

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..... .00

7. TOTAL INDEPENDENT EXPENDITURES 3090.30

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, , ,	11/18/2020

[Electronically Filed]

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 UNRUH, ASHLEY, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address N7685 BITTERSWEET ROAD		Amount 154.00	
City PLYMOUTH	State WI	Zip Code 53073	Transaction ID : F57.000001
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 199.50		Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee UNRUH, ASHLEY, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address N7685 BITTERSWEET ROAD		Amount 28.00	
City PLYMOUTH	State WI	Zip Code 53073	Transaction ID : F57.000002
Purpose of Expenditure Phone bank	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 66.50		Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee PAUL, WILLIAM, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 6724 WILSON LIMA ROAD		Amount 206.25	
City OOSTBURG	State WI	Zip Code 53070	Transaction ID : F57.000003
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 382.50		Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	388.25
(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 PAUL, WILLIAM, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 6724 WILSON LIMA ROAD		Amount 206.25	
City OOSTBURG	State WI	Zip Code 53070	Transaction ID : F57.000004
Purpose of Expenditure Phone bank	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 382.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee STEFFES, CALEB, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address W3657 W JEFFERSON ROAD		Amount 117.00	
City CHILTON	State WI	Zip Code 53014	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 117.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee UNRUH, CARLA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address N7685 BITTERSWEET ROAD		Amount 122.50	
City PLYMOUTH	State WI	Zip Code 53073	Transaction ID : F57.000006
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 409.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	445.75
(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 UNRUH, CARLA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address N7685 BITTERSWEET ROAD		Amount 119.00	
City PLYMOUTH	State WI	Zip Code 53073	Transaction ID : F57.000007
Purpose of Expenditure PHONE BANK	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 409.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee LAUDOLFF, CHLOE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address N9014COUNTY ROAD GG		Amount 153.75	
City ST CLOUD	State WI	Zip Code 53079	Transaction ID : F57.000008
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 153.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee LAUDOLFF, CHLOE, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address N9014 COUNTY ROAD GG		Amount 11.25	
City ST CLOUD	State WI	Zip Code 53079	Transaction ID : F57.000009
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	284.00
(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 O'BRIEN, CHRISTOPHER, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 806 S 5TH STREET #1		Amount 224.00	
City WATERTOWN	State WI	Zip Code 53094	Transaction ID : F57.000010
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		280.00	

Full Name (Last, First, Middle Initial) of Payee O'BRIEN, CHRISTOPHER, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 806 S 5TH STREET #1		Amount 12.00	
City WATERTOWN	State WI	Zip Code 53094	Transaction ID : F57.000011
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		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		80.00	

Full Name (Last, First, Middle Initial) of Payee SORENSEN, CHRISTOPHER, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address 7411 CENTER ROAD		Amount 486.50	
City MANITOWOC	State WI	Zip Code 54220	Transaction ID : F57.000012
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		486.50	

(a) SUBTOTAL of Itemized Independent Expenditures.....	722.50
(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 SORENSEN, CHRISTOPHER, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address 7411 CENTER ROAD		Amount 28.00	
City MANITOWOC	State WI	Zip Code 54220	Transaction ID : F57.000013
Purpose of Expenditure DISTRIBUTION OF LITERATURE	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		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		28.00	

Full Name (Last, First, Middle Initial) of Payee EBBEN, CODY, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 1305 OAKCREST DRIVE		Amount 56.00	
City EAU CLAIRE	State WI	Zip Code 54701	Transaction ID : F57.000014
Purpose of Expenditure TEXT BANK	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		56.00	

Full Name (Last, First, Middle Initial) of Payee EBBEN, CODY, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 1305 OAKCREST DRIVE		Amount 56.00	
City EAU CLAIRE	State WI	Zip Code 54701	Transaction ID : F57.000015
Purpose of Expenditure TEXT BANK	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		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		56.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....	140.00
(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 LAMANSKY, ANDREW, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2020	
Mailing Address W2798 PLAYBIRD ROAD		Amount 126.00	
City SHEBOYGAN FALLS	State WI	Zip Code 53085	Transaction ID : F57.000016
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 HARMEILING, ELIJAH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2020	
Mailing Address W4330 CHURCH ROAD		Amount 126.00	
City WALDO	State WI	Zip Code 53093	Transaction ID : F57.000017
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 STEFFES, ELIZABETH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address W3657 W JEFFERSON ROAD		Amount 117.00	
City CHILTON	State WI	Zip Code 53014	Transaction ID : F57.000018
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)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	369.00
(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 CRAWFORD, ERIN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2020	
Mailing Address 234905 CLAY ROAD		Amount 65.10	
City ANIWA	State WI	Zip Code 54408	
Purpose of Expenditure PHONE BANK		Category/ Type	Transaction ID : F57.000019
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
		Amount 75.60	

Full Name (Last, First, Middle Initial) of Payee CRAWFORD, ERIN, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2020	
Mailing Address 234905 CLAY ROAD		Amount 68.60	
City ANIWA	State WI	Zip Code 54408	
Purpose of Expenditure PHONE BANK		Category/ Type	Transaction ID : F57.000020
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
		Amount 79.10	

Full Name (Last, First, Middle Initial) of Payee SEELY, ESTHER, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020	
Mailing Address W7065 SILVER SPRING LANE		Amount 44.10	
City PLYMOUTH	State WI	Zip Code 53073	
Purpose of Expenditure PHONE BANK		Category/ Type	Transaction ID : F57.000021
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
		Amount 159.60	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	177.80
(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 SEELY, ESTHER, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2020	
Mailing Address W7065 SILVER SPRING LANE		Amount 42.00	
City PLYMOUTH	State WI	Zip Code 53073	Transaction ID : F57.000022
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		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		157.50	

Full Name (Last, First, Middle Initial) of Payee CAMPANA, GRACIA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 847 REMSEN AVENUE NW		Amount 67.50	
City PALM BAY	State FL	Zip Code 32907	Transaction ID : F57.000023
Purpose of Expenditure PHONE BANK	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		97.50	

Full Name (Last, First, Middle Initial) of Payee CAMPANA, GRACIA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 847 REMSEN AVENUE NW		Amount 67.50	
City PALM BAY	State FL	Zip Code 32907	Transaction ID : F57.000024
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		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		97.50	

(a) SUBTOTAL of Itemized Independent Expenditures.....	177.00
(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 HARMEILING, HANNAH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address W4330 CHURCH ROAD		Amount 67.50	
City WALDO	State WI	Zip Code 53093	Transaction ID : F57.000025
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 303.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee HARMEILING, HANNAH, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2020	
Mailing Address W4330 CHURCH ROAD		Amount 67.50	
City WALDO	State WI	Zip Code 53093	Transaction ID : F57.000026
Purpose of Expenditure PHONE BANK	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 303.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee COOPER, HEATHER, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 3300 MURPHY LAKE ROAD		Amount 35.00	
City MILLINGTON	State MI	Zip Code 48746	Transaction ID : F57.000027
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 77.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	170.00
(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 COOPER, HEATHER, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 3300 MURPHY LAKE ROAD		Amount 35.00	
City MILLINGTON	State MI	Zip Code 48746	
Purpose of Expenditure PHONE BANK		Category/ Type	Transaction ID : F57.000028
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Calendar Year-To-Date Per Election for Office Sought		77.00	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 COOPER, HEIDI, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 3300 MURPHY LAKE ROAD		Amount 14.00	
City MILLINGTON	State MI	Zip Code 48746	
Purpose of Expenditure PHONE BANK		Category/ Type	Transaction ID : F57.000029
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, , ,		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		56.00	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 COOPER, HEIDI, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2020	
Mailing Address 3300 MURPHY LAKE ROAD		Amount 14.00	
City MILLINGTON	State MI	Zip Code 48746	
Purpose of Expenditure PHONE BANK		Category/ Type	Transaction ID : F57.000030
Name of Federal Candidate Supported or Opposed by Expenditure: VAN ORDEN, DERRICK, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03
Calendar Year-To-Date Per Election for Office Sought		56.00	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.....	63.00
(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 MUCCIOLO, HELENA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020	
Mailing Address W12308 REEDS CORNERS ROAD		Amount 153.00	
City RIPON	State WI	Zip Code 54971	Transaction ID : F57.000031
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 153.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		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.....	153.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	3090.30