



Margaret Howell <MHowell@afphq.org> on 07/16/2014 05:07:51 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc:

Subject: FEC Form 9 (Amended)

Attached please find an amended Form 9 from Americans for Prosperity. Thank you,

Margaret Howell
Senior Associate Counsel
Americans for Prosperity
p: 703-224-3264 | m: 571-302-1958
mhowell@afphq.org



FEC Amended Form 9 7_15_14.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Americans for Prosperity

(b) Address (number and street) ☐ check if different than previously reported

2111 Wilson Blvd. Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C30001051

3. Is This Statement

☐

New

or

☒

Amended

4. Covering Period

07

11

2014

through

07

15

2014

5. (a) Date of Public Distribution(s)

07

15

2014

(b) Communication Title "Pompeo Represents US"

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐

No ☐

8. Custodian of Records

(a) Name

Robert Heaton

(b) Address (number and street)

2111 Wilson Blvd. Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

Americans for Prosperity

(e) Occupation

CFO

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

414,315.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Victor Bernson

SIGNATURE

Victor E. Bernson, Jr.
Victor E. Bernson, Jr. (Jul 16, 2014)

DATE

Jul 16, 2014

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

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 5

11. Person(s) Sharing/Exercising Control

A.	(a) Name Tim Phillips	
	(b) Address (number and street) 2111 Wilson Blvd. Suite 350	
	(c) City, State and ZIP Code Arlington, VA 22201	
	(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation President
B.	(a) Name Luke Hilgemann	
	(b) Address (number and street) 2111 Wilson Blvd. Suite 350	
	(c) City, State and ZIP Code Arlington, VA 22201	
	(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation COO
C.	(a) Name Robert Heaton	
	(b) Address (number and street) 2111 Wilson Blvd. Suite 350	
	(c) City, State and ZIP Code Arlington, VA 22201	
	(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation CFO
D.	(a) Name Victor Bernson	
	(b) Address (number and street) 2111 Wilson Blvd. Suite 350	
	(c) City, State and ZIP Code Arlington, VA 22201	
	(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation VP & General Counsel
E.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 5

A. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt MM / DD / YYYY Amount \$
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt MM / DD / YYYY Amount \$
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt MM / DD / YYYY Amount \$
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt MM / DD / YYYY Amount \$
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt MM / DD / YYYY Amount \$
SUBTOTAL of Donations This Page (optional) ▶ \$ 0.00	
TOTAL This Period (last page this line number only) ▶ \$ 0.00 (carry total from last page to Line 9)	

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 4 OF 5

A. Full Name (Last, First, Middle Initial) of Payee Joust				Date of Disbursement or Obligation 07 / 15 / 2014	
Mailing Address of Payee 322 S. Mosley St.				Amount 4,395.00	
City Wichita	State KS	Zip Code 67202		Communication Date 07 / 15 / 2014	
Name of Employer _____				Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) Production of TV ad ("Pompeo Represents US")					
Name of Federal Candidate Mike Pompeo		Office Sought: ☒ House ☐ Senate ☐ President	State: KS District: 04	Disbursement/Obligation For: ☒ Primary ☐ General ☐ Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: ☐ House ☐ Senate ☐ President	State: _____ District: _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: ☐ House ☐ Senate ☐ President	State: _____ District: _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee Joust				Date of Disbursement or Obligation 07 / 15 / 2014	
Mailing Address of Payee 322 S. Mosley St.				Amount 695.00	
City Wichita	State KS	Zip Code 67202		Communication Date 07 / 15 / 2014	
Name of Employer _____				Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) Production of radio ad ("Pompeo Represents US")					
Name of Federal Candidate Mike Pompeo		Office Sought: ☒ House ☐ Senate ☐ President	State: KS District: 04	Disbursement/Obligation For: ☒ Primary ☐ General ☐ Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: ☐ House ☐ Senate ☐ President	State: _____ District: _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: ☐ House ☐ Senate ☐ President	State: _____ District: _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				5,090.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				_____	

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 5 OF 5

A. Full Name (Last, First, Middle Initial) of Payee Smart Media Group, LLC Mailing Address of Payee 1427 Leslie Ave. Suite 100 <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22301</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer</td> <td style="width: 33%;">Occupation</td> </tr> </table>				City	State	Zip Code	Alexandria	VA	22301	Name of Employer	Occupation	Date of Disbursement or Obligation 07 / 11 / 2014 Amount 350,862.62 Communication Date 07 / 15 / 2014	
City	State	Zip Code											
Alexandria	VA	22301											
Name of Employer	Occupation												
Purpose of Disbursement (Including title(s) of communication(s)) Placement of TV ad													
Name of Federal Candidate Mike Pompeo		Office Sought: ☒ House ☐ Senate ☐ President	State: <u>KS</u> District: <u>04</u>	Disbursement/Obligation For: ☒ Primary ☐ General ☐ Other (specify) ▶									
Name of Federal Candidate		Office Sought: ☐ House ☐ Senate ☐ President	State: _____ District: _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶									
Name of Federal Candidate		Office Sought: ☐ House ☐ Senate ☐ President	State: _____ District: _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶									
B. Full Name (Last, First, Middle Initial) of Payee Smart Media Group, LLC Mailing Address of Payee 1427 Leslie Ave. Suite 100 <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22301</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer</td> <td style="width: 33%;">Occupation</td> </tr> </table>				City	State	Zip Code	Alexandria	VA	22301	Name of Employer	Occupation	Date of Disbursement or Obligation 07 / 11 / 2014 Amount 58,362.38 Communication Date 07 / 15 / 2014	
City	State	Zip Code											
Alexandria	VA	22301											
Name of Employer	Occupation												
Purpose of Disbursement (Including title(s) of communication(s)) Placement of radio ad ("Pompeo Represents US")													
Name of Federal Candidate Mike Pompeo		Office Sought: ☒ House ☐ Senate ☐ President	State: <u>KS</u> District: <u>04</u>	Disbursement/Obligation For: ☒ Primary ☐ General ☐ Other (specify) ▶									
Name of Federal Candidate		Office Sought: ☐ House ☐ Senate ☐ President	State: _____ District: _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶									
Name of Federal Candidate		Office Sought: ☐ House ☐ Senate ☐ President	State: _____ District: _____	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶									
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				409,225.00									
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				414,315.00									

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
☐ USPS Priority Mail Express	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	☐
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☒ Other (Specify): <i>E-mail</i>	Date of Receipt or Postmarked <i>7/16/14</i>
	<i>7/17/14</i>
PREPARER	DATE PREPARED