24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Action Network	
	C C90011230
Check if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Connection Strategy	M M / D D / Y Y Y Y
Mailing Address P.O. Box 2192	03 07 2016 Amount
City State Zip Code	30000.00
Arlington VA 22202	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Phone calls Category/ Type 004	03 / 04 / 2016
Name of Federal Candidate Support Office	e Sought: X House District: 15
John Shimkus Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
	ursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	2000 00
	30000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Caleb Crosby	M / D D / Y Y Y Y
[Electronically Filed] Date	08 2016
Signature	