

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 onMM / DD / YYYY
09 / 14 / 2016

5. COVERING PERIOD:

FROM

MM / DD / YYYY

THROUGH

MM / DD / YYYY

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES

21959.92

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

[Electronically Filed]

Carnahan, Tim, , ,

Carnahan, Tim, , ,

10/14/2016

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 EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
AMERICANS FOR PROSPERITY

| | | | |
|--|-----------------------|---|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Cornerstone Staffing | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2016 | |
| Mailing Address PO Box 909 | | Amount 542.46 | |
| City Grapevine | State TX | Zip Code 76099 | Transaction ID : F57.5106 |
| Purpose of Expenditure Phone Banking | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: Cortez Masto, Catherine, , , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 121084.49 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee Innovative Advertising | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2016 | |
| Mailing Address 4250 Highway 22 Suite 7 | | Amount 9775.00 | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : F57.5107 |
| Purpose of Expenditure Mailer (Masto Uber #2) | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: Cortez Masto, Catherine, , , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 108899.57 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____ | |
| Full Name (Last, First, Middle Initial) of Payee United States Postal Service | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2016 | |
| Mailing Address 475 L'Enfant Plaza Sw | | Amount 11642.46 | |
| City Washington | State DC | Zip Code 20260 | Transaction ID : F57.5108 |
| Purpose of Expenditure Postage for Mailers (Masto Uber #2) | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: Cortez Masto, Catherine, , , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 120542.03 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____ | |

(a) **SUBTOTAL** of Itemized Independent Expenditures..... 21959.92

(b) **SUBTOTAL** of Unitemized Independent Expenditures 0.00

(c) **TOTAL** Independent Expenditures..... 21959.92
(carry total from last page forward to Line 7)