

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, Inc.		3. FEC Identification Number C 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 / /

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.

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**

NAME OF FILER (In Full)
American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee BLISS, MARIA, , ,		Date of Public Distribution/Dissemination 11 / 03 / 2020	
Mailing Address 18136 OVERLAND TRAIL		Amount 129.50	
City EDEN PRAIRIE	State MN	Zip Code 55436	Transaction ID : F57.000001
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4238.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee ARNDT, KEVIN, , ,		Date of Public Distribution/Dissemination 11 / 03 / 2020	
Mailing Address 2761 GRIGGS STREET N		Amount 460.00	
City ROSEVILLE	State MN	Zip Code 55113	Transaction ID : F57.000002
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4238.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee BRYANT, MARIAH, , ,		Date of Public Distribution/Dissemination 11 / 03 / 2020	
Mailing Address 873 HILLSIDE AVENUE SW		Amount 4.00	
City NEW PRAGUE	State MN	Zip Code 56071	Transaction ID : F57.000003
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4238.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	593.50
(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, Inc.

Full Name (Last, First, Middle Initial) of Payee BYBOTH, KARI, , ,		Date of Public Distribution/Dissemination 11 / 03 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 101.50	
City MAPLE GROVE	State MN	Zip Code 55311	Transaction ID : F57.000004
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4238.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee HARBAUGH, MONIQUE, , ,		Date of Public Distribution/Dissemination 11 / 03 / 2020	
Mailing Address 2958 FOX HOLLOW NW		Amount 63.75	
City PRIOR LAKE	State MN	Zip Code 55372	Transaction ID : F57.000005
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4238.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee KELLER, JENNIFER, , ,		Date of Public Distribution/Dissemination 11 / 03 / 2020	
Mailing Address 1231 MOURNING DOVE COURT		Amount 15.00	
City EAGAN	State MN	Zip Code 55123	Transaction ID : F57.000006
Purpose of Expenditure TEXT BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4238.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	180.25
(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, Inc.

Full Name (Last, First, Middle Initial) of Payee SHELDON, ARLENE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 257.14	
City MAPLE GROVE	State MN	Zip Code 55311	Transaction ID : F57.000007
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4238.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee WINGER, KRISTINA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 401 NORTH QUINCY		Amount 351.00	
City GREEN BAY	State WI	Zip Code 54301	Transaction ID : F57.000008
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4238.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee DEJOURNETT, JENNIFER, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 691.00	
City MAPLE GROVE	State MN	Zip Code 55311	Transaction ID : F57.000009
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4238.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1299.14
(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, Inc.

Full Name (Last, First, Middle Initial) of Payee LEITNER, LONNY, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 300 GROVE PLACE		Amount 961.52	
City EDINA	State MN	Zip Code 55353	
Purpose of Expenditure DISTRIBUTION OF LITERATURE		Category/Type	Transaction ID : F57.000010
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
		2020	
		4238.15	

Full Name (Last, First, Middle Initial) of Payee DEJOURNETT, JENNIFER, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 71.19	
City MAPLE GROVE	State MN	Zip Code 55311	
Purpose of Expenditure LODGING		Category/Type	Transaction ID : F57.000011
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
		2020	
		4238.15	

Full Name (Last, First, Middle Initial) of Payee DEJOURNETT, JENNIFER, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 284.63	
City MAPLE GROVE	State MN	Zip Code 55311	
Purpose of Expenditure TRAVEL		Category/Type	Transaction ID : F57.000012
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
		2020	
		4238.15	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1317.34
(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, Inc.

Full Name (Last, First, Middle Initial) of Payee DEJOURNETT, JENNIFER, , ,		Date of Public Distribution/Dissemination 11 / 03 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 23.89	
City MAPLE GROVE	State MN	Zip Code 55311	
Purpose of Expenditure MEAL		Category/ Type	Transaction ID : F57.000013
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
		2020	

Full Name (Last, First, Middle Initial) of Payee DEJOURNETT, JENNIFER, , ,		Date of Public Distribution/Dissemination 11 / 03 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 38.67	
City MAPLE GROVE	State MN	Zip Code 55311	
Purpose of Expenditure OFFICE EXPENSE		Category/ Type	Transaction ID : F57.000014
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
		2020	

Full Name (Last, First, Middle Initial) of Payee RUMBLE UP LLC		Date of Public Distribution/Dissemination 11 / 03 / 2020	
Mailing Address 2101 L STREET NW		Amount 201.51	
City WASHINGTON	State DC	Zip Code 20037	
Purpose of Expenditure TEXT MESSAGE SERVICE		Category/ Type	Transaction ID : F57.000015
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
		2020	

(a) SUBTOTAL of Itemized Independent Expenditures.....	264.07
(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, Inc.

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	
City SUFFOLK	State VA	Zip Code 23435	
Purpose of Expenditure PRINTING		Category/ Type	Transaction ID : F57.000016
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
		2020	
4238.15			

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
Name of Federal Candidate Supported or Opposed by Expenditure:		State: _____ District: _____	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
		2020	

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
Name of Federal Candidate Supported or Opposed by Expenditure:		State: _____ District: _____	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
		2020	

(a) SUBTOTAL of Itemized Independent Expenditures.....	583.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	4238.15