

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 Majority Action			3. FEC Identification Number C C90011891
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2200 Market Street #642			
(c) City, State and ZIP Code Denver WI 80205			
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..... .00

7. TOTAL INDEPENDENT EXPENDITURES 1082.26

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
Amorin, Kelly, , ,	Amorin, Kelly, , ,	11/08/2016

[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.

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
American Majority Action

Full Name (Last, First, Middle Initial) of Payee Honsberger, Jon, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 5685 South Quemoey Street		Amount 105.00	
City	State	Zip Code	Transaction ID : F57.000001
Centennial	CO	80015	
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Glenn, Manya, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		1400.00	

Full Name (Last, First, Middle Initial) of Payee Newman, Manya, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 20186 East Lake Circle		Amount 105.00	
City	State	Zip Code	Transaction ID : F57.000002
Centennial	CO	80016	
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Glenn, Darryl, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		616.00	

Full Name (Last, First, Middle Initial) of Payee Carlin, Richard, T, ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 6228 Twin Oaks Drive		Amount 105.00	
City	State	Zip Code	Transaction ID : F57.000003
Colorado Springs	CO	80918	
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Glen, Seth, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		469.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....	315.00
(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)
American Majority Action

Full Name (Last, First, Middle Initial) of Payee Sarsozo, Seth, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 5685 South Quemoy Court		Amount 105.00	
City	State	Zip Code	Transaction ID : F57.000004
Centennial	CO	80015	
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Glenn, Shawn, T, ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2016	
1008.00			

Full Name (Last, First, Middle Initial) of Payee Johnson, Shawn, T, ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 1300 Baystone Drive		Amount 75.00	
City	State	Zip Code	Transaction ID : F57.000005
Fort Collins	CO	80521	
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Glenn, Darryl, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2016	
754.00			

Full Name (Last, First, Middle Initial) of Payee Dombrowski, Zak, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 107 Clare Blvd		Amount 142.85	
City	State	Zip Code	Transaction ID : F57.000006
Roscommon	MI	48653	
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Glenn, Darryl, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2016	
1778.95			

(a) SUBTOTAL of Itemized Independent Expenditures.....	322.85
(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 Majority Action

Full Name (Last, First, Middle Initial) of Payee Jamieson, Raeleen, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 4781 South Mobile Way		Amount 142.85	
City Aurora	State CO	Zip Code 80015	Transaction ID : F57.000007
Purpose of Expenditure Distribution of literature	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Glenn, Darryl, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1926.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Lockard, Jim, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 5685 South Quemoy Court		Amount 142.85	
City Centennial	State CO	Zip Code 80015	Transaction ID : F57.000008
Purpose of Expenditure Distribution of literature	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Glenn, Darryl, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1714.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee McIntyre, Nick, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 2200 Market Street #642		Amount 153.85	
City Denver	State CO	Zip Code 80205	Transaction ID : F57.000009
Purpose of Expenditure Distribution of literature	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Glenn, Darryl, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1243.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	439.55
(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**

NAME OF FILER (In Full)
American Majority Action

Full Name (Last, First, Middle Initial) of Payee Jamieson, Raeleen, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 4781 South Mobile Way		Amount 4.86	
City Aurora	State CO	Zip Code 80015	Transaction ID : F57.000010
Purpose of Expenditure Expense reimbursement	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Glenn, Darryl, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1931.00		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	
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) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
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.....	4.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1082.26