

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation AMERICAN ACTION NETWORK INC		3. FEC Identification Number C C90011230
(b) Address (number and street) ☐ check if different than previously reported 555 13TH STREET NW SUITE 510 WEST		
(c) City, State and ZIP Code WASHINGTON DC 20004		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? ☐ Yes ☒ No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y Y Y
06	/	13	/	2012

THROUGH

M M	/	D D	/	Y Y Y Y Y Y
07	/	10	/	2012

6. TOTAL CONTRIBUTIONS **.00**

7. TOTAL INDEPENDENT EXPENDITURES **312602.30**

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. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Stephanie Fenjiro

Stephanie Fenjiro

07/11/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN ACTION NETWORK INC

Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date MM / DD / YYYY 07 / 10 / 2012	
Mailing Address 815 Slaters Lane		Amount 276717.38	
City Alexandria	State VA	Zip Code 22314	Transaction ID : F57.000001
Purpose of Expenditure media purchase layers - place	Category/ Type 004	Office Sought: ☒ House State: NC ☐ Senate District: 08 ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Keadle		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 276717.38		Disbursement For: ☒ Primary ☐ General 2012 ☐ Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Scott Howell & Company		Date MM / DD / YYYY 07 / 10 / 2012	
Mailing Address 3900 Willow Street Ste 200		Amount 35884.92	
City Dallas	State TX	Zip Code 75226	Transaction ID : F57.000002
Purpose of Expenditure tv production layers - place	Category/ Type 004	Office Sought: ☒ House State: NC ☐ Senate District: 08 ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Keadle		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 312602.30		Disbursement For: ☒ Primary ☐ General 2012 ☐ Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: ☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		312602.30	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		312602.30	