

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 **10 / 26 / 2020**

5. COVERING PERIOD: FROM **10 / 16 / 2020** THROUGH **10 / 20 / 2020**

6. TOTAL CONTRIBUTIONS..... **.00**

7. TOTAL INDEPENDENT EXPENDITURES **2708.00**

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>	11/01/2020

[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 Vicente, Maria, , ,		Date of Public Distribution/Dissemination 10 / 20 / 2020	
Mailing Address 541 Eric Court		Amount 33.75	
City Front Royal	State VA	Zip Code 22630	Transaction ID : F57.000001
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input 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 54.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee VICENTE, MARIA, , ,		Date of Public Distribution/Dissemination 10 / 20 / 2020	
Mailing Address 541 ERIC COURT		Amount 33.75	
City FRONT ROYAL	State VA	Zip Code 22630	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: VA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Gade, Daniel, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 54.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee VICENTE, MARIA, , ,		Date of Public Distribution/Dissemination 10 / 20 / 2020	
Mailing Address 540 ERIC COURT		Amount 67.50	
City FRONT ROYAL	State VA	Zip Code 22630	Transaction ID : F57.000003
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: Cline, Ben, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 109.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	135.00
(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 ANDERSON, MARY, , ,		Date of Public Distribution/Dissemination 10 / 20 / 2020	
Mailing Address 2410 NORTH CHASE ROAD		Amount 48.00	
City LIBERTY LAKE	State WA	Zip Code 99019	Transaction ID : F57.000004
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" 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 118.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee ANDERSON, MARY, , ,		Date of Public Distribution/Dissemination 10 / 20 / 2020	
Mailing Address 2410 NORTH CHASE ROAD		Amount 48.00	
City LIBRITY LAKE	State WA	Zip Code 99019	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: VA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 118.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee KNOWLTON, MAX, , ,		Date of Public Distribution/Dissemination 10 / 16 / 2020	
Mailing Address 1142 ROUND PEBBLE LANE		Amount 24.00	
City RESTON	State VA	Zip Code 20194	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 57.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	120.00
(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 KNOWLTON, MAX, , ,		Date of Public Distribution/Dissemination 10 / 16 / 2020	
Mailing Address 1142 ROUND PEBBLE LANE		Amount 24.00	
City RESTON	State VA	Zip Code 20194	Transaction ID : F57.000007
Purpose of Expenditure PHONE BANK	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 57.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee KNOWLTON, MAX, , ,		Date of Public Distribution/Dissemination 10 / 16 / 2020	
Mailing Address 1142 ROUND PEBBLE LANE		Amount 48.00	
City RESTON	State VA	Zip Code 20194	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: VA District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: FREITAS, NICK, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 78.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee MINTO, MEREDITH, , ,		Date of Public Distribution/Dissemination 10 / 16 / 2020	
Mailing Address 54 COLEMAN HOLLOW ROAD		Amount 90.00	
City BLOOMSBURG	State PA	Zip Code 17815	Transaction ID : F57.000009
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input type="checkbox"/> House <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 90.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	162.00
(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 MINTO, MEREDITH, , ,		Date of Public Distribution/Dissemination 10 / 16 / 2020	
Mailing Address 54 COLEMAN HOLLOW ROAD		Amount 90.00	
City BLOOMSBURG	State PA	Zip Code 17815	Transaction ID : F57.000010
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 90.00		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 MINTO, MEREDITH, , ,		Date of Public Distribution/Dissemination 10 / 16 / 2020	
Mailing Address 54 COLEMAN HOLLOW ROAD		Amount 180.00	
City BLOOMSBURG	State PA	Zip Code 17815	Transaction ID : F57.000011
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: CLINE, BEN, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 180.00		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 WEHRLY, NATHAN, , ,		Date of Public Distribution/Dissemination 10 / 20 / 2020	
Mailing Address 14367 TOWNSHIP ROAD 37		Amount 112.00	
City FINDLAY	State OH	Zip Code 45840	Transaction ID : F57.000012
Purpose of Expenditure PHONE BANK	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input 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 161.25		Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	382.00
(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 WEHRLY, NATHAN, , ,		Date of Public Distribution/Dissemination 10 / 20 / 2020	
Mailing Address 14367 TOWNSHIP ROAD 37		Amount 112.00	
City FINDLAY	State OH	Zip Code 45840	Transaction ID : F57.000013
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		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		161.25	

Full Name (Last, First, Middle Initial) of Payee MUMFORD, RYAN, , ,		Date of Public Distribution/Dissemination 10 / 17 / 2020	
Mailing Address 4610 JOHN MARSHALL HIGHWAY		Amount 36.00	
City STRASBURG	State VA	Zip Code 22657	Transaction ID : F57.000014
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	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		65.75	

Full Name (Last, First, Middle Initial) of Payee MUMFORD, RYAN, , ,		Date of Public Distribution/Dissemination 10 / 17 / 2020	
Mailing Address 4610 JOHN MARASHALL HIGHWAY		Amount 36.00	
City STRASBURG	State VA	Zip Code 22657	Transaction ID : F57.000015
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		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		65.75	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	184.00
(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 MUMFORD, RYAN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020	
Mailing Address 4610 JOHNMARSHALL HIGHWAY		Amount 72.00	
City STRASBURG	State VA	Zip Code 22657	Transaction ID : F57.000016
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: CLINE, BEN, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 86.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee STAHL, SAMANTHA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2020	
Mailing Address 707 WALDER TRAIL		Amount 63.00	
City SAN ANTONIO	State TX	Zip Code 78260	Transaction ID : F57.000017
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 160.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee STAHL, SAMANTHA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2020	
Mailing Address 707 WALDER TRAIL		Amount 63.00	
City SAN ANTONIO	State TX	Zip Code 78260	Transaction ID : F57.000018
Purpose of Expenditure PHONE BANK	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 160.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	198.00
(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 STAHL, SAMANTHA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2020	
Mailing Address 707 WALDER TRAIL		Amount 126.00	
City SAN ANTONIO	State TX	Zip Code 78260	Transaction ID : F57.000019
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: FREITAS, NICK, , ,		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		246.00	

Full Name (Last, First, Middle Initial) of Payee FERELLO, SARAH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2020	
Mailing Address 201 CORNERSTONE ROAD		Amount 153.00	
City LYNCHBURG	State VA	Zip Code 24502	Transaction ID : F57.000020
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	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		153.00	

Full Name (Last, First, Middle Initial) of Payee FERELLO, SARAH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2020	
Mailing Address 201 CORNERSTONE ROAD		Amount 153.00	
City LYNCHBURG	State VA	Zip Code 24502	Transaction ID : F57.000021
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		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		153.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....	432.00
(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 FERELLO, SARAH, , ,		Date of Public Distribution/Dissemination 10 / 20 / 2020	
Mailing Address 201 CORNERSTONE ROAD		Amount 306.00	
City LYNCHBURG	State VA	Zip Code 24502	Transaction ID : F57.000022
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: CLINE, BEN, , ,		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 DICKINSON, SOPHIA, , ,		Date of Public Distribution/Dissemination 10 / 20 / 2020	
Mailing Address 41317 PENCADER WAY		Amount 40.50	
City LEESBURG	State VA	Zip Code 20175	Transaction ID : F57.000023
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: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee DICKINSON, SOPHIA, , ,		Date of Public Distribution/Dissemination 10 / 20 / 2020	
Mailing Address 41317 PENCADER WAY		Amount 40.50	
City LEESBURG	State VA	Zip Code 20175	Transaction ID : F57.000024
Purpose of Expenditure PHONE BANK	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		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.....	387.00
(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 DICKINSON, SOPHIA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2020	
Mailing Address 41317 PENCADER WAY		Amount 81.00	
City LEESBURG	State VA	Zip Code 20175	Transaction ID : F57.000025
Purpose of Expenditure PHONE BANK	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: ANDREWS, ALISCIA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 186.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee ROSSIE, STEPHEN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2020	
Mailing Address 513 N ARTHUR ASHE BLVD #18		Amount 71.25	
City RICHMOND	State VA	Zip Code 23220	Transaction ID : F57.000026
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 111.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee ROSSIE, STEPHEN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2020	
Mailing Address 513 N ARTHUR ASHE BLVD #18		Amount 71.25	
City RICHMOND	State VA	Zip Code 23220	Transaction ID : F57.000027
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 111.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	223.50
(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 ROSSIE, STEPHEN, , ,		Date of Public Distribution/Dissemination 10 / 20 / 2020	
Mailing Address 513 N ARTHUR ASHE BLVD #18		Amount 142.50	
City RICHMOND	State VA	Zip Code 23220	Transaction ID : F57.000028
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: FREITAS, NICK, , ,		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		223.13	

Full Name (Last, First, Middle Initial) of Payee SCHERMERHORN, TRUMAN, , ,		Date of Public Distribution/Dissemination 10 / 20 / 2020	
Mailing Address 2715 PLEASANT RUN ROAD		Amount 49.50	
City HENRICO	State VA	Zip Code 23233	Transaction ID : F57.000029
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	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		94.50	

Full Name (Last, First, Middle Initial) of Payee SCHERMERHORN, TRUMAN, , ,		Date of Public Distribution/Dissemination 10 / 20 / 2020	
Mailing Address 2715 PLEASANT RUN ROAD		Amount 49.50	
City HENRICO	State VA	Zip Code 23233	Transaction ID : F57.000030
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		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		94.50	

(a) SUBTOTAL of Itemized Independent Expenditures.....	241.50
(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 SCHERMERHORN, TRUMAN, , ,		Date of Public Distribution/Dissemination 10 / 20 / 2020	
Mailing Address 2715 PLEASANT RUN ROAD		Amount 99.00	
City HENRICO	State VA	Zip Code 23233	Transaction ID : F57.000031
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: FREITAS, NICK, , ,		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		189.00	

Full Name (Last, First, Middle Initial) of Payee WOLFE, WILLIAM, , ,		Date of Public Distribution/Dissemination 10 / 17 / 2020	
Mailing Address 92 CHRISTENDOM DRIVE		Amount 36.00	
City FRONT ROYAL	State VA	Zip Code 22630	Transaction ID : F57.000032
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	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		57.00	

Full Name (Last, First, Middle Initial) of Payee WOLFE, WILLIAM, , ,		Date of Public Distribution/Dissemination 10 / 17 / 2020	
Mailing Address 92 CHRISTENDOM DRIVE		Amount 36.00	
City FRONT ROYAL	State VA	Zip Code 22630	Transaction ID : F57.000033
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		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		57.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....	171.00
(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 WOLFE, WILLIAM, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2020	
Mailing Address 92 CHRISTENDOM DRIVE		Amount 72.00	
City FRONT ROAYL	State VA	Zip Code 22630	Transaction ID : F57.000034
Purpose of Expenditure DISTRIBUTION	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: FREITAS, NICK, , ,		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)	

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	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		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 type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		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 type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	2708.00