

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		3. FEC Identification Number C C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1401 New York Avenue Suite 1200		
(c) City, State and ZIP Code Washington DC 20005		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only	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 ☒

5. COVERING PERIOD: FROM ^M08 / ^D05 / ^Y2010
THROUGH
^M08 / ^D06 / ^Y2010

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES..... 434894.64

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Stephanie Fenjiro

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

10030402732

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

American Action Network

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

Date

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 1 0

Mailing Address
 66 Canal Center Plaza
 Suite 501

Amount

80000.00

City State Zip Code
 Alexandria VA 22314

Purpose of Expenditure
 Online Advertising

Category/
 Type

Office Sought: ☐ House State: NH

Senate ☒ Senate District: _____

☐ President

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
 Kelly Ayotte

Calendar Year-To-Date Per Election
 for Office Sought 2010.00

Disbursement For: ☐ Primary ☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
 Smart Media Group

Date

M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 1 0

Mailing Address
 814 King Street
 Suite 400

Amount

354894.64

City State Zip Code
 Alexandria VA 22314

Purpose of Expenditure
 cable and radio

Category/
 Type

Office Sought: ☐ House State: NH

Senate ☒ Senate District: _____

☐ President

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
 Ayotte

Calendar Year-To-Date Per Election
 for Office Sought 2010.00

Disbursement For: ☐ Primary ☐ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures 434894.64

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

(c) TOTAL Independent Expenditures 434894.64
 (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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Webform # 482</i>	Date of Receipt or Postmarked <i>8/5/10</i>
<i>PR</i> PREPARER	<i>8/6/10</i> DATE PREPARED

(3/2005)

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