

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 Action Network | | 3. FEC Identification Number C C90011230 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1747 Pennsylvania Avenue, NW 5th Floor | | |
| (c) City, State and ZIP Code Washington DC 20006 | | |
| 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..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 326250.00

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 |
| Caleb Crosby | Caleb Crosby | 09/25/2016 |

[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 Action Network

| | | | |
|--|--------------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee September Group | | Date of Public Distribution/Dissemination 09 / 23 / 2016 | |
| Mailing Address 1712 Pioneer Ave. Suite 500 | | Amount 326250.00 | |
| City Cheyenne | State WY | Zip Code 82001 | Transaction ID : 001 |
| Purpose of Expenditure Canvassing | Category/ Type 004 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: CA District: 07 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Ami Bera | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 326250.00 | | 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..... | ▶ | 326250.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | ▶ | 326250.00 |