

# 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 <b>American Majority Action, Inc.</b>		3. FEC Identification Number <b>C</b> 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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Amorin, Kelly, , ,	<i>Amorin, Kelly, , ,</i>	11/18/2020
	<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 ROLLIN, KIMBER, , ,		Date of Public Distribution/Dissemination 10 / 14 / 2020	
Mailing Address 6940 STATE HIGHWAY 32		Amount 7.50	
City GILLETT	State WI	Zip Code 54124	Transaction ID : F57.000001
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 7.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee ROLLIN, KIMBER, , ,		Date of Public Distribution/Dissemination 10 / 14 / 2020	
Mailing Address 6940 STATE HIGHWAY 32		Amount 7.50	
City GILLETT	State WI	Zip Code 54124	Transaction ID : F57.000002
Purpose of Expenditure Phone bank	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee HARRISON, LESLIE, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 3087 COUNTRY LANE		Amount 235.65	
City CARO	State MI	Zip Code 48723	Transaction ID : F57.000003
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 235.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	250.65
(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, LESLIE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2020	
Mailing Address 3087 COUNTRY LANE		Amount 235.65	
City CARO	State MI	Zip Code 48723	
Purpose of Expenditure Phone bank		Category/ Type	Transaction ID : F57.000004
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Calendar Year-To-Date Per Election for Office Sought		235.65	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee CAMPANA, MARIAH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2020	
Mailing Address 3435 HIELD ROAD		Amount 112.00	
City W MELBOURNE	State FL	Zip Code 32904	
Purpose of Expenditure Phone bank		Category/ Type	Transaction ID : F57.000005
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		126.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee CAMPANA, MARIAH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2020	
Mailing Address 3435 HIELD ROAD		Amount 112.00	
City W MELBOURNE	State FL	Zip Code 32904	
Purpose of Expenditure PHONE BANK		Category/ Type	Transaction ID : F57.000006
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Calendar Year-To-Date Per Election for Office Sought		126.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	459.65
(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 JONAS, NANCY, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2020	
Mailing Address 1712 DYKE DRIVE		Amount 729.00	
City FRIENDSHIP	State WI	Zip Code 53934	
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 729.00	

Transaction ID : F57.000007

Full Name (Last, First, Middle Initial) of Payee BATZEL, NICOLE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2020	
Mailing Address 107 S 6TH STREET		Amount 565.00	
City CEDAR GROVE	State WI	Zip Code 53013	
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 565.00	

Transaction ID : F57.000008

Full Name (Last, First, Middle Initial) of Payee BATZEL, NICOLE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2020	
Mailing Address 107 S 6TH STREET		Amount 505.00	
City CEDAR GROVE	State WI	Zip Code 53013	
Purpose of Expenditure TEXT BANK		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		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 505.00	

Transaction ID : F57.000009

(a) SUBTOTAL of Itemized Independent Expenditures.....	1799.00
(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 MASON, NOAH, , ,		Date of Public Distribution/Dissemination 10 / 16 / 2020	
Mailing Address N4728 SILVER SPRING LANE		Amount 45.00	
City PLYMOUTH	State WI	Zip Code 53073	Transaction ID : F57.000010
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 45.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee MASON, NOAH, , ,		Date of Public Distribution/Dissemination 10 / 16 / 2020	
Mailing Address N4728 SILVER SPRING LANE		Amount 45.00	
City PLYMOUTH	State WI	Zip Code 53073	Transaction ID : F57.000011
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 45.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee PAUL, ORIANNAH, , ,		Date of Public Distribution/Dissemination 10 / 23 / 2020	
Mailing Address 6724 WILSON LIMA ROAD		Amount 56.25	
City OOSTBURG	State WI	Zip Code 53070	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 56.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	146.25
(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 PAUL, ORIANNAH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2020	
Mailing Address 6724 WILSON LIMA ROAD		Amount 56.25	
City OOSTBURG	State WI	Zip Code 53070	Transaction ID : F57.000013
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		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)	

Full Name (Last, First, Middle Initial) of Payee LEE, PETER, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2020	
Mailing Address 916 VINE STREET		Amount 700.00	
City LACROSSE	State WI	Zip Code 54601	Transaction ID : F57.000014
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)	

Full Name (Last, First, Middle Initial) of Payee LAUDOLFF, SOPHIA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2020	
Mailing Address N9014 COUNTY ROAD GG		Amount 11.25	
City ST CLOUD	State WI	Zip Code 53079	Transaction ID : F57.000015
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)	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	767.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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 LAUDOLFF, SOPHIA, , ,		Date of Public Distribution/Dissemination 10 / 13 / 2020	
Mailing Address N9014 COUNTY ROAD GG		Amount 11.25	
City ST CLOUD	State WI	Zip Code 53079	Transaction ID : F57.000016
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		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		11.25	

Full Name (Last, First, Middle Initial) of Payee GUMNESS, STEPHANIE, , ,		Date of Public Distribution/Dissemination 10 / 22 / 2020	
Mailing Address N9163 HICKORY ROAD		Amount 86.25	
City PICKETT	State WI	Zip Code 54964	Transaction ID : F57.000017
Purpose of Expenditure PHONE BANK	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		86.25	

Full Name (Last, First, Middle Initial) of Payee GUMNESS, STEPHANIE, , ,		Date of Public Distribution/Dissemination 10 / 22 / 2020	
Mailing Address N9163 HICKORY ROAD		Amount 86.25	
City PICKETT	State WI	Zip Code 54964	Transaction ID : F57.000018
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		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		86.25	

(a) SUBTOTAL of Itemized Independent Expenditures.....	183.75
(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 KOHL, STEPHANIE, , ,		Date of Public Distribution/Dissemination 10 / 25 / 2020	
Mailing Address 3807 JADE AVENUE		Amount 672.00	
City WAUSAU	State WI	Zip Code 54401	Transaction ID : F57.000019
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 672.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee URSO, TONY, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 639 EAGLEWATCH DRIVE		Amount 791.25	
City DEFOREST	State WI	Zip Code 53532	Transaction ID : F57.000020
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 791.25		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) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1463.25
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	5070.05