

# 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 Action Network, Inc		3. FEC Identification Number <b>C</b> C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1401 New York Avenue, NW Suite 1200		
(c) City, State and ZIP Code Washington DC 20005		
2. <b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Individual filers only</b> Name of Employer		Occupation

4. TYPE OF REPORT (check appropriate boxes):																																									
(a) <input type="checkbox"/> April 15 Quarterly Report	<input checked="" type="checkbox"/> 24-Hour Notice <input type="checkbox"/> 48-Hour Notice																																								
<input type="checkbox"/> July 15 Quarterly Report																																									
<input type="checkbox"/> October Quarterly Report																																									
<input type="checkbox"/> January 31 Year-End Report																																									
(b) Is this Report an amendment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																									
5. COVERING PERIOD: FROM <table style="display: inline-table; border: none; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> THROUGH <table style="display: inline-table; border: none; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	1	0	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																																
0	5		1	4		2	0	1	0																																
M	M	/	D	D	/	Y	Y	Y	Y																																
0	5		1	5		2	0	1	0																																
6. TOTAL CONTRIBUTIONS .....	.00																																								
7. TOTAL INDEPENDENT EXPENDITURES.....	1737.67																																								

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a 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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Stephanie Fenjira	_____	05/16/2010

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

10030331385

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
American Action Network, Inc

Full Name (Last, First, Middle Initial) of Payee Chariots for Hire		Date M 0 5 / D 0 7 / Y 2 0 1 0
Mailing Address 1568 Spring Hill Road		Amount 1400.00
City McLean	State VA	
Purpose of Expenditure charter bus	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tim Burns		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 54506.50		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Special</u>

Full Name (Last, First, Middle Initial) of Payee Minuteman Press		Date M 0 5 / D 1 4 / Y 2 0 1 0
Mailing Address 206 E. Pittsburgh Street		Amount 76.30
City Greensburg	State PA	
Purpose of Expenditure handouts printing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tim Burns		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 54582.80		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Special</u>

Full Name (Last, First, Middle Initial) of Payee Minuteman Press		Date M 0 5 / D 1 4 / Y 2 0 1 0
Mailing Address 206 E. Pittsburgh Street		Amount 261.37
City Greensburg	State PA	
Purpose of Expenditure handouts	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tim Burns		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 54844.71		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Special</u>

(a) SUBTOTAL of Itemized Independent Expenditures .....	1737.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures .....	1737.67
(carry total from last page forward to Line 7)	

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Webform # 432</i>	Date of Receipt or Postmarked <i>5/16/10</i>

*R*  
 PREPARER

*5/17/10*  
 DATE PREPARED

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