04/01/2021 14 : 25

PAGE 1 / 5

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation American Majority Action, Inc.		
American Majority Action, inc.		
(b) Address (number and street) check if different than pre-	viously reported	
(c) City, State and ZIP Code		3. FEC Identification Number
Purcellville	VA 20134	
2. Occupation and Name of Employer (for Individual Filers Only)		C C90011891
Kelly Amorin		
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 b) Is this Report an amendment? FROM 10 01 THROUGH 12 31	D / Y Y Y Y Y Z Z Z Z Z Z Z Z Z Z Z Z Z Z	03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
6. TOTAL CONTRIBUTIONS		.00
7. TOTAL INDEPENDENT EXPENDITURES		4515.90
Under penalty of perjury I certify that the independent expenditures reported herein of, any candidate or authorized committee or agent of either, or any political part		, or concert with, or at the request or suggestion
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE [Ele	DATE ectronically Filed]
Amorin, Kelly, , ,	Amorin, Kelly, , ,	04/01/2021
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 EXPENDITURES

PAGE 2 OF 5 FOR LINE 7 OF FORM 5

AME OF FILED (In Full)			
AME OF FILER (In Full) American Majority Action,Inc.			
Full Name (Last, First, Middle Initial) of Pa	yee		Date of Public Distribution/Dissemination
KELLER, JENNIFER, , ,			11 03 2020
Mailing Address 1231 Mourning Dove Co	urt		Amount
City	State	Zip Code	
Eagan	MN	55123	37.50 Transaction ID : F57.000001
Purpose of Expenditure TEXT BANK		Category/ Type	Office Sought: House State: MN Senate District: 03
Name of Federal Candidate Supported or QUALLS, KENDALL, , ,	Opposed by Expend	liture:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought		4515.90	Disbursement For: Primary General 2020 Other (specify)
Full Name (Last, First, Middle Initial) of Pa	iyee		Date of Public Distribution/Dissemination
PORTER, COLIN, , ,			11 03 2020
Mailing Address 2616 ROCKY SPRINGS	DRIVE		Amount
City	State	Zip Code	
MARIETTA	GA	30062	416.50 Transaction ID : F57.000002
Purpose of Expenditure PHONE BANK		Category/ Type	Office Sought: House State: MN Senate 03
Name of Federal Candidate Supported or QUALLS, KENDALL, , ,	Opposed by Expend	liture:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	7	4515.90	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Pa	ivee		Date of Public Distribution/Dissemination
SEGAL, JESSE, , ,	,,		11 03 2020
Mailing Address 10401 CEDAR LAKE RO	OAD #209		Amount
City	State	Zip Code	
HOPKINS	MN	55305	81.00 Transaction ID : F57.00003
Purpose of Expenditure PHONE BANK		Category/ Type	Office Sought: House State: MN Senate Signature 03
Name of Federal Candidate Supported or QUALLS, KENDALL, , ,	Opposed by Expend	liture:	President District: US Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought		4515.90	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Ex	penditures		535.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		
·			
(c) TOTAL Independent Expenditures (carry total from last page forward			

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 5 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) American Majority Action,Inc.		
• • •		
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
DEJOURNETT, JENNIFER, , ,		11 03 / Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 18094 GLADSTONE BLVD N		Amount
City	State Zip Code	Allouit
MAPLE GROVE	MN 55311	691.00 Transaction ID : F57.000004
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: House State: MN Senate District: 03
Name of Federal Candidate Supported or Opposed b QUALLS, KENDALL, , ,	y Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	4515.90	Disbursement For: Primary General 2020 Other (specify)
Full Name (Last, First, Middle Initial) of Payee	·	Date of Public Distribution/Dissemination
Leitner, Lonny, , , Mailing Address 200 Crove Place		11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
300 Grove Place		Amount
City	State Zip Code	961.52
Edina	MN 55343	Transaction ID : F57.000005
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: House State: MN Senate 03
Name of Federal Candidate Supported or Opposed b QUALLS, KENDALL, , ,	y Expenditure:	President District: Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	4515.90	Disbursement For: Primary General 2020 Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
DEJOURNETT, JENNIFER, , ,		11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 18094 GLADSTONE BLVD N		Amount
City	State Zip Code	
MAPLE GROVE	MN 55311	71.19 Transaction ID : F57.00006
Purpose of Expenditure	Category/	Office Sought: House State: MN
LODGING Name of Enderel Condidate Supported or Opposed by	Type	Senate District: 03
Name of Federal Candidate Supported or Opposed b QUALLS, KENDALL, , ,	y Experiulture:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	4515.90	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures.		1723.71
(b) SUBTOTAL of Unitemized Independent Expenditure	es	
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 5 FOR LINE 7 OF FORM 5

AME OF FILER (In Full)				•	
American Majority Action,Inc.					
T = 0.50					
Full Name (Last, First, Middle Initial) of Pa	ayee		Date	of Public Distribution	/Dissemination
DEJOURNETT, JENNIFER, , ,				M M / D D /	2020
Mailing Address 18094 GLADSTONE BL	.VD N		Amou		
0.11	Ctata	7:- O-do	Amou	unt	
City MARI E CROVE	State	Zip Code			170.44
MAPLE GROVE	MN	55311	T '	nsaction ID : F57.000	
Purpose of Expenditure TRAVEL		Category/ Type	Office Souç	Senate	State: MN District: 03
Name of Federal Candidate Supported or QUALLS, KENDALL, , ,	Opposed by Expend	liture:	Check One	President Support	Oppose
Calendar Year-To-Date Per Election		4515.90	Disburseme	ent For: Primary	✗ General
for Office Sought				Other (specify)	
Full Name (Last, First, Middle Initial) of Pa	ayee		Date	of Public Distribution	/Dissemination
DEJOURNETT, JENNIFER, , ,				M M / D D /	3030
Mailing Address 18094 GLADSTONE BL	.VD N		Amou	11 03 unt	2020
City	State	Zip Code		ant.	
MAPLE GROVE	MN	55311	Tran	saction ID : F57.000	246.09
Purpose of Expenditure MEAL		Category/ Type	Office Sou	ght: 🗶 House	State: MN
Name of Federal Candidate Supported or QUALLS, KENDALL, , ,	Opposed by Expend		Check One	Senate President Support	District: 03 Oppose
Calendar Year-To-Date Per Election for Office Sought		4515.90	Disburseme	ent For: Primary 2020 Primary Other (specify)	★ General
Full Name (Last, First, Middle Initial) of Pa	ayee		Date	of Public Distribution	/Dissemination
RUMBLE UP LLC				M M / D D /	2020
Mailing Address 2101 L STREET NW			Amou	unt	
City	State	Zip Code			1256.81
WASHINGTON	DC	20037	Tran	nsaction ID : F57.000	
Purpose of Expenditure TEXT MESSAGE SERVICE		Category/ Type	Office Soug		State: MN
Name of Federal Candidate Supported or	Onposed by Expend		-	President	District:03
QUALLS, KENDALL, , ,			Check One	e: Support	Oppose
Calendar Year-To-Date Per Election for Office Sought		4515.90	Disburseme	ent For: Primary 2020 Primary Other (specify)	x General
(a) SUBTOTAL of Itemized Independent E	xpenditures		····· >		1673.34
(b) SUBTOTAL of Unitemized Independent	t Expenditures		····· >		
(c) TOTAL Independent Expenditures (carry total from last page forwar			····· >		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 OF 5 FOR LINE 7 OF FORM 5

AME OF FILER (In Full)					
American Majority Action,Inc.					
T = " No (I and Einst Middle Initial) of D					
Full Name (Last, First, Middle Initial) of Pa	ayee		Date of	of Public Distribution/D	Dissemination
FORMULA WIN LLC			IV	M M / D D / 11 03	2020
Mailing Address 246 PURPLE MARTIN L	_ANE			الثنا لئ	2020
			Amou	ınt	
City	State	Zip Code			583.85
SUFFOLK	VA	23435	Tran	saction ID : F57.0000	
Purpose of Expenditure		Category/	Office Soug	ght: X House	State: MN
PRINTING		Type		Senate	District:03
Name of Federal Candidate Supported or	Opposed by Expend	liture:	1	President	DISTRICT.
QUALLS, KENDALL, , ,		ļ	Check One:	: Support	Oppose
T. D. to Dep Florition			Disbursemer	ent For: Primary	✗ General
Calendar Year-To-Date Per Election for Office Sought		4515.90		2020 Primary other (specify)	X Gonora
_				ther (specify)	
Full Name (Last, First, Middle Initial) of Pa	ayee		Date (of Public Distribution/D	Dissemination
ı			N.	M M / D D /	Y Y Y Y Y
Mailing Address			L	النالب	
ı			Amou	ınt	
City	State	Zip Code			• • • • • • • • • • • • • • • • • • • •
Purpose of Expenditure		Category/	Office Soug	ght: House	State:
a.pose st. z. p. s		Type		Senate	
Name of Federal Candidate Supported or	Onnosed by Expend	liture.	-		District:
	Орроссии,	interior.	Check One:	e: Support	Oppose
Calendar Year-To-Date Per Election			Disbursemen		General
for Office Sought			U	other (specify)	
Full Name (Last, First, Middle Initial) of Pa	ayee		Date of	of Public Distribution/D	Dissemination
			N	M M / D D /	YIYIY
Mailing Address			L	النالب	
			Amou	unt	
City	State	Zip Code	\dashv \vdash		
		·	_ L_		
Purpose of Expenditure		Catagory	Office Sough	aht: House	01-1
Laponding.		Category/ Type	Omoo caas	Senate	State:
Name of Federal Candidate Supported or	Opposed by Expend		-	President	District:
Name of Federal Canadate Cappering	Opposou by Emp	illuie.	Check One:		Oppose
Calendar Year-To-Date Per Election			Disbursemer		General
for Office Sought			Ot	other (specify)	
(a) SUBTOTAL of Itemized Independent Ex	xpenditures		····· •		583.85
(b) SUBTOTAL of Unitemized Independent	Expenditures		····· •		
(c) TOTAL Independent Expenditures					4515.90
(carry total from last page forward	a to Line 1)				