

# 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 <i>American Majority Action, Inc.</i>		3. FEC Identification Number <b>C</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>PO Box 309</i>		
(c) City, State and ZIP Code <i>Purcellville, VA 20134</i>		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input 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 *10 21 2010*  
THROUGH *11 02 2010*

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES ..... *40,480.14*

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
<i>Jonathan Martin</i>	<i>Jonathan Martin</i>	<i>10-22-2010</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.

For further information, contact: Federal Election Commission, 989 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) <b>American Majority Action, Inc.</b>					
Full Name (Last, First, Middle Initial) of Payee <b>Faulkner Strategies</b>			Date <b>09 22 2010</b>		
Mailing Address <b>12801 Sandy Court</b>			Amount <b>3,116.00</b>		
City <b>Granger</b>	State <b>IN</b>	Zip Code <b>46530</b>			
Purpose of Expenditure <b>Yard Signs</b>		Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WI</b> District: _____		
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Ron Johnson</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>3,116.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee <b>Faulkner Strategies</b>			Date <b>09 22 2010</b>		
Mailing Address <b>12801 Sandy Court</b>			Amount <b>1,039.00</b>		
City <b>Granger</b>	State <b>IN</b>	Zip Code <b>46530</b>			
Purpose of Expenditure <b>Yard Signs</b>		Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WI</b> District: <b>3<sup>rd</sup></b>		
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Dan Kapanke</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>1,039.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee <b>Faulkner Strategies</b>			Date <b>09 22 2010</b>		
Mailing Address <b>12801 Sandy Court</b>			Amount <b>1,039.00</b>		
City <b>Granger</b>	State <b>IN</b>	Zip Code <b>46530</b>			
Purpose of Expenditure <b>Yard Signs</b>		Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WI</b> District: <b>7<sup>th</sup></b>		
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Duffy</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>1,039.00</b>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>5,194.</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<b>40,490.14</b>

SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
*American Majority Action, Inc.*

Full Name (Last, First, Middle Initial) of Payee <i>Faulkner Strategies</i>		Date <i>09 22 2010</i>
Mailing Address <i>12801 Sandy Court</i>		Amount <i>1,039.00</i>
City <i>Granger</i>	State <i>IN</i>	
Purpose of Expenditure <i>Yard signs</i>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Category/Type <i>004</i>		State: <i>WI</i> District: <i>8th</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Ribble</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>1039.00</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <i>Skyline Pittsburgh</i>		Date <i>10 22 2010</i>
Mailing Address <i>56 Sexton Road</i>		Amount <i>5,690.00</i>
City <i>McKees Rocks</i>	State <i>PA</i>	
Purpose of Expenditure <i>Yard Signs</i>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Category/Type <i>004</i>		State: <i>PA</i> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Toomey</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>20228.00</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <i>Skyline Pittsburgh</i>		Date <i>10 22 2010</i>
Mailing Address <i>56 Sexton Road</i>		Amount <i>1,423.00</i>
City <i>McKees Rocks</i>	State <i>PA</i>	
Purpose of Expenditure <i>Yard Signs</i>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Category/Type		State: <i>PA</i> District: <i>8th</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Fitzpatrick</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>5346.00</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>8,152.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>40,490.14</i>

SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee <u>Skyline Pittsburgh</u>		Date <u>10 22 2010</u>
Mailing Address <u>56 Sexton Road</u>		Amount <u>1,423.00</u>
City <u>McKees Rocks</u>	State <u>PA</u>	
Purpose of Expenditure <u>Yard Signs</u>		Category/Type <u>004</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Meehan</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>PA</u> District: <u>7th</u>
Calendar Year-To-Date Per Election for Office Sought <u>4,496.00</u>		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 <u>Skyline Pittsburgh</u>		Date <u>10 22 2010</u>
Mailing Address <u>56 Sexton Road</u>		Amount <u>1,423.00</u>
City <u>McKees Rocks</u>	State <u>PA</u>	
Purpose of Expenditure <u>Yard Signs</u>		Category/Type <u>004</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>BURNS</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>PA</u> District: <u>12</u>
Calendar Year-To-Date Per Election for Office Sought <u>1,999.00</u>		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 <u>Skyline Pittsburgh</u>		Date <u>10 22 2010</u>
Mailing Address <u>56 Sexton Road</u>		Amount <u>1,423.00</u>
City <u>McKees Rocks</u>	State <u>PA</u>	
Purpose of Expenditure <u>Yard Signs</u>		Category/Type <u>004</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Kelly</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>PA</u> District: <u>3rd</u>
Calendar Year-To-Date Per Election for Office Sought <u>1,999.00</u>		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.....	<u>4,269.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>40,490.14</u>

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) <i>American Majority Action, INC.</i>					
Full Name (Last, First, Middle Initial) of Payee <i>Faulkner Strategic S</i>				Date <i>10 22 2010</i>	
Mailing Address <i>12801 Sandy Court</i>				Amount <i>22,875.14</i>	
City <i>Granger</i>		State <i>IN</i>		Zip Code <i>46530</i>	
Purpose of Expenditure <i>Letter</i>			Category/Type <i>004</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MD</i> District: <i>1st</i>	
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Kratovil</i>				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <i>22,875.14</i>				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	
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)	
Full Name (Last, First, Middle Initial) of Payee				Date	
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)	
Full Name (Last, First, Middle Initial) of Payee				Date	
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.....	<i>22,875.14</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>40,490.14</i>

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
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery 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
<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):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	

N/A  
 PREPARER  
 (5/2004)

N/A  
 DATE PREPARED