

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 / **01** / **2020**

5. COVERING PERIOD:

FROM **10** / **16** / **2020**
THROUGH **10** / **20** / **2020**

6. TOTAL CONTRIBUTIONS.....

.00

7. TOTAL INDEPENDENT EXPENDITURES

4824.31

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, , ,

11/01/2020

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 EXPENDITURESPAGE 2 OF 11
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee

MINGO, ELENA, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 15833 WAKE STREET NE

Amount

City	State	Zip Code
HAM LAKE	MN	55304

Amount
46.75

Transaction ID : F57.000001

Purpose of Expenditure
Phone bankCategory/
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: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

46.75

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

MINGO, ELENA, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 15833 WAKE STREET NE

Amount

City	State	Zip Code
HAM LAKE	MN	55304

Amount
46.75

Transaction ID : F57.000002

Purpose of Expenditure
Phone bankCategory/
Type

Office Sought:	<input type="checkbox"/> House	State: MN
	<input checked="" type="checkbox"/> Senate	District: _____
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:
LEWIS, JASON, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

46.75

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

MINGO, ELENA, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 15833 WAKE STREET NE

Amount

City	State	Zip Code
HAM LAKE	MN	55304

Amount
93.50

Transaction ID : F57.000003

Purpose of Expenditure
Phone BankCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House	State: MN
	<input type="checkbox"/> Senate	District: 07
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:
FISCHBACH, MICHELLE, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

93.50

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 187.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 11
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee

SEGAL, JESSE, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 10401 CEDAR LAKE ROAD #209

Amount

City	State	Zip Code
HOPKINS	MN	55305

Amount
90.00

Transaction ID : F57.000004

Purpose of Expenditure
Phone bankCategory/
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: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

180.00

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

SEGAL, JESSE, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 10401 CEDAR LAKE ROAD #209

Amount

City	State	Zip Code
HOPKINS	MN	55305

Amount
90.00

Transaction ID : F57.000005

Purpose of Expenditure
Phone bankCategory/
Type

Office Sought:	<input type="checkbox"/> House	State: MN
	<input checked="" type="checkbox"/> Senate	District: _____
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:
LEWIS, JASON, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

180.00

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

SEGAL, JESSE, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 10401 CEDAR LAKE ROAD #209

Amount

City	State	Zip Code
HOPKINS	MN	55305

Amount
180.00

Transaction ID : F57.000006

Purpose of Expenditure
PHONE BANKCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House	State: MN
	<input type="checkbox"/> Senate	District: 01
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:
HAGEDORN, JIM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

360.00

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 360.00

(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

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee

NIEBELING, JENNIFER, , ,

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		20		2020

Mailing Address 1157 MINNEHAHA AVENUE W

Amount

City	State	Zip Code
ST PAUL	MN	55104

Amount
67.50

Transaction ID : F57.000007

Purpose of Expenditure
PHONE BANKCategory/
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: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

193.13

Disbursement For:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
2020		
<input type="checkbox"/> Other (specify)	▶ _____	

Full Name (Last, First, Middle Initial) of Payee

NIEBELING, JESSICA, , ,

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		20		2020

Mailing Address 1157 MINNEHAHA AVENUE W

Amount

City	State	Zip Code
ST PAUL	MN	55104

Amount
67.50

Transaction ID : F57.000008

Purpose of Expenditure
PHONE BANKCategory/
Type

Office Sought:	<input type="checkbox"/> House	State: MN
	<input checked="" type="checkbox"/> Senate	District: _____
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:
LEWIS, JASON, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

193.13

Disbursement For:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
2020		
<input type="checkbox"/> Other (specify)	▶ _____	

Full Name (Last, First, Middle Initial) of Payee

NIEBELING, JESSICA, , ,

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		20		2020

Mailing Address 1157 MINNEHAHA AVENUE W

Amount

City	State	Zip Code
ST PAUL	MN	55104

Amount
135.00

Transaction ID : F57.000009

Purpose of Expenditure
PHONE BANKCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House	State: MN
	<input type="checkbox"/> Senate	District: 01
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:
HAGEDORN, JIM, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

300.00

Disbursement For:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
2020		
<input type="checkbox"/> Other (specify)	▶ _____	

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

270.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 5 OF 11
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee

EIMER, TRACEY, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 502 SE 27TH STREET

Amount

City	State	Zip Code
CAPE CORAL	FL	33904

Amount
13.13

Transaction ID : F57.000010

Purpose of Expenditure
PHONE BANKCategory/
Type

Office Sought:

☐

House

State: _____

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
TRUMP, DONALD, , ,Calendar Year-To-Date Per Election
for Office Sought

41.26

Disbursement For:
2020☐

Primary

☒

General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

EIMER, TRACEY, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 502 SE 27TH STREET

Amount

City	State	Zip Code
CAPE CORAL	FL	33904

Amount
16.88

Transaction ID : F57.000011

Purpose of Expenditure
PHONE BANKCategory/
Type

Office Sought:

☐

House

State: MN

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
LEWIS, JASON, , ,Calendar Year-To-Date Per Election
for Office Sought

45.00

Disbursement For:
2020☐

Primary

☒

General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

EIMER, TRACEY, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 502 SE 27TH STREET

Amount

City	State	Zip Code
CAPE CORAL	FL	33904

Amount
30.00

Transaction ID : F57.000012

Purpose of Expenditure
PHONE BANKCategory/
Type

Office Sought:

☒

House

State: MN

☐

Senate

District: 01

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
HAGEDORN, JIM, , ,Calendar Year-To-Date Per Election
for Office Sought

86.25

Disbursement For:
2020☐

Primary

☒

General

☐ Other (specify) ▶

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

60.01

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 6 OF 11
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NAME OF FILER (In Full)

American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee

DEJOURNETT, JENNIFER, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 18094 GLADSTONE BLVD N

Amount

138.20

Transaction ID : F57.000013

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type

Office Sought:

☐

House

State: _____

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
TRUMP, DONALD, , ,Calendar Year-To-Date Per Election
for Office Sought

304.04

Disbursement For:
2020☐

Primary

☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

DEJOURNETT, JENNIFER, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 18094 GLADSTONE BLVD N

Amount

138.20

Transaction ID : F57.000014

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type

Office Sought:

☐

House

State: MN

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
LEWIS, JASON, , ,Calendar Year-To-Date Per Election
for Office Sought

304.04

Disbursement For:
2020☐

Primary

☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

DEJOURNETT, JENNIFER, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 18094 GLADSTONE BLVD N

Amount

138.20

Transaction ID : F57.000015

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type

Office Sought:

☒

House

State: MN

☐

Senate

District: 01

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
HAGEDORN, JIM, , ,Calendar Year-To-Date Per Election
for Office Sought

304.04

Disbursement For:
2020☐

Primary

☒ General☐ Other (specify) ▶

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

414.60

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 7 OF 11
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NAME OF FILER (In Full)

American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee

DEJOURNETT, JENNIFER, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 18094 GLADSTONE BLVD N

Amount

138.20

Transaction ID : F57.000016

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type
 Office Sought: ☒ House State: MN
☐ Senate District: 02
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
KISTNER, TYLER, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

304.04

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

DEJOURNETT, JENNIFER, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 18094 GLADSTONE BLVD N

Amount

138.20

Transaction ID : F57.000017

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type
 Office Sought: ☒ House State: MN
☐ Senate District: 03
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
QUALLS, KENDALL, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

304.04

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

DEJOURNETT, JENNIFER, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 18094 GLADSTONE BLVD N

Amount

138.20

Transaction ID : F57.000018

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type
 Office Sought: ☒ House State: MN
☐ Senate District: 07
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
FISCHBACH, MICHELLE, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

304.04

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 414.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 8 OF 11
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NAME OF FILER (In Full)

American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee

LEITNER, LONNY, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 300 GROVE PLACE

Amount

192.30

Transaction ID : F57.000019

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
TRUMP, DONALD, , ,Calendar Year-To-Date Per Election
for Office Sought

423.06

Disbursement For:
2020☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

LEITNER, LONNY, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 300 GROVE PLACE

Amount

192.30

Transaction ID : F57.000020

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type

Office Sought:

☐ House

State: MN

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
LEWIS, JASON, , ,Calendar Year-To-Date Per Election
for Office Sought

423.06

Disbursement For:
2020☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

LEITNER, LONNY, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2020

Mailing Address 300 GROVE PLACE

Amount

192.30

Transaction ID : F57.000021

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type

Office Sought:

☒ House

State: MN

☐ Senate

District: 01

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
HAGEDORN, JIM, , ,Calendar Year-To-Date Per Election
for Office Sought

423.06

Disbursement For:
2020☐ Primary☒ General☐ Other (specify) ▶

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

576.90

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 9 OF 11
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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
10 / 20 / 2020

Mailing Address 300 GROVE PLACE

Amount

192.30

City State Zip Code
EDINA MN 55343

Transaction ID : F57.000022

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
TypeOffice Sought: ☒ House State: MN
☐ Senate District: 02
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
KISTNER, TYLER, , ,Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought 423.06

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

LEITNER, LONNY, , ,

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 20 / 2020

Mailing Address 300 GROVE PLACE

Amount

192.30

City State Zip Code
EDINA MN 55343

Transaction ID : F57.000023

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
TypeOffice Sought: ☒ House State: MN
☐ Senate District: 03
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
QUALLS, KENDALL, , ,Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought 423.06

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

LEITNER, LONNY, , ,

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 20 / 2020

Mailing Address 300 GROVE PLACE

Amount

192.30

City State Zip Code
EDINA MN 55343

Transaction ID : F57.000024

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
TypeOffice Sought: ☒ House State: MN
☐ Senate District: 07
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
FISCHBACH, MICHELLE, , ,Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought 423.06

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... 576.90

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 10 OF 11
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee

KELLER, PETE, , ,

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		20		2020

Mailing Address 1231 MOURNING DOVE COURT

Amount

267.85

Transaction ID : F57.000025

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type

Office Sought:

☐

House

State: _____

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
TRUMP, DONALD, , ,Calendar Year-To-Date Per Election
for Office Sought

589.27

Disbursement For:
2020☐

Primary

☒

General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

KELLER, PETE, , ,

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		20		2020

Mailing Address 1231 MOURNING DOVE COURT

Amount

267.85

Transaction ID : F57.000026

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type

Office Sought:

☐

House

State: MN

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
LEWIS, JASON, , ,Calendar Year-To-Date Per Election
for Office Sought

589.27

Disbursement For:
2020☐

Primary

☒

General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

KELLER, PETE, , ,

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		20		2020

Mailing Address 1231 MOURNING DOVE COURT

Amount

267.85

Transaction ID : F57.000027

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type

Office Sought:

☒

House

State: MN

☐

Senate

District: 01

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
HAGEDORN, JIM, , ,Calendar Year-To-Date Per Election
for Office Sought

589.27

Disbursement For:
2020☐

Primary

☒

General

☐ Other (specify) ▶

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

803.55

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 11
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee

KELLER, PETE, , ,

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		20		2020

Mailing Address 1231 MOURNING DOVE COURT

Amount

267.85

City	State	Zip Code
EAGAN	MN	55123

Transaction ID : F57.000028

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House	State: MN
	<input type="checkbox"/> Senate	District: 07
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:
FISCHBACH, MICHELLE, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

589.27

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

SINNA, LISA, , ,

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		20		2020

Mailing Address 180 PARK STREET E

Amount

446.45

City	State	Zip Code
NEW GERMANY	MN	55367

Transaction ID : F57.000029

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
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: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

982.19

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

SINNA, LISA, , ,

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		20		2020

Mailing Address 180 PARK STREET E

Amount

446.45

City	State	Zip Code
NEW GERMANY	MN	55367

Transaction ID : F57.000030

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type

Office Sought:	<input type="checkbox"/> House	State: MN
	<input checked="" type="checkbox"/> Senate	District: _____
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:
LEWIS, JASON, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

982.19

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 1160.75

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 4824.31
(carry total from last page forward to Line 7)