

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)		

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 **11 / 18 / 2020**

5. COVERING PERIOD: FROM **10 / 27 / 2020** THROUGH **11 / 03 / 2020**

6. TOTAL CONTRIBUTIONS **.00**
7. TOTAL INDEPENDENT EXPENDITURES **6198.25**

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, , ,	<i>Amorin, Kelly, , ,</i>	11/18/2020

[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, Inc.

Full Name (Last, First, Middle Initial) of Payee SCHLINSOG, JACK, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address W282N4309 SOMERSET LANE		Amount 497.00	
City PEWAUKEE	State WI	Zip Code 53072	Transaction ID : F57.000001
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, , ,		Check One: <input checked="" type="checkbox"/> Support	<input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 679.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee WAITS, JADON, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address W5518 COUNTY ROAD Y		Amount 117.00	
City FOND DU LAC	State WI	Zip Code 54937	Transaction ID : F57.000002
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Check One: <input checked="" type="checkbox"/> Support	<input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 117.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee HALAMBECK, JARED, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2020	
Mailing Address 918 VINE STREET		Amount 679.00	
City LACROSSE	State WI	Zip Code 54601	Transaction ID : F57.000003
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, , ,		Check One: <input checked="" type="checkbox"/> Support	<input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 987.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1293.00
(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, Inc.

Full Name (Last, First, Middle Initial) of Payee UNRUH, JULIA, , ,		Date of Public Distribution/Dissemination 11 / 03 / 2020	
Mailing Address N7685 BITTERSWEET ROAD		Amount 56.00	
City PLYMOUTH	State WI	Zip Code 53073	Transaction ID : F57.000004
Purpose of Expenditure Phone bank	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 126.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee UNRUH, JULIA, , ,		Date of Public Distribution/Dissemination 11 / 03 / 2020	
Mailing Address N7685 BITTERSWEET ROAD		Amount 56.00	
City PLYMOUTH	State WI	Zip Code 53073	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: WI District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 126.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee HARRISON, LESLIE, , ,		Date of Public Distribution/Dissemination 11 / 03 / 2020	
Mailing Address 3087 COUNTRY LANE		Amount 161.25	
City CARO	State MI	Zip Code 48723	Transaction ID : F57.000006
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 396.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	273.25
(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 HARRISON, LESLIE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 3087 COUNTRY LANE		Amount 165.00	
City	State	Zip Code	Transaction ID : F57.000007
CARO	MI	48723	
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
400.65		2020	

Full Name (Last, First, Middle Initial) of Payee CAMPANA, MARIAH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2020	
Mailing Address 3435 HIELD ROAD		Amount 63.00	
City	State	Zip Code	Transaction ID : F57.000008
W MELBOURNE	FL	32904	
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		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)	
189.00		2020	

Full Name (Last, First, Middle Initial) of Payee CAMPANA, MARIAH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2020	
Mailing Address 3435 HIELD ROAD		Amount 63.00	
City	State	Zip Code	Transaction ID : F57.000009
W MELBOURNE	FL	32904	
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		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)	
189.00		2020	

(a) SUBTOTAL of Itemized Independent Expenditures.....	291.00
(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, Inc.

Full Name (Last, First, Middle Initial) of Payee MUCCIOLO, NADA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address W12308 REEDS CORNERS ROAD		Amount 130.00	
City RIPON	State WI	Zip Code 54971	Transaction ID : F57.000010
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 130.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee JONAS, NANCY, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address 1712 DYKE DRIVE		Amount 414.00	
City FRIENDSHIP	State WI	Zip Code 53934	Transaction ID : F57.000011
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1143.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee BATZEL, NICOLE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 107 S 6TH STREET		Amount 95.00	
City CEDAR GROVE	State WI	Zip Code 53015	Transaction ID : F57.000012
Purpose of Expenditure TEXT BANK	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 660.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	639.00
(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, Inc.

Full Name (Last, First, Middle Initial) of Payee BATZEL, NICOLE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 107 S 6TH STREET		Amount 95.00	
City CEDAR GROVE	State WI	Zip Code 53015	Transaction ID : F57.000013
Purpose of Expenditure TEXT BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		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		600.00	

Full Name (Last, First, Middle Initial) of Payee PAUL, ORIANNAH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 6724 WILSON LIMA ROAD		Amount 108.75	
City OOSTBURG	State WI	Zip Code 53070	Transaction ID : F57.000014
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		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		165.00	

Full Name (Last, First, Middle Initial) of Payee PAUL, ORIANNAH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 6724 WILSON LIMA ROAD		Amount 108.75	
City OOSTBURG	State WI	Zip Code 53070	Transaction ID : F57.000015
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		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		165.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....	312.50
(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 MASON, NOAH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2020	
Mailing Address N4728 SILVER SPRING LAKE		Amount 135.00	
City PLYMOUTH	State WI	Zip Code 53073	Transaction ID : F57.000016
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 180.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee LEE, PETER, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 916 VINE STREET		Amount 972.00	
City LACROSSE	State WI	Zip Code 54601	Transaction ID : F57.000017
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1672.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee POLAK, ROBYN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2020	
Mailing Address 1220 MEMORIAL DRIVE #6		Amount 35.00	
City S MILWAUKEE	State WI	Zip Code 53172	Transaction ID : F57.000018
Purpose of Expenditure PHONE BANK	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		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.....	1142.00
(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, Inc.

Full Name (Last, First, Middle Initial) of Payee POLAK, ROBYN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2020	
Mailing Address 1220 MEMORIAL DRIVE #6		Amount 35.00	
City State Zip Code S MILWAUKEE WI 53172	Transaction ID : F57.000019		
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee LAUDOLFF, SOPHIA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address N9014 COUNTY ROAD GG		Amount 157.50	
City State Zip Code ST CLOUD WI 53079	Transaction ID : F57.000020		
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee LAUDOLFF, SOPHIA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address N9014 COUNTY ROAD GG		Amount 15.00	
City State Zip Code ST CLOUD WI 53079	Transaction ID : F57.000021		
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	207.50
(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 GUMNESS, STEPHANIE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2020	
Mailing Address N9163 HICKORY ROAD		Amount 116.25	
City PICKETT	State WI	Zip Code 54964	Transaction ID : F57.000022
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee GUMNESS, STEPHANIE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2020	
Mailing Address N9163 HICKORY ROAD		Amount 116.25	
City PICKETT	State WI	Zip Code 54964	Transaction ID : F57.000023
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee KOHL, STEPHANIE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2020	
Mailing Address 3807 JADE AVENUE		Amount 210.00	
City WAUSAU	State WI	Zip Code 54401	Transaction ID : F57.000024
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 882.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	442.50
(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 PEARCE, TITUS, , ,		Date of Public Distribution/Dissemination 10 / 31 / 2020	
Mailing Address N4899 LINWOOD LANE		Amount 127.50	
City SHEBOYGAN FALLS	State WI	Zip Code 53085	
Purpose of Expenditure DISTRIBUTION OF LITERATURE		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 127.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000025

Full Name (Last, First, Middle Initial) of Payee URSO, TONY, , ,		Date of Public Distribution/Dissemination 11 / 03 / 2020	
Mailing Address 639 EAGLEWATCH DRIVE		Amount 750.00	
City DEFOREST	State WI	Zip Code 53532	
Purpose of Expenditure PHONE BANK		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1567.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000026

Full Name (Last, First, Middle Initial) of Payee ZINDA, WILLIAM, , ,		Date of Public Distribution/Dissemination 10 / 31 / 2020	
Mailing Address 1060 EMERALD DRIVE		Amount 720.00	
City HARTFORD	State WI	Zip Code 53027	
Purpose of Expenditure DISTRIBUTION OF LITERATURE		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 720.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000027

(a) SUBTOTAL of Itemized Independent Expenditures.....	1597.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	6198.25