

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

|  |   |  |
|--|---|--|
| 1. (a) Name of Individual, Organization or Corporation<br><b>AMERICAN ACTION NETWORK INC</b>   |   | 3. FEC Identification Number<br><b>C C90011230</b> |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>555 13TH STREET NW<br>SUITE 510 WEST |   |  |
| (c) City, State and ZIP Code<br>WASHINGTON DC 20004  |   |  |
| 2. <b>Corporate filers only</b>  | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>Individual filers only</b>  | Name of Employer  | Occupation   |

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

/  /

THROUGH

/  /

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. 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.

|   |                               |             |
|---|-------------------------------|-------------|
| <b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b> | <b>SIGNATURE</b>              | <b>DATE</b> |
| stephanie fenjiro                                   | <i>stephanie fenjiro</i>      | 06/12/2012  |
|   | <i>[Electronically Filed]</i> |             |

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

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-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
AMERICAN ACTION NETWORK INC

|   |                          |  |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br>connection strategy llc   |                          | Date<br>MM / DD / YYYY<br>06 / 11 / 2012   |
| Mailing Address<br>po box 2192  |                          | Amount<br>3337.40<br><b>Transaction ID : F57.000001</b>  |
| City<br>arlington   | State<br>VA              |  |
| Zip Code<br>22202   |                          |  |
| Purpose of Expenditure<br>early vote calls                                    | Category/<br>Type<br>004 | Office Sought: <input checked="" type="checkbox"/> House State: AZ<br><input type="checkbox"/> Senate District: 08<br><input type="checkbox"/> President                         |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>jesse kelly |                          | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election<br>for Office Sought<br>76740.20           |                          | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2012 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special |

|  |                   |  |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) of Payee               |                   | Date<br>MM / DD / YYYY   |
| Mailing Address  |                   | Amount   |
| City   | State             |  |
| Zip Code   |                   |  |
| 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<br>for Office Sought        |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) <input type="checkbox"/> |

|  |                   |  |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) of Payee               |                   | Date<br>MM / DD / YYYY   |
| Mailing Address  |                   | Amount   |
| City   | State             |  |
| Zip Code   |                   |  |
| 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<br>for Office Sought        |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) <input type="checkbox"/> |

|   |   |         |
|---|---|---------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....   | ▶ | 3337.40 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... | ▶ |         |
| (c) <b>TOTAL</b> Independent Expenditures .....                 | ▶ | 3337.40 |
| (carry total from last page forward to Line 7)                  |   |         |