

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 / /

5. COVERING PERIOD: FROM / /
THROUGH / /

6. TOTAL CONTRIBUTIONS.....
7. TOTAL INDEPENDENT EXPENDITURES

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, , ,	Amorin, Kelly, , ,	04/05/2021
	<i>[Electronically Filed]</i>	

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 AMORIN, KELLY, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 13505 COLESMIRE GATE WAY		Amount 561.00	
City BRISTOW	State VA	Zip Code 20136	Transaction ID : F57.000001
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 17668.31		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 MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 2410 NORTH CHASE ROAD		Amount 320.50	
City LIBERTY LAKE	State WA	Zip Code 99019	Transaction ID : F57.000002
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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee BAER, Emily, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 17225 Pickwick Drive		Amount 304.05	
City Purcellville	State VA	Zip Code 20132	Transaction ID : F57.000003
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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1185.55
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee BRENNER, DAVID, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 20978 HIGHLAND CREEK DRIVE		Amount 22.50	
City LESSBURG	State VA	Zip Code 20175	Transaction ID : F57.000004
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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee BRENNER, KRISTEN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 20978 HIGHLAND CREEK DRIVE		Amount 60.00	
City LEESBURG	State VA	Zip Code 20175	Transaction ID : F57.000005
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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee COLSON, CHRISTIAN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 1446 SPOTSWOOD DRIVE		Amount 408.00	
City LOCUT GROVE	State VA	Zip Code 22508	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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	490.50
(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 DICKINSON, HUNTER, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 41317 PENCADER WAY		Amount 183.00	
City LEESBURG	State VA	Zip Code 20175	
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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000007

Full Name (Last, First, Middle Initial) of Payee DICKINSON, SOPHIA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 41317 PENCADER WAY		Amount 273.00	
City LEESBURG	State VA	Zip Code 20175	
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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000008

Full Name (Last, First, Middle Initial) of Payee DUKE, ASHLEY, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 3014 DRIVER STATION WAY W		Amount 189.00	
City SUFFOLK	State VA	Zip Code 23435	
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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000009

(a) SUBTOTAL of Itemized Independent Expenditures.....	645.00
(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 FARRELL, LAUREN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 450 LEWISVILLE ROAD		Amount 101.64	
City BERRYVILLE	State VA	Zip Code 22611	Transaction ID : F57.000010
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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee FERELLO, SARAH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 201 CORNERSTONE ROAD		Amount 319.50	
City LYNCHBURG	State VA	Zip Code 24502	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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee FOUSE, BENJAMIN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 8408 QUEEN ELIZABETH BLVD		Amount 218.00	
City ANNANDALE	State VA	Zip Code 22003	Transaction ID : F57.000012
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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	639.14
(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, EMILY, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 1971 UNIVERSITY BLVD MSC BOX 146864		Amount 297.00	
City LYNCHBURG	State VA	Zip Code 24515	Transaction ID : F57.000013
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		17668.31	

Full Name (Last, First, Middle Initial) of Payee HAZARD, CHARLOTTE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 59 HARWILL DRIVE		Amount 349.00	
City STAFFORD	State VA	Zip Code 22556	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		17668.31	

Full Name (Last, First, Middle Initial) of Payee HILL, ABIGAIL, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 4600 ALABAMA AVENUE		Amount 145.00	
City LYNCHBURG	State VA	Zip Code 24502	Transaction ID : F57.000015
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
Calendar Year-To-Date Per Election for Office Sought		17668.31	

(a) SUBTOTAL of Itemized Independent Expenditures.....	791.00
(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 JONES, JOSHUA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 1450 CLOUD HIGH ROAD		Amount 287.00	
City DUFFIELD	State VA	Zip Code 24244	Transaction ID : F57.000016
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 17668.31		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 MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 1142 ROUND PEBBLE LANE		Amount 249.75	
City RESTON	State VA	Zip Code 20194	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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee LANSING, GEORGE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address P.O. BOX 14		Amount 80.50	
City ROCKVILLE	State VA	Zip Code 23146	Transaction ID : F57.000018
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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	617.25
(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 MACK, CHRISTIAN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 1117 CENTERVILLE TPKE #409		Amount 150.00	
City	State	Zip Code	Transaction ID : F57.000019
VIRGINIA BEACH	VA	23464	
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		Disbursement For: 2020	
17668.31		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee MARSHALL, CAROLINE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 1301 GORDON AVENUE		Amount 104.00	
City	State	Zip Code	Transaction ID : F57.000020
CHARLOTTESVILLE	VA	22903	
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		Disbursement For: 2020	
17668.31		<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 MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 54 COLEMAN HOLLOW ROAD		Amount 180.00	
City	State	Zip Code	Transaction ID : F57.000021
BLOOMSBURG	PA	17815	
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		Disbursement For: 2020	
17668.31		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	434.00
(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 MISH, BRUCIE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 492 BOSCOBEL FERRY ROAD		Amount 168.00	
City MANAKIN-SABOT	State VA	Zip Code 23103	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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify)	
		17668.31	

Full Name (Last, First, Middle Initial) of Payee MOORE, KAYLEE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 5105 MARINERS COVE		Amount 252.50	
City SUFFOLK	State VA	Zip Code 23435	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: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify)	
		17668.31	

Full Name (Last, First, Middle Initial) of Payee MUMFORD, RYAN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 4610 JOHN MARSHALL HIGHWAY		Amount 169.25	
City STRASBURG	State VA	Zip Code 22657	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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify)	
		17668.31	

(a) SUBTOTAL of Itemized Independent Expenditures.....	589.75
(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 PURKISS, BRADY, , ,		Date of Public Distribution/Dissemination 11 / 03 / 2020	
Mailing Address 249 CORTLAND LANE		Amount 156.00	
City	State	Zip Code	Transaction ID : F57.000025
VIRGINIA BEACH	VA	23452	
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		Disbursement For: 2020	
17668.31		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee RADEL, ERIC, , ,		Date of Public Distribution/Dissemination 11 / 03 / 2020	
Mailing Address 10742 GREENBRIAR LANE		Amount 434.50	
City	State	Zip Code	Transaction ID : F57.000026
SPOTSYLVANIA	VA	22553	
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		Disbursement For: 2020	
17668.31		<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 11 / 03 / 2020	
Mailing Address 513 N ARTHUR ASHE BLVD #18		Amount 321.56	
City	State	Zip Code	Transaction ID : F57.000027
RICHMOND	VA	23220	
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		Disbursement For: 2020	
17668.31		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	912.06
(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 SALGADO, CATHERINE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 92 CHRISTENDOM DRIVE		Amount 133.50	
City FRONT ROYAL	State VA	Zip Code 22630	Transaction ID : F57.000028
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 type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SCHERMERHORN, TRUMAN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 2715 PLEASANT RUN ROAD		Amount 329.50	
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 <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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SHAW-FULLER, NATHAN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 301 N OLD DOMINION LANE		Amount 157.50	
City PURCELLVILLE	State VA	Zip Code 20132	Transaction ID : F57.000030
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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	620.50
(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 SMITH, JADEN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 34294 BRIDGESTONE LANE		Amount 246.00	
City	State	Zip Code	Transaction ID : F57.000031
BLUEMONT	VA	20135	
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2020 17668.31	

Full Name (Last, First, Middle Initial) of Payee STAHL, SAMANTHA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 707 WALDER TRAIL		Amount 430.50	
City	State	Zip Code	Transaction ID : F57.000032
SAN ANTONIO	TX	78260	
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2020 17668.31	

Full Name (Last, First, Middle Initial) of Payee VICENTE, MARIA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 541 ERIC COURT		Amount 180.75	
City	State	Zip Code	Transaction ID : F57.000033
FRONT ROYAL	VA	22630	
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2020 17668.31	

(a) SUBTOTAL of Itemized Independent Expenditures.....	857.25
(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 WEHRLY, ANNIE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 4600 ALABAMA AVENUE		Amount 154.50	
City LYNCHBURG	State VA	Zip Code 24502	Transaction ID : F57.000034
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 17668.31		Disbursement For: <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 MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 14367 TOWNSHIP ROAD 37		Amount 445.25	
City FINDLAY	State OH	Zip Code 45840	Transaction ID : F57.000035
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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee WHITTAKER, FAUSTINA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 948 ROCKY GLEN DRIVE		Amount 257.25	
City WHITE POST	State VA	Zip Code 22663	Transaction ID : F57.000036
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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	857.00
(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 11 / 03 / 2020	
Mailing Address 92 CHRISTENDOM DRIVE		Amount 156.00	
City FRONT ROYAL	State VA	Zip Code 22630	
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2020 17668.31	

Transaction ID : F57.000037

Full Name (Last, First, Middle Initial) of Payee DICKINSON, LIZ, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 41317 PENCADER WAY		Amount 677.22	
City LEESBURG	State VA	Zip Code 20175	
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2020 17668.31	

Transaction ID : F57.000038

Full Name (Last, First, Middle Initial) of Payee PEARCE, MICAH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 3050 COUNTY ROAD OO		Amount 571.46	
City SHEBOYGAN FALLS	State WI	Zip Code 53085	
Purpose of Expenditure TEXT 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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2020 17668.31	

Transaction ID : F57.000039

(a) SUBTOTAL of Itemized Independent Expenditures.....	1404.68
(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 KWAPISZ, JOHN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 9410 STANMORE PLACE		Amount 1314.30	
City N CHESTERFIELD	State VA	Zip Code 23236	Transaction ID : F57.000040
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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee DONICA, MARGARETT, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 1504 OLD FARM ROAD		Amount 1133.38	
City LYNCHBURG	State VA	Zip Code 24503	Transaction ID : F57.000041
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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee FITZGERALD, JESSICA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 5116 BERCLAIR PLANTATION LANE		Amount 1314.30	
City FREDERICKSBURG	State VA	Zip Code 22408	Transaction ID : F57.000042
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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3761.98
(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, LIZ, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 41317 PENCADER WAY		Amount 6.59	
City LEESBURG	State VA	Zip Code 20175	Transaction ID : F57.000043
Purpose of Expenditure TRAVEL	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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee KWAPISZ, JOHN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 9410 STANMORE PLACE		Amount 75.32	
City N CHESTERFIELD	State VA	Zip Code 23236	Transaction ID : F57.000044
Purpose of Expenditure TRAVEL	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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee FITZGERALD, JESSICA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 5116 BERCLAIR PLANTATION LANE		Amount 138.20	
City FREDERICKSBURG	State VA	Zip Code 22408	Transaction ID : F57.000045
Purpose of Expenditure TRAVEL	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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	220.11
(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 FITZGERALD, JESSICA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 5116 BERCLAIR PLANTATION ROAD		Amount 35.65	
City FREDERICKSBURG	State VA	Zip Code 22408	Transaction ID : F57.000046
Purpose of Expenditure MEAL	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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee RUMBLE UP LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 2101 L STREET NW		Amount 3208.82	
City WASHINGTON	State DC	Zip Code 20037	Transaction ID : F57.000047
Purpose of Expenditure TEXT MESSAGE SERVICE	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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee MR. PRINT		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 501 EAST MAIN STREET		Amount 398.07	
City PURCELLVILLE	State VA	Zip Code 20132	Transaction ID : F57.000048
Purpose of Expenditure PRINTING	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 17668.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3642.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	17668.31