

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 American Majority Action, Inc.		3. FEC Identification Number C 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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Amorin, Kelly, , ,	Amorin, Kelly, , ,	11/04/2020
	<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 LONGORIA, ANGELINA, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 3050 COUNTY ROAD OO		Amount 16.00	
City SHEBOYGAN FALLS	State WI	Zip Code 53085	
Purpose of Expenditure Phone bank		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		2020	

Transaction ID : F57.000001

Full Name (Last, First, Middle Initial) of Payee LONGORIA, ANGELINA, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 3050 COUNTY ROAD OO		Amount 16.00	
City SHEBOYGAN FALLS	State WI	Zip Code 53085	
Purpose of Expenditure Phone bank		Category/ Type	Office Sought: <input type="checkbox"/> House State: MN <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: LEWIS, JASON, , ,		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) ▶	
		2020	

Transaction ID : F57.000002

Full Name (Last, First, Middle Initial) of Payee RUSSELL, ALIYAH, , ,		Date of Public Distribution/Dissemination 11 / 02 / 2020	
Mailing Address 921 FLORIDA STREET SW		Amount 11.25	
City LONSDALE	State MN	Zip Code 55046	
Purpose of Expenditure Phone Bank		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		2020	

Transaction ID : F57.000003

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.25
(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 RUSSELL, ALIYAH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address 921 FLORIDA STREET SE		Amount 11.25	
City LONSDALE	State MN	Zip Code 55046	Transaction ID : F57.000004
Purpose of Expenditure Phone bank	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: LEWIS, JASON, , ,		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 SHELDON, ARLENE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 211.95	
City MAPLE GROVE	State MN	Zip Code 55311	Transaction ID : F57.000005
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" 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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SHELDON, ARLENE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 211.95	
City MAPLE GROVE	State MN	Zip Code 55311	Transaction ID : F57.000006
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: LEWIS, JASON, , ,		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.....	435.15
(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 SHELDON, ARLENE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 257.14	
City MAPLE GROVE	State MN	Zip Code 55311	Transaction ID : F57.000007
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 257.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee BRYANT, BENJAMIN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020	
Mailing Address 873 HILLSIDE AVENUE SW		Amount 24.00	
City NEW PRAGUE	State MN	Zip Code 56071	Transaction ID : F57.000008
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" 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 24.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee BRYANT, BENJAMIN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020	
Mailing Address 873 HILLSIDE AVENUE SW		Amount 24.00	
City NEW PRAGUE	State MN	Zip Code 56071	Transaction ID : F57.000009
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: LEWIS, JASON, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	305.14
(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 HERRIN, CHRISTINA, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 10.50	
City MAPLE GROVE	State MN	Zip Code 55311	Transaction ID : F57.000010
Purpose of Expenditure PHONE 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, DONALD, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee HERRIN, CHRISTINA, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 10.50	
City MAPLE GROVE	State MN	Zip Code 55311	Transaction ID : F57.000011
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: LEWIS, JASON, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee HERRIN, CHRISTINA, , ,		Date of Public Distribution/Dissemination 10 / 26 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 21.00	
City MAPLE GROVE	State MN	Zip Code 55311	Transaction ID : F57.000012
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: HAGEDORN, JIM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 21.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	42.00
(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 PORTER, COLIN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020	
Mailing Address 2616 ROCKY SPRINGS DRIVE		Amount 208.25	
City MARIETTA	State GA	Zip Code 30062	Transaction ID : F57.000013
Purpose of Expenditure PHONE 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, DONALD, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 233.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee PORTER, COLIN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020	
Mailing Address 2616 ROCKY SPRINGS DRIVE		Amount 208.25	
City MARIETTA	State GA	Zip Code 30062	Transaction ID : F57.000014
Purpose of Expenditure PHONE BANK	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: LEWIS, JASON, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 233.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee PORTER, COLIN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020	
Mailing Address 2616 ROCKY SPRINGS DRIVE		Amount 416.50	
City MARIETTA	State GA	Zip Code 30062	Transaction ID : F57.000015
Purpose of Expenditure PHONE BANK	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: QUALLS, KENDALL, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 416.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	833.00
(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 HARBAUGH, CRISTINA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 2958 FOX HOLLOW NW		Amount 21.00	
City	State	Zip Code	Transaction ID : F57.000016
PRIOR LAKE	MN	55372	
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
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2020	
		21.00	

Full Name (Last, First, Middle Initial) of Payee HARBAUGH, CRISTINA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address 2958 FOX HOLLOW NW		Amount 21.00	
City	State	Zip Code	Transaction ID : F57.000017
PRIOR LAKE	MN	55372	
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought:	<input type="checkbox"/> House State: MN <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: LEWIS, JASON, , ,		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) _____	
		2020	
		21.00	

Full Name (Last, First, Middle Initial) of Payee MINGO, ELENA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address 15833 WAKE STREET NE		Amount 145.00	
City	State	Zip Code	Transaction ID : F57.000018
HAM LAKE	MN	55304	
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought:	<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		2020	
		191.75	

(a) SUBTOTAL of Itemized Independent Expenditures.....	187.00
(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 MINGO, ELENA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address 15833 WAKE STREET NE		Amount 145.00	
City HAM LAKE	State MN	Zip Code 55304	Transaction ID : F57.000019
Purpose of Expenditure PHONE BANK	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: LEWIS, JASON, , ,		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) _____	
		2020 191.75	

Full Name (Last, First, Middle Initial) of Payee MINGO, ELENA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address 15833 WAKE STREET NE		Amount 290.00	
City HAM LAKE	State MN	Zip Code 55304	Transaction ID : F57.000020
Purpose of Expenditure PHONE BANK	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: FISCHBACH, MICHELLE, , ,		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) _____	
		2020 383.50	

Full Name (Last, First, Middle Initial) of Payee KELLER, JENNIFER, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2020	
Mailing Address 1231 MOURNING DOVE COURT		Amount 78.75	
City EAGAN	State MN	Zip Code 55123	Transaction ID : F57.000021
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, DONALD, , ,		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) _____	
		2020 268.75	

(a) SUBTOTAL of Itemized Independent Expenditures.....	513.75
(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 KELLER, JENNIFER, , ,		Date of Public Distribution/Dissemination 10 / 29 / 2020	
Mailing Address 1231 MOURNING DOVE COURT		Amount 78.75	
City EAGAN	State MN	Zip Code 55123	
Purpose of Expenditure TEXT BANK		Category/Type	Office Sought: <input type="checkbox"/> House State: MN <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: LEWIS, JASON, , ,		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)	
		2020	
		268.75	

Transaction ID : F57.000022

Full Name (Last, First, Middle Initial) of Payee KELLER, JENNIFER, , ,		Date of Public Distribution/Dissemination 10 / 25 / 2020	
Mailing Address 1231 MOURNING DOVE COURT		Amount 75.00	
City EAGAN	State MN	Zip Code 55123	
Purpose of Expenditure TEXT BANK		Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: HAGEDORN, JIM, , ,		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)	
		2020	
		75.00	

Transaction ID : F57.000023

Full Name (Last, First, Middle Initial) of Payee KELLER, JENNIFER, , ,		Date of Public Distribution/Dissemination 10 / 29 / 2020	
Mailing Address 1231 MOURNING DOVE COURT		Amount 15.00	
City EAGAN	State MN	Zip Code 55123	
Purpose of Expenditure TEXT BANK		Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		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)	
		2020	
		15.00	

Transaction ID : F57.000024

(a) SUBTOTAL of Itemized Independent Expenditures.....	168.75
(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 KELLER, JENNIFER, , ,		Date of Public Distribution/Dissemination 10 / 24 / 2020	
Mailing Address 1231 MOURNING DOVE COURT		Amount 37.50	
City EAGAN	State MN	Zip Code 55123	Transaction ID : F57.000025
Purpose of Expenditure TEXT BANK	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: QUALLS, KENDALL, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 37.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee MENDEZ, JEEREMY, , ,		Date of Public Distribution/Dissemination 11 / 01 / 2020	
Mailing Address 7798 HEARTHSIDE AVENUE S #105		Amount 120.00	
City COTTAGE GROVE	State MN	Zip Code 55016	Transaction ID : F57.000026
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" 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 120.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee MENDEZ, JEREMY, , ,		Date of Public Distribution/Dissemination 11 / 01 / 2020	
Mailing Address 7798 HEARTHSIDE AVENUE S #105		Amount 120.00	
City COTTAGE GROVE	State MN	Zip Code 55016	Transaction ID : F57.000027
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: LEWIS, JASON, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 120.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	277.50
(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 SEGAL, JESSE, , ,		Date of Public Distribution/Dissemination 11 / 01 / 2020	
Mailing Address 10401 CEDAR LAKE ROAD #209		Amount 198.00	
City HOPKINS	State MN	Zip Code 55305	Transaction ID : F57.000028
Purpose of Expenditure PHONE 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, DONALD, , ,		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 SEGAL, JESSE, , ,		Date of Public Distribution/Dissemination 11 / 01 / 2020	
Mailing Address 10401 CEDAR LAKE ROAD #209		Amount 198.00	
City HOPKINS	State MN	Zip Code 55305	Transaction ID : F57.000029
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: LEWIS, JASON, , ,		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 SEGAL, JESSE, , ,		Date of Public Distribution/Dissemination 11 / 01 / 2020	
Mailing Address 10401 CEDAR LAKE ROAD #209		Amount 315.00	
City HOPKINS	State MN	Zip Code 55305	Transaction ID : F57.000031
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: HAGEDORN, JIM, , ,		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.....	711.00
(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 SEGAL, JESSE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2020	
Mailing Address 10401 CEDAR LAKE ROAD #209		Amount 81.00	
City HOPKINS	State MN	Zip Code 55305	Transaction ID : F57.000032
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: QUALLS, KENDALL, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 81.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee NIEBELING, JESSICA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2020	
Mailing Address 1157 MINNEHAHA AVENUE W		Amount 52.00	
City ST PAUL	State MN	Zip Code 55104	Transaction ID : F57.000033
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" 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 245.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee NIEBELING, JESSICA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2020	
Mailing Address 1157 MINNEHAHA AVENUE W		Amount 48.00	
City ST PAUL	State MN	Zip Code 55104	Transaction ID : F57.000034
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: LEWIS, JASON, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 196.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	181.00
(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 NIEBELING, JESSICA, , ,		Date of Public Distribution/Dissemination 11 / 01 / 2020	
Mailing Address 1157 MINNEHAHA AVENUE W		Amount 100.00	
City ST PAUL	State MN	Zip Code 55104	Transaction ID : F57.000035
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: HAGEDORN, JIM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 400.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee BOYD, JORDAN, , ,		Date of Public Distribution/Dissemination 11 / 02 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 399.00	
City MAPLE GROVE	State MN	Zip Code 55311	Transaction ID : F57.000036
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" 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 399.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee BOYD, JORDAN, , ,		Date of Public Distribution/Dissemination 11 / 02 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 399.00	
City MAPLE GROVE	State MN	Zip Code 55311	Transaction ID : F57.000037
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: LEWIS, JASON, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 399.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	898.00
(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 BOYD, JORDAN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 210.00	
City MAPLE GROVE	State MN	Zip Code 55311	Transaction ID : F57.000038
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: HAGEDORN, JIM, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		210.00	

Full Name (Last, First, Middle Initial) of Payee BYBOTH, KARI, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 49.00	
City MAPLE GROVE	State MN	Zip Code 55311	Transaction ID : F57.000039
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 2020 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		49.00	

Full Name (Last, First, Middle Initial) of Payee BYBOTH, KARI, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 52.50	
City MAPLE GROVE	State MN	Zip Code 55311	Transaction ID : F57.000040
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input type="checkbox"/> House State: MN <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: LEWIS, JASON, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		52.50	

(a) SUBTOTAL of Itemized Independent Expenditures.....	311.50
(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 BYBOTH, KARI, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address 18094 GLADSTONE BLVD N		Amount 101.50	
City MAPLE GROVE	State MN	Zip Code 55311	Transaction ID : F57.000041
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: KISTNER, TYLER, , ,		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		Date of Public Distribution/Dissemination	
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 of Public Distribution/Dissemination	
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.....	101.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	5008.54