

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		3. FEC Identification Number C C90011891
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 10936 North Port Washington Road		
(c) City, State and ZIP Code Mequon WI 53092		
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

M M / D D / Y Y Y Y Y Y

5. COVERING PERIOD:

FROM M M / D D / Y Y Y Y Y Y

THROUGH M M / D D / Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS.....

.00

7. TOTAL INDEPENDENT EXPENDITURES

5332.46

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

Amorin, Kelly, , ,

SIGNATURE

Amorin, Kelly, , ,

DATE

[Electronically Filed]

11/01/2016

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

Full Name (Last, First, Middle Initial) of Payee Garvey, William, S, ,		Date of Public Distribution/Dissemination 10 / 27 / 2016	
Mailing Address 8519 Volkman Street		Amount 105.00	
City Rothschild	State WI	Zip Code 54474	
Purpose of Expenditure Distribution of literature		Category/ Type	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ran, S, ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 504.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000001

Full Name (Last, First, Middle Initial) of Payee Garvey, William, S, ,		Date of Public Distribution/Dissemination 10 / 28 / 2016	
Mailing Address 8519 Volkman Street		Amount 75.00	
City Rothschild	State WI	Zip Code 54474	
Purpose of Expenditure Distribution of literature		Category/ Type	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ran, S, ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 579.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000002

Full Name (Last, First, Middle Initial) of Payee Garvey, William, S, ,		Date of Public Distribution/Dissemination 10 / 29 / 2016	
Mailing Address 8519 Volkman Street		Amount 52.50	
City Rothschild	State WI	Zip Code 54474	
Purpose of Expenditure Distribution of literature		Category/ Type	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, S, ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 631.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.000003

(a) SUBTOTAL of Itemized Independent Expenditures.....	232.50
(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

Full Name (Last, First, Middle Initial) of Payee Garvey, William, S, ,		Date of Public Distribution/Dissemination 10 / 31 / 2016	
Mailing Address 8519 Volkman Street		Amount 112.50	
City Rothschild	State WI	Zip Code 54474	Transaction ID : F57.000004
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Estelle, R, ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 744.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mucciolo, Estelle, R, ,		Date of Public Distribution/Dissemination 10 / 31 / 2016	
Mailing Address W12308 Reeds Corners Road		Amount 105.00	
City Ripon	State WI	Zip Code 54971	Transaction ID : F57.000005
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 274.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Brecheen, Holy, , ,		Date of Public Distribution/Dissemination 10 / 28 / 2016	
Mailing Address 911 Winchester Road		Amount 120.00	
City Neenah	State WI	Zip Code 54956	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: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 204.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	337.50
(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

Full Name (Last, First, Middle Initial) of Payee Brecheen, Holy, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2016	
Mailing Address 911 Winchester Road		Amount 120.00	
City Neenah	State WI	Zip Code 54956	Transaction ID : F57.000007
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		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) _____	
		2016	
		324.00	

Full Name (Last, First, Middle Initial) of Payee Wheeler, Josh, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2016	
Mailing Address 1233 South 20th Street		Amount 15.00	
City Sheboygan	State WI	Zip Code 53081	Transaction ID : F57.000008
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		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) _____	
		2016	
		36.00	

Full Name (Last, First, Middle Initial) of Payee Ohene-Adu, Kenneth, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 208 Osceola Street #659		Amount 45.00	
City Oshkosh	State WI	Zip Code 54901	Transaction ID : F57.000009
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		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) _____	
		2016	
		199.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....	180.00
(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

Full Name (Last, First, Middle Initial) of Payee Sortwell, Krista, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 13219 County Road Q		Amount 67.50	
City Two Rivers	State WI	Zip Code 54241	Transaction ID : F57.000010
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 130.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Sortwell, Krista, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2016	
Mailing Address 13219 County Road Q		Amount 90.00	
City Two Rivers	State WI	Zip Code 54241	Transaction ID : F57.000011
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 220.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Sortwell, Krista, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2016	
Mailing Address 13219 County Road Q		Amount 33.75	
City Two Rivers	State WI	Zip Code 54241	Transaction ID : F57.000012
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 254.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	191.25
(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

Full Name (Last, First, Middle Initial) of Payee Resop, Mara, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 1719 Arizona Street		Amount 15.00	
City Oshkosh	State WI	Zip Code 54902	Transaction ID : F57.000013
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 144.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Monroe, Megan, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address N7180 Fifth Avenue		Amount 60.00	
City Plainsfield	State WI	Zip Code 54966	Transaction ID : F57.000014
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 130.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Monroe, Megan, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016	
Mailing Address N7180 Fifth Avenue		Amount 45.00	
City Plainsfield	State WI	Zip Code 54966	Transaction ID : F57.000015
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 175.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	120.00
(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

Full Name (Last, First, Middle Initial) of Payee Nettrour, Nelani, , ,		Date of Public Distribution/Dissemination 10 / 27 / 2016	
Mailing Address 789 Bloom Road		Amount 82.50	
City Eagle River	State WI	Zip Code 54521	
Purpose of Expenditure Distribution of literature		Category/ Type	Transaction ID : F57.000016
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: WI District: _____
Calendar Year-To-Date Per Election for Office Sought		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 Nettrour, Nelani, , ,		Date of Public Distribution/Dissemination 10 / 28 / 2016	
Mailing Address 489 Bloom Road		Amount 112.50	
City Eagle River	State WI	Zip Code 54521	
Purpose of Expenditure Distribution of literature		Category/ Type	Transaction ID : F57.000017
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: WI District: _____
Calendar Year-To-Date Per Election for Office Sought		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 Nettrour, Nelani, , ,		Date of Public Distribution/Dissemination 10 / 29 / 2016	
Mailing Address 789 Bloom Road		Amount 105.00	
City Eagle River	State WI	Zip Code 54521	
Purpose of Expenditure Distribution of literature		Category/ Type	Transaction ID : F57.000018
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: WI District: _____
Calendar Year-To-Date Per Election for Office Sought		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.....	300.00
(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

Full Name (Last, First, Middle Initial) of Payee Nettrour, Nelani, , ,		Date of Public Distribution/Dissemination 10 / 31 / 2016	
Mailing Address 789 Bloom Road		Amount 90.00	
City Eagle River	State WI	Zip Code 54521	Transaction ID : F57.000019
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		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 Cook, Nita, , ,		Date of Public Distribution/Dissemination 10 / 28 / 2016	
Mailing Address N8652 State Road 73N		Amount 90.00	
City Randolph	State WI	Zip Code 53956	Transaction ID : F57.000020
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Cook, Nita, , ,		Date of Public Distribution/Dissemination 10 / 29 / 2016	
Mailing Address N8652 State Road 73N		Amount 90.00	
City Randolph	State WI	Zip Code 53956	Transaction ID : F57.000021
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	270.00
(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

Full Name (Last, First, Middle Initial) of Payee Heise, Rachel, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2016	
Mailing Address W8216 Buttercup Court		Amount 75.00	
City Wautoma	State WI	Zip Code 54982	Transaction ID : F57.000022
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 316.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Lease, Sunshine, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 404 Horne Street		Amount 45.00	
City Redgranite	State WI	Zip Code 54970	Transaction ID : F57.000023
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 101.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Paul, William, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 6724 Wilson Lima Road		Amount 37.50	
City Oostburg	State WI	Zip Code 53070	Transaction ID : F57.000024
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 59.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	157.50
(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

Full Name (Last, First, Middle Initial) of Payee Charpentier, David, , ,		Date of Public Distribution/Dissemination 10 / 28 / 2016	
Mailing Address N2014 13th Road		Amount 60.00	
City Montello	State WI	Zip Code 53949	
Purpose of Expenditure Distribution of literature		Category/ Type	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		511.50	

Transaction ID : F57.000025

Full Name (Last, First, Middle Initial) of Payee Vesely, David, , ,		Date of Public Distribution/Dissemination 10 / 28 / 2016	
Mailing Address 1936 Kettle Creek Drive		Amount 75.00	
City DePere	State WI	Zip Code 54115	
Purpose of Expenditure Distribution of literature		Category/ Type	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		381.00	

Transaction ID : F57.000026

Full Name (Last, First, Middle Initial) of Payee Vesely, David, , ,		Date of Public Distribution/Dissemination 10 / 29 / 2016	
Mailing Address 1936 Kettle Creek Drive		Amount 37.50	
City DePere	State WI	Zip Code 54115	
Purpose of Expenditure Distribution of literature		Category/ Type	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		418.50	

Transaction ID : F57.000027

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	172.50
(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

Full Name (Last, First, Middle Initial) of Payee Vesely, David, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 1936 Kettle Creek Drive		Amount 48.75	
City DePere	State WI	Zip Code 54115	Transaction ID : F57.000028
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 467.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Smith, Derrick, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 220 Clermont tree		Amount 97.50	
City Antigo	State WI	Zip Code 54409	Transaction ID : F57.000029
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 97.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Smith, Derrick, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 220 Clermont Street		Amount 90.00	
City Antigo	State WI	Zip Code 54409	Transaction ID : F57.000030
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 187.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	236.25
(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

Full Name (Last, First, Middle Initial) of Payee Smith, Derrick, , ,		Date of Public Distribution/Dissemination 10 / 31 / 2016	
Mailing Address 220 Clermont Street		Amount 82.50	
City Antigo	State WI	Zip Code 54409	Transaction ID : F57.000031
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 270.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Schneider, Jason, , ,		Date of Public Distribution/Dissemination 10 / 27 / 2016	
Mailing Address 1016 Lakefield Road #3		Amount 144.00	
City Grafton	State WI	Zip Code 53024	Transaction ID : F57.000032
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 144.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Schneider, Jason, , ,		Date of Public Distribution/Dissemination 10 / 28 / 2016	
Mailing Address 1016 Lakefield Road #3		Amount 144.00	
City Grafton	State WI	Zip Code 53024	Transaction ID : F57.000033
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	370.50
(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

Full Name (Last, First, Middle Initial) of Payee Schneider, Jason, , ,		Date of Public Distribution/Dissemination 10 / 29 / 2016	
Mailing Address 1016 Lakefield #3		Amount 168.00	
City Grafton	State WI	Zip Code 53024	Transaction ID : F57.000034
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 456.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Schneider, Jason, , ,		Date of Public Distribution/Dissemination 10 / 30 / 2016	
Mailing Address 1016 Lakefield Road #3		Amount 88.00	
City Grafton	State WI	Zip Code 53024	Transaction ID : F57.000035
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 544.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Schneider, Jason, , ,		Date of Public Distribution/Dissemination 10 / 31 / 2016	
Mailing Address 1016 Lakefield Road #3		Amount 144.00	
City Grafton	State WI	Zip Code 53024	Transaction ID : F57.000036
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 688.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	400.00
(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

Full Name (Last, First, Middle Initial) of Payee Berghammer, Elizabeth, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2016	
Mailing Address 4438 cheerokee Trail		Amount 15.00	
City Hubertus	State WI	Zip Code 53033	Transaction ID : F57.000037
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Hettig, Michael, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2016	
Mailing Address 3411 West Lynndale Avenue		Amount 37.50	
City Greenfield	State WI	Zip Code 53221	Transaction ID : F57.000038
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		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 Batzel, Matt, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 107 South 6th Street		Amount 571.03	
City Cedar Grove	State WI	Zip Code 53013	Transaction ID : F57.000039
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 397.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	623.53
(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

Full Name (Last, First, Middle Initial) of Payee Donat, Rachel, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address P.O. Box 444		Amount 125.00	
City Oxford	State WI	Zip Code 53952	Transaction ID : F57.000040
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 225.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Ellis, Scott, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2016	
Mailing Address 231 North Fowler Street #304		Amount 360.58	
City Oconomowoc	State WI	Zip Code 53066	Transaction ID : F57.000042
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 504.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Nelson, Nate, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2016	
Mailing Address 3977 Leonard Point Road		Amount 201.90	
City Oshkosh	State WI	Zip Code 54904	Transaction ID : F57.000043
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 363.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	687.48
(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

Full Name (Last, First, Middle Initial) of Payee Simac, Kim, , ,		Date of Public Distribution/Dissemination 10 / 30 / 2016	
Mailing Address 3860 Kula Vista Drive		Amount 428.55	
City Eagle River	State WI	Zip Code 54521	Transaction ID : F57.000044
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 599.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Storms, Jason, , ,		Date of Public Distribution/Dissemination 10 / 31 / 2016	
Mailing Address 955 County C		Amount 189.47	
City Grarfton	State WI	Zip Code 53024	Transaction ID : F57.000045
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 304.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mucciolo, Tanya, , ,		Date of Public Distribution/Dissemination 10 / 31 / 2016	
Mailing Address W12308 Reeds Corners Road		Amount 133.93	
City Ripon	State WI	Zip Code 54971	Transaction ID : F57.000046
Purpose of Expenditure Distribution of literature	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1428.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	751.95
(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

Full Name (Last, First, Middle Initial) of Payee Mucciolo, Tanya, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016	
Mailing Address W12308 Reeds Corners Road		Amount 301.50	
City Ripon	State WI	Zip Code 54971	Transaction ID : F57.000047
Purpose of Expenditure Expense reimbursement	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ron, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1730.39		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.....	▶	301.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	5332.46