

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED  
2012 APR 19 AM 11:45  
FEC MAIL CENTER

|   |                  |  |
|---|------------------|--|
| 1. (a) Name of Individual, Organization or Corporation<br><br>American Majority Action, Inc.  |                  | 3. FEC Identification Number<br><br>C 90011891 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br><br>P. O. Box 309                       |                  |  |
| (c) City, State and ZIP Code<br><br>Purcellville, VA 20134  |                  |  |
| 2. Corporate filers only<br>Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |  |
| Individual filers only  | Name of Employer | Occupation                                     |

12030790590

### 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

01 / 01 / 2012

THROUGH

03 / 31 / 2012

6. TOTAL CONTRIBUTIONS ..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES ..... 741.51

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

4/12/12

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-A  
ITEMIZED RECEIPTS**

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

12030790591

|  |       |            |                                    |
|--|-------|------------|------------------------------------|
| A. Full Name (Last, First, Middle Initial)                   |       |            | Date of Receipt                    |
| Mailing Address  |       |            |                                    |
| City   | State | Zip Code   |                                    |
| FEC ID number of contributing federal political committee. C |       |            | Amount of Each Receipt this Period |
| Name of Employer   |       | Occupation |                                    |
| B. Full Name (Last, First, Middle Initial)                   |       |            | Date of Receipt                    |
| Mailing Address  |       |            |                                    |
| City   | State | Zip Code   |                                    |
| FEC ID number of contributing federal political committee. C |       |            | Amount of Each Receipt this Period |
| Name of Employer   |       | Occupation |                                    |
| C. Full Name (Last, First, Middle Initial)                   |       |            | Date of Receipt                    |
| Mailing Address  |       |            |                                    |
| City   | State | Zip Code   |                                    |
| FEC ID number of contributing federal political committee. C |       |            | Amount of Each Receipt this Period |
| Name of Employer   |       | Occupation |                                    |
| D. Full Name (Last, First, Middle Initial)                   |       |            | Date of Receipt                    |
| Mailing Address  |       |            |                                    |
| City   | State | Zip Code   |                                    |
| FEC ID number of contributing federal political committee. C |       |            | Amount of Each Receipt this Period |
| Name of Employer   |       | Occupation |                                    |

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page carry total to Line 6) .....

000

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

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

|   |                   |  |
|---|-------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br>Valentine Direct Marketing, LLC |                   | Date<br>01 / 20 / 2012   |
| Mailing Address<br>5415 Maple Ave., Suite 230                                       |                   | Amount<br>741 51   |
| City<br>Dallas  | State<br>TX       |  |
| Purpose of Expenditure<br>Phone number information for voters                       | Category/<br>Type | Office Sought: <input checked="" type="checkbox"/> House State: PA<br><input type="checkbox"/> Senate District: 18<br><input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Evan Feinberg     |                   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br>741 51                      |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                    |

|  |                   |   |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial) of Payee               |                   | Date  |
| Mailing Address  |                   | Amount  |
| City   | State             |   |
| Purpose of Expenditure   | Category/<br>Type | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President |
| 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<br><input type="checkbox"/> Other (specify) _____               |

|  |                   |   |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial) of Payee               |                   | Date  |
| Mailing Address  |                   | Amount  |
| City   | State             |   |
| Purpose of Expenditure   | Category/<br>Type | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President |
| 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<br><input type="checkbox"/> Other (specify) _____               |

|   |   |        |
|---|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....                                    | ▶ | 741 51 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                  | ▶ | 0 00   |
| (c) TOTAL Independent Expenditures.....<br>(carry total from last page forward to Line 7) | ▶ | 741 51 |

12030790592

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.

12030790593

|  |                               |
|--|-------------------------------|
| <input type="checkbox"/> Hand Delivered  | Date of Receipt               |
| <input type="checkbox"/> USPS First Class Mail                                   | Postmarked                    |
| <input checked="" type="checkbox"/> USPS Registered/Certified                    | Postmarked (R/C)<br>4/13/12   |
| <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 type="checkbox"/> Other (Specify):  | Date of Receipt or Postmarked |
| JR   | 4/19/12                       |
| PREPARER   | DATE PREPARED                 |