

# 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</b>			3. FEC Identification Number <b>C</b> C90011891
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 10936 North Port Washington Road Suite 324			
(c) City, State and ZIP Code Mequon WI 53092			
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

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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5. COVERING PERIOD:

FROM 

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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THROUGH 

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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6. TOTAL CONTRIBUTIONS.....	.00
7. TOTAL INDEPENDENT EXPENDITURES .....	2560.46

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]*

Amorin, Kelly, , ,

Amorin, Kelly, , ,

10/21/2016

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 Pursuit Internet		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 2591 Dallas Parkway, Suite 300		Amount 1195.00	
City Frisco	State TX	Zip Code 75034	Transaction ID : F57.000001
Purpose of Expenditure Printing 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: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1195.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Engelman, Carmen, L, ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 1656 Damian Drive		Amount 80.50	
City Mosinee	State WI	Zip Code 54455	Transaction ID : F57.000002
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: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 80.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Joyce, Josha, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address W430 County Road P		Amount 35.00	
City Edgar	State WI	Zip Code 54426	Transaction ID : F57.000003
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: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 35.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1310.50
(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

Full Name (Last, First, Middle Initial) of Payee Donat, Rachel, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 205 West Chauncey Street		Amount 100.00	
City Oxford	State WI	Zip Code 53952	Transaction ID : F57.000004
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: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 100.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mucciolo, Tanya, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address W12308 Reeds Corners Road		Amount 107.14	
City Ripon	State WI	Zip Code 54971	Transaction ID : F57.000005
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: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 107.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Simac, Kim, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 3860 Kula Vista Drive		Amount 171.42	
City Eagle River	State WI	Zip Code 54521	Transaction ID : F57.000006
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: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 171.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	378.56
(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 Storms, Jason, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 955 County C		Amount 114.83	
City Grafton	State WI	Zip Code 53024	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: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 114.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Ellis, Sott, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 231 North Fowler Street #304		Amount 144.23	
City Oconomowoc	State WI	Zip Code 53066	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: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 144.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Batzel, Matt, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 107 South 6th Street		Amount 346.08	
City Cedar Grove	State WI	Zip Code 53013	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: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 346.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	605.14
(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

Full Name (Last, First, Middle Initial) of Payee Nelson, Nate, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 3977 Leonard Point Road		Amount 161.52	
City Oshkosh	State WI	Zip Code 54904	Transaction ID : F57.000010
Purpose of Expenditure Travel reimbursements	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: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 161.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Batzel, Matt, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 107 South 6th Street		Amount 51.82	
City Cedar Grove	State WI	Zip Code 53013	Transaction ID : F57.000011
Purpose of Expenditure Travel reimbursements	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: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 397.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mucciolo, Tanya, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address W12308 Reeds Corners Road		Amount 52.92	
City Ripon	State WI	Zip Code 54971	Transaction ID : F57.000012
Purpose of Expenditure Travel reimbursements	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: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 160.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	266.26
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	2560.46