Image# 10931775763 10/29#2010 18:50

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

To be used by Fersons (Other than Fontical Committees) including equalified Nonprofit C	יטו אָטו מנוטוופ ז
1. (a) Name of Individual, Organization or Corporation	
AMERICAN ACTION NETWORK INC	
(b) Address (number and street)	
(c) City, State and ZIP Code	
WASHINGTON DC 20005	FEC Identification Number
	C C90011230
2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes X No	
Individual filers only Name of Employer	Occupation
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	Notice
☐ July 15 Quarterly Report	
October Quarterly Report	
☐ January 31 Year-End Report	
(b) Is this Report an amendment? Yes X No	
5. COVERING PERIOD: FROM M M M M M M M M M M M M	
THROUGH	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
6. TOTAL CONTRIBUTIONS	.00
	0010101 01
7. TOTAL INDEPENDENT EXPENDITURES	2318181.81
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or 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 reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	the independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
stephanie fenjiro	10/29/2010
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report	to the penalties of 2 U.S.C 437a.
	3

 $For \ further \ information, \ contact:$

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

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

AMERICAN	ACTION	NETWORK	INC

Full Name (Last, First, Middle Initial) of Payee			Date
wf of r media			M M / D D / Y Y Y Y Y 10 14 2010
Mailing Address			
411 branchway road			Amount
City	State	Zip Code	643500.00
richmond	VA	23236	
Purpose of Expenditure		Category/	Office Sought: X House State: PA
tv broadcast		Туре	House Senate
Name of Federal Candidate Supported or Opposed I	oy Expenditure	! :	President District: 07
brian lentz			Check One: Support X Oppose
01 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		643500.00	2010 Other (specify)
<u> </u>			
Full Name (Last, First, Middle Initial) of Payee targeted victory			Date
			M M / D D / Y Y Y Y Y 10 D D / Y 2010
Mailing Address 66 canal center plaza			Amount
ste 501			59909.09
City	State	Zip Code	00000.00
alexandria	VA	22314	
Purpose of Expenditure internet advertising & website		Category/	Office Sought: X House State: PA
-		Туре	House Senate District: 07
Name of Federal Candidate Supported or Opposed I brian lentz	by Expenditure	:	President —
brian lentz			Check One: Support X Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		703409.99	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
wf or media			
Mailing Address			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
411 branchway road			Amount
City	State	Zip Code	600000.00
richmond	VA	23236	
Purpose of Expenditure		Category/	Office Sought: X House State: IL
tv broadcast		Type	House State: IL
Name of Federal Candidate Supported or Opposed I	ov Expenditure	<u> </u> :	President District: 10
dan seals	o, =/po//a/ta/o	•	Check One: Support X Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election		600000.00	2010
for Office Sought			Other (specify)
			1303409.09
(a) SUBTOTAL of Itemized Independent Expenditure	es		1303409.09
(b) CURTOTAL of Haitamined lader and art Francisco	uroo		
(b) SUBTOTALof Unitemized Independent Expendit	ures		
(c) TOTAL Independent Expenditures			
(carry total from last page forward to Line	7)		

SCHEDULE 5-E

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EMIZED INDEPENDENT EXPENDITU	RES		FOR LINE 7 FOR FORM 5
AME OF FILER (In Full)			•
AMERICAN ACTION NETWORK INC			
Full Name /Lest First Middle Initial) of Davis			
Full Name (Last, First, Middle Initial) of Payee targeted victory			Date
targeted victory			M M / D D / Y Y Y Y Y 1 D D / Y 2 D 1 D
Mailing Address			
66 canal street ste 501			Amount
City	State	Zip Code	59909.09
alexandria	VA	22314	
Purpose of Expenditure		Category/	Office Sought: X House State: IL
interenet advertising & website		Type	House State: IL Senate
	and by Evanditure	1	President District: 10
Name of Federal Candidate Supported or Opported on Seals	sea by Expenditure:		
Gail Goale			Check One: Support Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought	<u></u>	659909.09	Other (specify)
Full Name (Last, First, Middle Initial) of Payee wf of r media			Date
Wildirinedia			M M / D D / Y Y Y Y Y 1 1 4 2 0 1 0
Mailing Address			
411 branchway road			Amount
City	State	Zip Code	75000.00
richmond	VA	23236	
Purpose of Expenditure		Catagory	Office Sought: X House State: AR
tv broadcast		Category/ Type	House State: AR Senate State: 01
Name of Federal Condidate Comparted or Opp	and by Evanditure		President District: 01
Name of Federal Candidate Supported or Opported causey	osed by Experialitire.		
			Check One: Support X Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		75000.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			
targeted victory			Date
•			10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount
66 canal street ste 501			
City	State	Zip Code	29954.54
alexandria	VA	22314	
Purpose of Expenditure		Category/	Office Sought: X House State: AR
internet advertising & website		Туре	House
Name of Federal Candidate Supported or Opp	nsed by Expenditure		President District: 01
chad causey	bed by Experientare.		Check One: Support X Oppose
,			
Calendar Year-To-Date Per Election			Disbursement For: Primary X General 2010
for Office Sought	<u></u>	104954.54	Other (specify)
(a) SUBTOTAL of Itemized Independent Exper	nditures		164863.63
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPER	iditares		
(b) SUBTOTALof Unitemized Independent Exp	nenditures		
(b) SOBTOTALOT OTHER INCEPTION LA	enditures		
(c) TOTAL Independent Expenditures			
(carry total from last page forward to			

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4/4
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee wf of r media				Date
Mailing Address				- M M / D D / Y Y Y Y Y Amount
411 branchway road				790000.00
City richmond	State VA	Zip Code 23236		70000.00
Purpose of Expenditure		Category/	Off	fice Sought: X House State: MA
tv braodcast		Туре	╝'	House Senate District: 10
Name of Federal Candidate Supported or Opposed bill keating	by Expenditure:	:	Ch	eck One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		750000.00	1	bursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
targeted victory				M M / D D / Y Y Y Y Y 1 1 0 1 4 2 0 1 0
Mailing Address 66 canal street ste 501				Amount
City	State	Zip Code		59909.09
alexandria	VA	22314	-	
Purpose of Expenditure internet advertising & website		Category/		fice Sought: X House State: MA
	- "	Туре	_ '	House Senate District: 10
Name of Federal Candidate Supported or Opposed bill keating	oy Expenditure:	:	Ch	eck One: Support X Oppose
			Dis	bursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	• • •	849909.09		2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditure	es			849909.09
(b) SUBTOTALof Unitemized Independent Expendit	ures			
(c) TOTAL Independent Expenditures(carry total from last page forward to Line				2318181.81