	/	D D	/	Y Y Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

4462.50

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]

Leon Wolf

Leon Wolf

10/19/2012

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 MAJORITY ACTION INC.

Full Name (Last, First, Middle Initial) of Payee AMERICAN MAJORITY ACTION INC.		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address PO BOX 309		Amount 2975.00	
City PURCELLVILLE	State VA	Zip Code 20134	Transaction ID : F57.4151
Purpose of Expenditure Flyers/handouts	Category/ Type 004	Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☒ President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 51489.97		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee AMERICAN MAJORITY ACTION INC.		Date MM / DD / YYYY 10 / 18 / 2012	
Mailing Address PO BOX 309		Amount 1487.50	
City PURCELLVILLE	State VA	Zip Code 20134	Transaction ID : F57.4151
Purpose of Expenditure Flyers/handouts	Category/ Type 004	Office Sought: ☐ House State: OH ☒ Senate District: _____ ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 1487.50		Disbursement For: ☐ Primary ☒ General 2012 ☐ 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: ☐ House State: _____ ☐ Senate District: _____ ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure:		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 4462.50 (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures 4462.50 (carry total from last page forward to Line 7)			