Image#109317773385:49



To: Federal Election Commission: 202-219-0174.

From: American Majority Action

Re: FEC 10/29/2010 -24-Hour Report

Regards,

Jonathan Martin 828-777-8399

American Majority Action P.O. Box 309, Purcellville, VA 20134

hст-29-2010 17:54

2022446810

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EC FORM 5         EPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED         Delused by Persons (Other than Political Committees) including Qualified Nonprofit Corporations         (a) Name of individual, Organization or Completion         American Majority Action, Trc.         (b) Address (number and street)         (c) Chry. State and zeroit         (c) Corporation         (c) Corporation         (c) Corporation         (c) Corporation         (c) April 15 Quarterly Report		
EPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED         De lused by Persons (Other than Political Committees) including Qualified Nonprofit Corporations         (a) Name of Individual, Organization or Corporation:         American Majority Action in Inc.         (b) Address (number and street)         (c) Chy, State and ZIP Code         Be (Utility, VA 20134)         Corporate filters only         Is the filter a qualified nonprofit corporation?         (c) Chy, State and ZIP Code         Recelluilly, VA 20134         Corporate filters only         Is the filter a qualified nonprofit corporation?         If Yes         Individual filters only         Name of Employer         Cocupation         (a) D April 15 Quarterly Report         January 31 Year-End Report         January 31 Year-End Report         January 31 Year-End Report         Individual TitleUTIONS         7. TOTAL CONTRIBUTIONS         7. TOTAL CONTRIBUTIONS         7. TOTAL INDEPENDENT EXPENDITURES	FEC FORM 5	
Be Used by Persons (Other than Political Committees) including Qualified Nonprofil Corporations         (a) Name of Individual, Organization or Complication         American Majority Action i Tric -         (b) Address (number and street)         (c) Chy, State and 2P Code         Reference         Corporate filters only         Is the filter a qualified nonprofit corporation?         (c) Chy, State and 2P Code         Reference         Corporate filters only         Is the filter a qualified nonprofit corporation?         (a) Address (number of Employer         Coccupation         (a) April 15 Quarterly Report         (b) Is this Report an amendment?         Yest         (c) Other is this Report an amendment?         (c) January 31 Year-End Report         (c) Coverning PERIOD: FROM         (c) Address (Contrained PERIOD: FROM         (c) Addres (Contrained PERIOD: FROM	REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTR	<b>IBUTIONS RECEIVED</b>
American Majority Action, Inc. (e) Address (number and street) I. Jeteck if different than previously reported PO Box 309 (c) City, State and ZIP Code Percelluille, VA 20134 Corporate filters only Is the filer a qualified nonprofit corporation? [I Yes] No Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) [] April 15 Quarterly Report [] January 31 Year-End Report (] January 31 Year-End Report () c) State Report an amendment? Yes [] No (b) Is this Report an amendment? Yes [] No (c) Coverning PERIOD: FROM (c) C)	o Be Used by Persons (Other than Political Committees) including Qualified Nonprofit	Corporations
(b) Address (number and street)       I check if different than previously reported         PO       BOX       3.         PC       Color       3.         (c) City, State and ZIP Code       3.         PC       Corporate filers only       is the filer a qualified nonprofil corporation?       I Yes         Corporate filers only       is the filer a qualified nonprofil corporation?       I Yes       No         Individual filers only       Is the filer a qualified nonprofil corporation?       I Yes       No         Individual filers only       Name of Employer       Occupation       C         Individual filers only       Name of Employer       Occupation       C         (a)       April 15 Quarterly Report       ()       Quarterly Report       ()         (a)       April 15 Quarterly Report       ()       48-Hour Report       ()         (b)       Is this Report an amendment?       Yes       No       ()         5.       COVERING PERIOD: FROM       ()       ()       ()       ()         (c)       ()       ()       ()       ()       ()       ()         (c)       ()       ()       ()       ()       ()       ()       ()         ()       ()       <		
PO       BOX       3. FEC identification Number         (c) City, State and ZIP Code       3. FEC identification Number         Purce(Lv) I/e       VA       20134         Corporate filers only       Is the filer a qualified nonprofit corporation?       I Yes         Individual filers only       Is the filer a qualified nonprofit corporation?       I Yes       No         Individual filers only       Name of Employer       Occupation         4. TYPE OF REPORT (check appropriate boxes):       (a)       April 15 Quarterly Report       (a)         (a)       Japril 15 Quarterly Report       (b)       (c)       (c)         (c)       October 15 Quarterly Report       (c)       (c)         (c)       January 31 Year-End Report       (c)       (c)         (c)       Is this Report an amendment?       Yes       No/X         5. COVERING PERIOD: FROM       10       2.8       2010         THROUGH       (c)       (c)       (c)       (c)         1       0.2       2.010       (c)       (c)         7. TOTAL INDEPENDENT EXPENDITURES       4.402.54       (c)       (c)	American Majority Action, Inc.	
(c) City, State and ZIP Code       3. FEC Identification Number         Purce(luille_VA_QOL34       Corporate filters only       Is the filter a qualified nonprofil corporation?       Yes         Corporate filters only       Is the filter a qualified nonprofil corporation?       Yes       No         Individual filters only       Name of Employer       Occupation         4. TYPE OF REPORT (check appropriate boxes):       (a)       April 15 Quarterly Report         (a)       April 15 Quarterly Report       (b)       24-Hour Report         (c)       Occupation       (c)       48-Hour Report         (c)       January 31 Year-End Report       (c)       48-Hour Report         (c)       Is this Report an amendment?       Yes       No)         5. COVERING PERIOD: FROM       0       2.8       2.0         (c)       THROUGH       (c)       2.9       0         (c)       TOTAL CONTRIBUTIONS       (c)       4.4       4.4         (c)       TOTAL INDEPENDENT EXPENDITURES       (c)       4.4       4.4		
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Corporate filers only       Is the filer a qualified nonprofit corporation?       Yes       No         Individual filers only       Name of Employer       Occupation         4. TYPE OF REPORT (check appropriate boxes):       (a)       April 15 Quarterly Report       Occupation         July 15 Quarterly Report       July 15 Quarterly Report       24-Hour Report       Image: Corporate filers only         Occupation       Occupation       Image: Corporate filers only       No         (a)       April 15 Quarterly Report       24-Hour Report         July 15 Quarterly Report       48-Hour Report         Image: January 31 Year-End Report       48-Hour Report         b) - Is this Report an amendment?       Yes         Image: Corporate filers       No         S. COVERING PERIOD: FROM       2.8         Image: Corporate filers       1.0         Image: Corporate filers       4.4         Image: Corporate filers       1.0         Image: Corporate filers       1.0<		
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4. TYPE OF REPORT (check appropriate boxes):         (a)       April 15 Quarterly Report         July 15 Quarterly Report       224-Hour Report         October 15 Quarterly Report       48-Hour Report         January 31 Year-End Report       48-Hour Report         b)       Is this Report an amendment?       Yes         S. COVERING PERIOD: FROM       2.8       2010         THROUGH       0.2       2010         THROUGH       1.0       2.8         J. TOTAL CONTRIBUTIONS       44.402.54	Is the filer a qualified nonprofit corporation?	A second seco
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erein were made by a corporation) I certify that the corporation is a qualified nonprofil corporation under the Commission's regulations.	<ul> <li>6. TOTAL CONTRIBUTIONS</li></ul>	4.402.54 ion, or concert with, or at the request or ddition, (if the independent expenditures roported be regulations.
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Interim were made by a corporation) I certify that the corporation is a qualified nonprofile corporation under the Commission's regulations.       VPE OR PRINT NAME OF PERSON COMPLETING FORM     SIGNATURE     DATE       Jonathan     Martfin     Jonathan     10-29-10	6. TOTAL CONTRIBUTIONS         7. TOTAL INDEPENDENT EXPENDITURES         Under pensity of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation         Suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In an iterein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission         IVPE OR PRINT NAME OF PERSON COMPLETING FORM       SIGNATURE         Jonathan Martin       AddMan Martin	HHO254 ton, or concert with, or at the request or ddition, (if the independent expenditures roported the regulations. DATE 10-24-10
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Interview made by a corporation if constitution is a qualified nonprofile corporation under the Commission's regulations.       DATE         VPE OR PRINT NAME OF PERSON COMPLETING FORM       SIGNATURE       DATE         JONATHAN       Martin       Jonathan       10-29-10         NOTE:       Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.	6. TOTAL CONTRIBUTIONS	Hen. or concert with, or at the request or diliton, (if the independent expenditures roported "a regulations. DATE $D \rightarrow D - D D$ to the penalties of 2 U.S.C. §437g.
Introl were made by a corporation if corporation is a qualified nonprofile corporation under the Commission's regulations.         VPE OR PRINT NAME OF PERSON COMPLETING FORM       SIGNATURE       DATE         Jonathan Martin       Jonathan Martin       10-39.10         NOTE:       Submission of false, erronecus or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.         or further information, contact.	6. TOTAL CONTRIBUTIONS         7. TOTAL INDEPENDENT EXPENDITURES         Judge penalty of perfury I certify that the independent expanditures reported herein were not made in cooperation, consultativity committee or authorized committee or agent of other, or any political party committee or its agent. In an interest were made by a corporation) I certify that the corporation is a qualified nonprofil corporation under the Commission         IVPE OR PRINT NAME OF PERSON COMPLETING FORM       SIGNATURE         JONATHAN       Marchin         NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report	Hen. or concert with, or at the request or diliton, (if the independent expenditures roported "a regulations. DATE $D \rightarrow D - D D$ to the penalties of 2 U.S.C. §437g.
Interim were made by a corporation if constitution is a qualified nonprofile corporation under the Commission's regulations.       DATE         VPE OR PRINT NAME OF PERSON COMPLETING FORM       SIGNATURE       DATE         Jonathan       Martfin       Jonathan       10-34-10         NOTE:       Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.         or further information, contact:       Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463       Toll Free 800-424-9530, Local 202-694-1100	6. TOTAL CONTRIBUTIONS	HHO2.54 ton, or concert with, or at the request or ddition, (if the independent expenditures roported the regulations. DATE 10 JA-10 to the penalties of 2 U.S.C. §437g. 2-694-1100

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CHEDULE 5-E Emized Independent Expenditures	FOR LINE 7 OF FORM 5
AME OF FILER (In Full)	
American Majority Action, Inc	· · · · · · · · · · · · · · · · · · ·
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	- 10 29 2010
14410 S. Masters Dr. #616	Amount
City Fort Worth TX 76137	, 1,223.87
Purpose of Expenditure Category 004	Office Sought: X House State: WI
FOIIING = VODO LAIIS	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
DUFFY	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General
Full Name (Last, First, Middle Initial) of Payee	Date
Minute Man Press	- 10 29 2010
5634 5-108th Street	Amouni
Hales Corners WI 53130	, 1,002.6-
Purpose of Expenditure Slate Cards Type 004	Office Sought: House State: W2
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
Johnson	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 4118-43	Disbursement For: Primary X General
Full Name (Last, First, Middle Initial) of Payee	Date
Camelot Printing Mailling Address	10 29 2010
760 West Smith Rd.	Amount
City State Zip Code Mcdina OH 44256	, 1,088,00
Purpose of Expenditure	Office Sought: House State: OH
Slate Cords Type 004	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: X Support Oppose
<u>Portiman</u>	
Celendar Year-To-Date Per Election for Office Sought , 1297200	Disbursement For: Primary Ceneral
(a) SUBTOTAL of Itemized Independent Expenditures	• 3,314.54
(b) SUBTOTAL of Unitemized Independent Expenditures	an a
(c) TOTAL Independent Expenditures	► <u>44025</u>
2022446810	FEC Schedule 5 (Nov. 02/2
	96% P.08

10/29/2010 05:49 2022446816	PARCEL I	PLUS DC	PAGE 05
CHEDULE 5-E			PAGE 2 OF 2
EMIZED INDEPENDENT EXPENDITUI	RES		FOR LINE 7 OF FORM 5
AME OF FILER (IN FUIL) Annerican Majorit	Action, Inc.		
Full Name (Last, First, Middle Initial) of Payee	· · · · · · · · · · · · · · · · · · ·	Date	
Camelot Printing Malling Address	۱	ĬŎ	29 2010
DGO West Smith	State Zip Code	Amount	SUU 00
Medina	OH 44256	and the second second	, ,544.00
Purpose of Expenditure S AC Card S Name of Federal Candidate Supported or Opp	Category/ Type COOL		House State: OH Senate District: 13+ President
(Janley		Check One:	X Support [_] Oppose
Calendar Vear-To-Date Per Election for Office Sought	3,90700	Disbursement For:	Primary General
Full Name (Last, First, Middle InItial) of Payee		Date	
Malling Address	ng	( <i>O</i>	29 2010
760 West Smit	h 12d.	Amount	
Medina OH	State Zip Code 442-56		,5.4.9.00
Purpose of Expenditure <u>Slate</u> <u>Carrols</u> Name of Federal Candidate Supported or Opp	Category/ Type OO (	office Sought:	Senate President
Renacci		Check One:	C Support Oppose
Calendar Year-To-Date Per Election for Office Sought	3395.00	Disbursement For:	L K.X
Full Name (Last, First, Middle Initial) of Payee		Date	
		1. <b>18</b> - 17 H m	<ul> <li>A start of group contains</li> </ul>
Mailing Address			n en
		Amount	
City	State Zip Code		n an
Purpose of Expenditure	Category/ Type	Office Sought:	House State: Senate District:
Name of Federal Candidate Supported or Oppo	osed by Expenditure:	Check One:	President Oppose
Calendar Year-To-Date Per Election for Office Saught		Disbursement For:	Primary   General ecify)
a) SUBTOTAL of Itemized Independent Expend	litures	na (1.2, 2, 2, 2, 2) •••• ▶ • • • • • • • • • • • • • • • •	1,088,00
b) SUBTOTAL of Uniternized Independent Expe	anditures		y and a second
) TOTAL Independent Expenditures	ine 7)	···· • · · · · · · · · · · · · · · · ·	4,402,54
1 -29-2010 17:55	2022446810	96%	FEC Schedulo 5 (Rev. 02200 P. 09

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS	
The FEC added this page to the end of this filing to indicate how	w it was received.
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmati	on <sup>™</sup> Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Rece	eipt or Postmarked
The document preceding this page was received by FAX at the FEC FAX machine has printed at the bottom of each page the date and t phone number of the transmitting machine and the sequential page	ime of receipt, the
N/A PREPARER	N/A DATE PREPARED
(5/2004)	