

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation American Action Network		3. FEC Identification Number C C90011230
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1747 Pennsylvania Avenue, NW 5th Floor		
(c) City, State and ZIP Code Washington DC 20006		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD: FROM / /
THROUGH / /

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 276895.40

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Crosby, Caleb, , ,	Crosby, Caleb, , ,	11/02/2016
	<i>[Electronically Filed]</i>	

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
American Action Network

Full Name (Last, First, Middle Initial) of Payee The Prosper Group Corporation		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 435 East Main Street Suite 250		Amount 40000.00	
City Greenwood	State IN	Zip Code 46143	
Purpose of Expenditure Media Placement		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Lon, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 322367.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 815 Slaters Lane		Amount 187895.40	
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure Media Placement		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Lon, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 510262.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Connection Strategy		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address P.O. Box 2192		Amount 15000.00	
City Arlington	State VA	Zip Code 22202	
Purpose of Expenditure Phone Calls		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Lon, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 525262.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	242895.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
American Action Network

Full Name (Last, First, Middle Initial) of Payee Connection Strategy		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address P. O. Box 2192		Amount 15000.00	
City Arlington	State VA	Zip Code 22202	Transaction ID : 004
Purpose of Expenditure Phone Calls	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: Bergman, Jack, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 540262.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Strategic Partners & Media Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 1851A McGuckian Street		Amount 19000.00	
City Annapolis	State MD	Zip Code 21401	Transaction ID : 005
Purpose of Expenditure Media Production	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Lon, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 559262.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	276895.40