

# 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, , ,	Amorin, Kelly, , ,	11/08/2020
	<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 DICKINSON, LIZ, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 41317 PENCADER WAY		Amount 162.53	
City LEESBURG	State VA	Zip Code 20175	Transaction ID : F57.000001
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input 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 460.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee DICKINSON, LIZ, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 41317 PENCADER WAY		Amount 162.53	
City LEESBURG	State VA	Zip Code 20175	Transaction ID : F57.000002
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 460.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee DICKINSON, LIZ, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 41317 Pencader Way		Amount 162.53	
City Leesburg	State VA	Zip Code 20175	Transaction ID : F57.000003
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: Cline, Ben, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 460.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	487.59
(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 10 / 26 / 2020	
Mailing Address 41317 PENCADER WAY		Amount 162.53	
City LEESBURG	State VA	Zip Code 20175	Transaction ID : F57.000004
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: FREITAS, NICK, , ,		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		460.52	

Full Name (Last, First, Middle Initial) of Payee DICKINSON, LIZ, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 41317 PENCADER WAY		Amount 162.53	
City LEESBURG	State VA	Zip Code 20175	Transaction ID : F57.000005
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: ANDREWS, ALISCIA, , ,		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		460.52	

Full Name (Last, First, Middle Initial) of Payee DICKINSON, LIZ, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 41317 PENCADER WAY		Amount 6.59	
City LEESBURG	State VA	Zip Code 20175	Transaction ID : F57.000006
Purpose of Expenditure TRAVEL	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		6.59	

(a) SUBTOTAL of Itemized Independent Expenditures.....	331.65
(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 DICKINSON, LIZ, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2020	
Mailing Address 41317 PENCADER WAY		Amount 6.60	
City LEESBURG	State VA	Zip Code 20175	Transaction ID : F57.000007
Purpose of Expenditure TRAVEL	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		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) _____	

Full Name (Last, First, Middle Initial) of Payee DICKINSON, LIZ, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2020	
Mailing Address 41317 PENCADER WAY		Amount 13.20	
City LEESBURG	State VA	Zip Code 20175	Transaction ID : F57.000008
Purpose of Expenditure TRAVEL	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: ANDREWS, ALISCIA, , ,		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) _____	

Full Name (Last, First, Middle Initial) of Payee PEARCE, MICAH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2020	
Mailing Address 3050 COUNTY ROAD OO		Amount 137.14	
City SHEBOYGAN FALLS	State WI	Zip Code 53085	Transaction ID : F57.000009
Purpose of Expenditure TEXT BANK	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DANIEL, , ,		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) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	156.94
(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 PEARCE, MICAH, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 3050 COUNTY ROAD OO		Amount 137.14	
City SHEBOYGAN FALLS	State WI	Zip Code 53085	Transaction ID : F57.000010
Purpose of Expenditure TEXT BANK	Category/ Type	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		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		388.60	

Full Name (Last, First, Middle Initial) of Payee PEARCE, MICAH, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 3050 COUNTY ROAD OO		Amount 137.14	
City SHEBOYGAN FALLS	State WI	Zip Code 53085	Transaction ID : F57.000011
Purpose of Expenditure TEXT BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: CLINE, BEN, , ,		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		388.60	

Full Name (Last, First, Middle Initial) of Payee PEARCE, MICAH, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 3050 COUNTY ROAD OO		Amount 137.14	
City SHEBOYGAN FALLS	State WI	Zip Code 53085	Transaction ID : F57.000012
Purpose of Expenditure TEXT BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: FREITAS, NICK, , ,		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		388.60	

(a) SUBTOTAL of Itemized Independent Expenditures.....	411.42
(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 PEARCE, MICAH, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 3050 COUNTY ROAD OO		Amount 137.14	
City SHEBOYGAN FALLS	State WI	Zip Code 53085	Transaction ID : F57.000013
Purpose of Expenditure TEXT BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: ANDREWS, ALISCIA, , ,		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		388.60	

Full Name (Last, First, Middle Initial) of Payee KWAPISZ, JOHN, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 9410 STANMORE PLACE		Amount 342.86	
City N CHESTERFIELD	State VA	Zip Code 23236	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		857.16	

Full Name (Last, First, Middle Initial) of Payee KWAPISZ, JOHN, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 9410 STANMORE PLACE		Amount 342.86	
City N CHESTERFIELD	State VA	Zip Code 23236	Transaction ID : F57.000015
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		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		857.16	

(a) SUBTOTAL of Itemized Independent Expenditures.....	822.86
(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 10 / 26 / 2020	
Mailing Address 9410 STANMORE PLACE		Amount 342.86	
City N CHESTERFIELD	State VA	Zip Code 23236	Transaction ID : F57.000016
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: FREITAS, NICK, , ,		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		857.16	

Full Name (Last, First, Middle Initial) of Payee DONICA, MARGARETT, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 1504 OLD FARM ROAD		Amount 285.72	
City LYNCHBURG	State VA	Zip Code 24503	Transaction ID : F57.000017
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		752.42	

Full Name (Last, First, Middle Initial) of Payee DONICA, MARGARETT, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 1504 OLD FARM ROAD		Amount 285.72	
City LYNCHBURG	State VA	Zip Code 24503	Transaction ID : F57.000018
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		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		752.42	

(a) SUBTOTAL of Itemized Independent Expenditures.....	914.30
(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 DONICA, MARGARETT, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 1504 OLD FARM ROAD		Amount 285.72	
City LYNCHBURG	State VA	Zip Code 24503	Transaction ID : F57.000019
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: CLINE, BEN, , ,		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		752.42	

Full Name (Last, First, Middle Initial) of Payee FITZGERALD, JESSICA, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 5116 BERCLAIR PLANTATION LANE		Amount 342.86	
City FREDERICKSBURG	State VA	Zip Code 22408	Transaction ID : F57.000020
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		857.16	

Full Name (Last, First, Middle Initial) of Payee FITZGERALD, JESSICA, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 5116 BERCLAIR PLANTATION LANE		Amount 342.86	
City FREDERICKSBURG	State VA	Zip Code 22408	Transaction ID : F57.000021
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		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		857.16	

(a) SUBTOTAL of Itemized Independent Expenditures.....	971.44
(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 10 / 26 / 2020	
Mailing Address 5116 BERCLAIR PLANTATION LANE		Amount 342.86	
City FREDERICKSBURG	State VA	Zip Code 22408	Transaction ID : F57.000022
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: CLINE, BEN, , ,		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		857.16	

Full Name (Last, First, Middle Initial) of Payee RUMBLE UP LLC		Date of Public Distribution/Dissemination 10 / 21 / 2020	
Mailing Address 2101 L STREET NW		Amount 181.50	
City WASHINGTON	State DC	Zip Code 20037	Transaction ID : F57.000023
Purpose of Expenditure TEXT MESSAGE SERVICE	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		371.92	

Full Name (Last, First, Middle Initial) of Payee RUMBLE UP LLC		Date of Public Distribution/Dissemination 10 / 21 / 2020	
Mailing Address 2101 L STREET NW		Amount 50.00	
City WASHINGTON	State DC	Zip Code 20037	Transaction ID : F57.000024
Purpose of Expenditure TEXT MESSAGE SERVICE	Category/ Type	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: GADE, DANIEL, , ,		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		240.39	

(a) SUBTOTAL of Itemized Independent Expenditures.....	574.36
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	4670.56