

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 AMERICANS FOR PROSPERITY		3. FEC Identification Number C C90013285
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1310 N Courthouse Rd Ste 700		
(c) City, State and ZIP Code ARLINGTON VA 22201		
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
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5. COVERING PERIOD:

FROM

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

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	6901.40

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
Robert Heaton	<i>Robert Heaton</i> [Electronically Filed]	08/04/2016

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)
AMERICANS FOR PROSPERITY

Full Name (Last, First, Middle Initial) of Payee Ajilon Professional Staffing		Date of Public Distribution/Dissemination 08 / 04 / 2016	
Mailing Address Dept CH 14031		Amount 563.20	
City Palatine	State IL	Zip Code 60055	Transaction ID : F57.4683
Purpose of Expenditure Phone Banking	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Catherine Cortez Masto		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 22975.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Cornerstone Staffing		Date of Public Distribution/Dissemination 08 / 04 / 2016	
Mailing Address PO Box 909		Amount 563.20	
City Grapevine	State TX	Zip Code 76099	Transaction ID : F57.4684
Purpose of Expenditure Phone Banking	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Catherine Cortez Masto		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 23538.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Majority Strategies, LLC		Date of Public Distribution/Dissemination 08 / 02 / 2016	
Mailing Address 12854 Kenan Drive Suite 145		Amount 5775.00	
City Jacksonville	State FL	Zip Code 32258	Transaction ID : F57.4682
Purpose of Expenditure Door Hangers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Catherine Cortez Masto		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 22412.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	6901.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	6901.40