



**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
AMERICANS FOR PROSPERITY

Full Name (Last, First, Middle Initial) of Payee Americans For Prosperity		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014	
Mailing Address 2111 Wilson Blvd Suite 350		Amount 58827.50	
City Arlington	State VA	Zip Code 22201	
Purpose of Expenditure Staff Salary		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: LA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mary Landrieu		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 844293.28		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Transaction ID : F57.000001

Full Name (Last, First, Middle Initial) of Payee Americans For Prosperity		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014	
Mailing Address 2111 Wilson Blvd Suite 350		Amount 56604.19	
City Arlington	State VA	Zip Code 22201	
Purpose of Expenditure Canvassing Expenses		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: LA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mary Landrieu		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 900897.47		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Transaction ID : F57.000002

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <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 <input type="checkbox"/> Other (specify) Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures.....	115431.69
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	115431.69