

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

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 PO BOX 309		
(c) City, State and ZIP Code PURCELLVILLE VA 20134		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

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

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

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. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Leon Wolf	<i>Leon Wolf</i>	11/06/2012

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**

NAME OF FILER (In Full)
AMERICAN MAJORITY ACTION INC.

Full Name (Last, First, Middle Initial) of Payee AMERICAN MAJORITY ACTION INC.		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address PO BOX 309		Amount 3574.00 Transaction ID : F57.4213
City PURCELLVILLE	State VA	
Zip Code 20134	Category/Type 001	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Labor - block walkers, phone calls		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: GEORGE ALLEN		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 3574.00		

Full Name (Last, First, Middle Initial) of Payee AMERICAN MAJORITY ACTION INC.		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address PO BOX 309		Amount 19095.00 Transaction ID : F57.4214
City PURCELLVILLE	State VA	
Zip Code 20134	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Labor - blockwalkers/phone callers		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		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 118898.85		

Full Name (Last, First, Middle Initial) of Payee AMERICAN MAJORITY ACTION INC.		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address PO BOX 309		Amount 4511.00 Transaction ID : F57.4215
City PURCELLVILLE	State VA	
Zip Code 20134	Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Labor - blockwalkers/phone calls		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		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 22652.50		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	27180.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	
(carry total from last page forward to Line 7)		

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ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
AMERICAN MAJORITY ACTION INC.

Full Name (Last, First, Middle Initial) of Payee AMERICAN MAJORITY ACTION INC.		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address PO BOX 309		Amount 4137.00 Transaction ID : F57.4216
City PURCELLVILLE	State VA	
Zip Code 20134	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Labor - Blockwalkers/phone calls		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		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 7172.26		

Full Name (Last, First, Middle Initial) of Payee AMERICAN MAJORITY ACTION INC.		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address PO BOX 309		Amount 5048.00 Transaction ID : F57.4217
City PURCELLVILLE	State VA	
Zip Code 20134	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Labor - blockwalkers/phone calls		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		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 17032.00		

Full Name (Last, First, Middle Initial) of Payee AMERICAN MAJORITY ACTION INC.		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address PO BOX 309		Amount 810.00 Transaction ID : F57.4218
City PURCELLVILLE	State VA	
Zip Code 20134	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Labor - Blockwalking, phone calls		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT P JR CASEY		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 9291.00		

(a) SUBTOTAL of Itemized Independent Expenditures.....	9995.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

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ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
AMERICAN MAJORITY ACTION INC.

Full Name (Last, First, Middle Initial) of Payee AMERICAN MAJORITY ACTION INC.		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address PO BOX 309		Amount 405.00 Transaction ID : F57.4219
City PURCELLVILLE	State VA	
Zip Code 20134	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Purpose of Expenditure Labor - blockwalking, phone calls		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		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 8886.00		

Full Name (Last, First, Middle Initial) of Payee AMERICAN MAJORITY ACTION INC.		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address PO BOX 309		Amount 2190.00 Transaction ID : F57.4220
City PURCELLVILLE	State VA	
Zip Code 20134	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Labor - Phone calls		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY		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 121088.85		

Full Name (Last, First, Middle Initial) of Payee AMERICAN MAJORITY ACTION INC.		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address PO BOX 309		Amount 2190.00 Transaction ID : F57.4221
City PURCELLVILLE	State VA	
Zip Code 20134	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Labor - Phone calls		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		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 19222.00		

(a) SUBTOTAL of Itemized Independent Expenditures.....	4785.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	41960.00