

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1.   (a) Name of Individual, Organization or Corporation <b>American Action Network</b>						
(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  <div style="display: flex; justify-content: space-between;"> <span>Washington</span> <span>DC</span> <span>20006</span> </div>						3. FEC Identification Number  <div style="border: 2px solid orange; padding: 5px; display: inline-block;"> <b>C</b>     C90011230         </div>
2. Occupation and Name of Employer (for Individual Filers Only)						

350032.88

FEC Schedule 5 (REV. 09/2013)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Action Network

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

American Media &amp; Advocacy Group

Date of Public Distribution/Dissemination

MM / DD / YYYY  
11 / 01 / 2016

Mailing Address 815 Slaters Ln

Amount

City State Zip Code  
Alexandria VA 22314

259008.88

Transaction ID : 001

Purpose of Expenditure  
Media PlacementCategory/  
Type 004Office Sought: ☒ House State: IA  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Vernon, Monica, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 581495.88Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

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

Scott Howell &amp; Company

Date of Public Distribution/Dissemination

MM / DD / YYYY  
11 / 01 / 2016Mailing Address 3900 Willow St.  
Suite 200

Amount

City State Zip Code  
Dallas TX 75226

16000.00

Transaction ID : 002

Purpose of Expenditure  
Media ProductionCategory/  
Type 004Office Sought: ☒ House State: IA  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Vernon, Monica, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 597495.88Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

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

American Media &amp; Advocacy Group

Date of Public Distribution/Dissemination

MM / DD / YYYY  
11 / 01 / 2016

Mailing Address 815 Slaters Ln

Amount

City State Zip Code  
Alexandria VA 22314

35024.00

Transaction ID : 003

Purpose of Expenditure  
Media PlacementCategory/  
Type 004Office Sought: ☒ House State: IA  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Vernon, Monica, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 632519.88Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 310032.88

(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**PAGE 3 OF 3  
FOR LINE 7 OF FORM 5

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

Transaction ID : 004

Purpose of Expenditure  
Media PlacementCategory/  
Type 004

Office Sought:

☒

House

State: IA

☐

Senate

District: 01

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Vernon, Monica, , ,

Disbursement For:  
2016☐

Primary

☒

General

☐ Other (specify) ▶Calendar Year-To-Date Per Election  
for Office Sought

672519.88

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:

☐

House

State: \_\_\_\_\_

☐

Senate

District: \_\_\_\_\_

☐

President

Check One:

☐

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General☐ 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:

☐

House

State: \_\_\_\_\_

☐

Senate

District: \_\_\_\_\_

☐

President

Check One:

☐

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General☐ Other (specify) ▶

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

40000.00

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

(c) TOTAL Independent Expenditures.....▶

350032.88

(carry total from last page forward to Line 7)