

# 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 Principles in Action		3. FEC Identification Number <b>C</b> C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1420 K Street, NW, Suite 300		
(c) City, State and ZIP Code Washington DC 20005		
2. <b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Individual filers only</b> Name of Employer		Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report       24-Hour Notice       48-Hour Notice

July 15 Quarterly Report

October Quarterly Report

January 31 Year-End Report

(b) Is this Report an amendment?    Yes     No

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5. COVERING PERIOD: FROM    M M / D D / Y Y Y Y  
   07 / 20 / 2010

THROUGH

M M / D D / Y Y Y Y  
   08 / 05 / 2010

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6. TOTAL CONTRIBUTIONS ..... .00

7. TOTAL INDEPENDENT EXPENDITURES..... 20443.79

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Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a 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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Marjorie Fellows		08/05/2010

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 EXPENDITURES**

NAME OF FILER (In Full)  
American Principles in Action

Full Name (Last, First, Middle Initial) of Payee VTL Solutions		Date M M / D D / Y Y Y Y 07 / 20 / 2010
Mailing Address 22 Southern Cross Cir. #203		Amount 1000.00
City Boynton Beach	State FL	
Zip Code 33436		
Purpose of Expenditure Website	Category/ Type	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee TradeShowPlus		Date M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address 4861-C Telsa Drive		Amount 1913.20
City Bowie	State MD	
Zip Code 20715		
Purpose of Expenditure Banner	Category/ Type	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee VTL Solutions		Date M M / D D / Y Y Y Y 07 / 24 / 2010
Mailing Address 22 Southern Cross Cir. #203		Amount 1000.00
City Boynton Beach	State FL	
Zip Code 33436		
Purpose of Expenditure Website	Category/ Type	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	3913.20
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
(carry total from last page forward to Line 7)	

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**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
American Principles in Action

Full Name (Last, First, Middle Initial) of Payee Millenium Biltmore Hotel	Date M M / D D / Y Y Y Y 07 / 25 / 2010
Mailing Address 506 South Grand Avenue	Amount 500.00
City State Zip Code Los Angeles CA 90071	

Purpose of Expenditure Deposit for press conference	Category/ Type	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Millennium Biltmore Hotel	Date M M / D D / Y Y Y Y 07 / 30 / 2010
Mailing Address 506 South Grand Avenue	Amount 2231.14
City State Zip Code Los Angeles CA 90071	

Purpose of Expenditure Press Conference	Category/ Type	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Design4 Advertising	Date M M / D D / Y Y Y Y 08 / 05 / 2010
Mailing Address 106 N. Collins Street	Amount 1566.00
City State Zip Code Plant City FL 33563	

Purpose of Expenditure Creation of Google Ads	Category/ Type	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures ..... 4297.14

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

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

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**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
American Principles in Action

Full Name (Last, First, Middle Initial) of Payee Google Inc.	Date M M / D D / Y Y Y Y 08 / 05 / 2010
Mailing Address Dept. 33654 PO Box 39000	Amount 10000.00
City State Zip Code San Francisco CA 94139	

Purpose of Expenditure Ads on Internet	Category/ Type	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee American Airlines	Date M M / D D / Y Y Y Y 07 / 20 / 2010
Mailing Address PO Box 619612	Amount 693.40
City State Zip Code DFW Airport TX 75261	

Purpose of Expenditure Travel	Category/ Type	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee United Air	Date M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address PO Box 619612	Amount 905.40
City State Zip Code Chicago IL 60666	

Purpose of Expenditure Travel	Category/ Type	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	11598.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
(carry total from last page forward to Line 7)	

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**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)  
American Principles in Action

Full Name (Last, First, Middle Initial) of Payee US Airways	Date M M / D D / Y Y Y Y 07 / 21 / 2010
Mailing Address 4000 E. Sky Harbor Blvd.	Amount 634.65
City State Zip Code Phoenix AZ 85034	

Purpose of Expenditure Travel	Category/ Type	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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*(This area is intentionally left blank for itemized expenditures.)*

(a) SUBTOTAL of Itemized Independent Expenditures .....	634.65
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	20443.79
(carry total from last page forward to Line 7)	

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *Web Form # 481* Date of Receipt or Postmarked  
*8/5/10*

*[Signature]*  
PREPARER

*8/5/10*  
DATE PREPARED

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