

# 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 <b>American Majority Action, Inc.</b>		3. FEC Identification Number <b>C</b> C90011891
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. Box 309		
(c) City, State and ZIP Code Purcellville VA 20134		
2. Occupation and Name of Employer (for Individual Filers Only) Kelly Amarin		

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

MM / DD / YYYY  
03 / 31 / 2021

5. COVERING PERIOD:

FROM MM / DD / YYYY  
10 / 01 / 2020  
THROUGH MM / DD / YYYY  
12 / 31 / 2020

6. TOTAL CONTRIBUTIONS..... .00

7. TOTAL INDEPENDENT EXPENDITURES ..... 6900.99

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

[Electronically Filed]

Amarin, Kelly, , ,

Amarin, Kelly, , ,

03/31/2021

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**PAGE 2 OF 7  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Majority Action, Inc.

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

BAKER, MARK, , ,

Date of Public Distribution/Dissemination

MM / DD / YYYY  
11 / 03 / 2020

Mailing Address 1029 VALLEY VIEW AVENUE #G1

Amount

662.88

City State Zip Code  
MORGANTOWN WV 26505

Transaction ID : F57.000001

Purpose of Expenditure  
PHONE BANKCategory/  
TypeOffice Sought: ☒ House State: MN  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
HAGEDORN, JIM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 6900.99Disbursement For: ☐ Primary ☒ General  
2020  
☐ Other (specify) ▶

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

BOYD, JORDAN, , ,

Date of Public Distribution/Dissemination

MM / DD / YYYY  
11 / 03 / 2020

Mailing Address 309 2ND AVENUE S

Amount

285.00

City State Zip Code  
HUMBOLDT MN 50548

Transaction ID : F57.000002

Purpose of Expenditure  
DISTRIBUTION OF LITERATURECategory/  
TypeOffice Sought: ☒ House State: MN  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
HAGEDORN, JIM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 6900.99Disbursement For: ☐ Primary ☒ General  
2020  
☐ Other (specify) ▶

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

EIMER, TRACEY, , ,

Date of Public Distribution/Dissemination

MM / DD / YYYY  
11 / 03 / 2020

Mailing Address 502 SE 27TH STREET

Amount

202.25

City State Zip Code  
CAPE CORAL FL 33904

Transaction ID : F57.000003

Purpose of Expenditure  
PHONE BANKCategory/  
TypeOffice Sought: ☒ House State: MN  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
HAGEDORN, JIM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 6900.99Disbursement For: ☐ Primary ☒ General  
2020  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 1150.13

(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 7  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Majority Action, Inc.

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

HERRIN, CHRISTINA, , ,

Date of Public Distribution/Dissemination

MM / DD / YYYY  
11 / 03 / 2020

Mailing Address 18094 GLADSTONE BLVD N

Amount

21.00

City State Zip Code  
MAPLE GROVE MN 55311

Transaction ID : F57.000004

Purpose of Expenditure  
PHONE BANKCategory/  
TypeOffice Sought: ☒ House State: MN  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
HAGEDORN, JIM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 6900.99Disbursement For: ☐ Primary ☒ General  
2020  
☐ Other (specify) ▶

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

Keller, JENNIFER, , ,

Date of Public Distribution/Dissemination

MM / DD / YYYY  
11 / 03 / 2020

Mailing Address 1231 Mourning Dove Court

Amount

75.00

City State Zip Code  
Eagan MN 55123

Transaction ID : F57.000005

Purpose of Expenditure  
TEXT BANKCategory/  
TypeOffice Sought: ☒ House State: MN  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
HAGEDORN, JIM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 6900.69Disbursement For: ☐ Primary ☒ General  
2020  
☐ Other (specify) ▶

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

KELLEY, ANGELA, , ,

Date of Public Distribution/Dissemination

MM / DD / YYYY  
11 / 03 / 2020

Mailing Address 4413 VOGUE STREET

Amount

74.24

City State Zip Code  
LAS VEGAS NV 89129

Transaction ID : F57.000006

Purpose of Expenditure  
PHONE BANKCategory/  
TypeOffice Sought: ☒ House State: MN  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
HAGEDORN, JIM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 6900.99Disbursement For: ☐ Primary ☒ General  
2020  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 170.24

(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 4 OF 7  
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NAME OF FILER (In Full)

American Majority Action, Inc.

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

NIEBELING, JESSICA, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y  
11 / 03 / 2020

Mailing Address 1157 MINNEHAHA AVENUE W

Amount

400.00

Transaction ID : F57.000007

Purpose of Expenditure  
PHONE BANKCategory/  
TypeOffice Sought: ☒ House State: MN  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
HAGEDORN, JIM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

6900.99

Disbursement For: ☐ Primary ☒ General  
2020  
☐ Other (specify) ▶

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

SEGAL, JESSE, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y  
11 / 03 / 2020

Mailing Address 10401 CDAR LAKE ROAD #209

Amount

729.00

Transaction ID : F57.000008

Purpose of Expenditure  
PHONE BANKCategory/  
TypeOffice Sought: ☒ House State: MN  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
HAGEDORN, JIM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

6900.99

Disbursement For: ☐ Primary ☒ General  
2020  
☐ Other (specify) ▶

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

DEJOURNETT, JENNIFER, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y  
11 / 03 / 2020

Mailing Address 18094GLADSTONE BLVD N

Amount

691.00

Transaction ID : F57.000009

Purpose of Expenditure  
DISTRIBUTION OF LITERATURECategory/  
TypeOffice Sought: ☒ House State: MN  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
HAGEDORN, JIM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

6900.99

Disbursement For: ☐ Primary ☒ General  
2020  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 1820.00

(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**PAGE 5 OF 7  
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NAME OF FILER (In Full)

American Majority Action, Inc.

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

LEITNER, LONNY, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y  
11 / 03 / 2020

Mailing Address 300 GROVE PLACE

Amount

961.52

City State Zip Code  
EDINA MN 55343

Transaction ID : F57.000010

Purpose of Expenditure  
DISTRIBUTION OF LITERATURECategory/  
TypeOffice Sought: ☒ House State: MN  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
HAGEDORN, JIM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 6900.99Disbursement For: ☐ Primary ☒ General  
2020  
☐ Other (specify) ▶

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

KELLER, PETE, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y  
11 / 03 / 2020

Mailing Address 1231 MOURNING DOVE COURT

Amount

1339.27

City State Zip Code  
EAGAN MN 55123

Transaction ID : F57.000011

Purpose of Expenditure  
DISTRIBUTION OF LITERATURECategory/  
TypeOffice Sought: ☒ House State: MN  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
HAGEDORN, JIM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 6900.99Disbursement For: ☐ Primary ☒ General  
2020  
☐ Other (specify) ▶

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

DEJOURNETT, JENNIFER, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y  
11 / 03 / 2020

Mailing Address 18094 GLADSTONE BLVD N

Amount

247.92

City State Zip Code  
MAPLE GROVE MN 55311

Transaction ID : F57.000012

Purpose of Expenditure  
LODGINGCategory/  
TypeOffice Sought: ☒ House State: MN  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
HAGEDORN, JIM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 6900.99Disbursement For: ☐ Primary ☒ General  
2020  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 2548.71

(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 6 OF 7  
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NAME OF FILER (In Full)

American Majority Action, Inc.

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

DEJOURNETT, JENNIFER, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y  
11 / 03 / 2020

Mailing Address 18094 GLADSTONE BLVD N

Amount

355.27

City State Zip Code  
MAPLE GROVE MN 55311

Transaction ID : F57.000013

Purpose of Expenditure  
TRAVELCategory/  
TypeOffice Sought: ☒ House State: MN  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
HAGEDORN, JIM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 6900.99Disbursement For: ☐ Primary ☒ General  
2020  
☐ Other (specify) ▶

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

DEJOURNETT, JENNIFER, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y  
11 / 03 / 2020

Mailing Address 18094 GLADSTONE BLVD N

Amount

32.61

City State Zip Code  
MAPLE GROVE MN 55311

Transaction ID : F57.000014

Purpose of Expenditure  
MEALCategory/  
TypeOffice Sought: ☒ House State: MN  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
HAGEDORN, JIM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 6900.99Disbursement For: ☐ Primary ☒ General  
2020  
☐ Other (specify) ▶

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

DEJOURNETT, JENNIFER, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y  
11 / 03 / 2020

Mailing Address 18094 GLADSTONE BLVD N

Amount

38.67

City State Zip Code  
MAPLE GROVE MN 55311

Transaction ID : F57.000015

Purpose of Expenditure  
OFFICE EXPENSECategory/  
TypeOffice Sought: ☒ House State: MN  
☐ Senate District: 01  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
HAGEDORN, JIM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 6900.99Disbursement For: ☐ Primary ☒ General  
2020  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 426.55

(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 7 OF 7  
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NAME OF FILER (In Full)

American Majority Action, Inc.

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

RUMBLE UP LLC

Date of Public Distribution/Dissemination

MM / DD / YYYY  
11 / 03 / 2020

Mailing Address

2101 L STREET NW

Amount

201.51

Transaction ID : F57.000016

Purpose of Expenditure  
TEXT MESSAGE SERVICECategory/  
Type

Office Sought:

☒

House

State: MN

☐

Senate

District: 01

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
HAGEDORN, JIM, , ,Calendar Year-To-Date Per Election  
for Office Sought

6900.99

Disbursement For:  
2020☐

Primary

☒

General

☐ Other (specify) ▶

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

FORMULA WIN LLC

Date of Public Distribution/Dissemination

MM / DD / YYYY  
11 / 03 / 2020

Mailing Address

246 PURPLE MARTIN LANE

Amount

583.85

Transaction ID : F57.000017

Purpose of Expenditure  
PRINTINGCategory/  
Type

Office Sought:

☒

House

State: MN

☐

Senate

District: 01

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
HAGEDORN, JIM, , ,Calendar Year-To-Date Per Election  
for Office Sought

6900.99

Disbursement For:  
2020☐

Primary

☒

General

☐ Other (specify) ▶

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

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

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 Sought

Disbursement For:

☐

Primary

☐

General

☐ Other (specify) ▶

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

785.36

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

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

6900.99

(carry total from last page forward to Line 7)