

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 USACTION		3. FEC Identification Number C C90012089
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1825 K ST. NW SUITE 210		
(c) City, State and ZIP Code WASHINGTON DC 20006		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" 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
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

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. 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
Eboni Speight	<i>Eboni Speight</i>	10/31/2012

[Electronically Filed]

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
USACTION

Full Name (Last, First, Middle Initial) of Payee Winning Connections Inc		Date MM / DD / YYYY 09 / 26 / 2012
Mailing Address 317 Pennsylvania Ave. SE 2nd Floor		Amount 2625.00 Transaction ID : F57.4441
City Washington	State DC	
Zip Code 20003	Purpose of Expenditure Blind ID 2 Question Calls	Category/Type 007
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES RICHARD JR WALL		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2625.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Winning Connections Inc		Date MM / DD / YYYY 09 / 26 / 2012
Mailing Address 317 Pennsylvania Ave. SE 2nd Floor		Amount 2625.00 Transaction ID : F57.4449
City Washington	State DC	
Zip Code 20003	Purpose of Expenditure Blind ID 2 Questions Calls	Category/Type 007
Name of Federal Candidate Supported or Opposed by Expenditure: LEONARD L. BOSWELL		Office Sought: <input type="checkbox"/> House State: IA <input checked="" type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2625.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Winning Connections Inc		Date MM / DD / YYYY 09 / 26 / 2012
Mailing Address 317 Pennsylvania Ave. SE 2nd Floor		Amount 2625.00 Transaction ID : F57.4450
City Washington	State DC	
Zip Code 20003	Purpose of Expenditure Blind ID 2 Question Calls	Category/Type 007
Name of Federal Candidate Supported or Opposed by Expenditure: GARY J. HON. MCDOWELL		Office Sought: <input type="checkbox"/> House State: MI <input checked="" type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2625.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	7875.00
(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)
USACTION

Full Name (Last, First, Middle Initial) of Payee Winning Connections Inc		Date MM / DD / YYYY 09 / 26 / 2012
Mailing Address 317 Pennsylvania Ave. SE 2nd Floor		Amount 2625.00 Transaction ID : F57.4451
City Washington	State DC	
Zip Code 20003	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: NY <input checked="" type="checkbox"/> Senate District: 24 <input type="checkbox"/> President
Purpose of Expenditure Blind ID 2 Questions Call		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL BENJAMIN MR. MAFFEI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 2625.00		

Full Name (Last, First, Middle Initial) of Payee Winning Connections Inc		Date MM / DD / YYYY 09 / 26 / 2012
Mailing Address 317 Pennsylvania Ave. SE 2nd Floor		Amount 2625.00 Transaction ID : F57.4452
City Washington	State DC	
Zip Code 20003	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Purpose of Expenditure Blind ID 2 Question Call		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BETTY S SUTTON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 2625.00		

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

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	5250.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	13125.00
(carry total from last page forward to Line 7)		