

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation 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		3. FEC Identification Number C C90013285
2. Occupation and Name of Employer (for Individual Filers Only)		

11 / 16 / 2014

6. TOTAL CONTRIBUTIONS.....	.00
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7. TOTAL INDEPENDENT EXPENDITURES	52042.40
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11/15/2014

FEC Schedule 5 (REV. 09/2013)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICANS FOR PROSPERITY

Full Name (Last, First, Middle Initial) of Payee

Innovative Advertising LLC

Date of Public Distribution/Dissemination

MM / DD / YYYY
11 / 13 / 2014

Mailing Address

4250 Highway 22

Suite 7

Amount

51827.09

City

State

Zip Code

Mandeville

LA

70471

Transaction ID : F57.000001

Purpose of Expenditure

Mailer design, production, postage and shipping (Healthcare Plans)

Category/
Type

004

Office Sought:

☐ House

State: LA

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Mar Landrieu

Calendar Year-To-Date Per Election
for Office Sought

733423.38

Disbursement For:

☐ Primary☐ General☒ Other (specify) _____

Runoff

Full Name (Last, First, Middle Initial) of Payee

Americans For Prosperity

Date of Public Distribution/Dissemination

MM / DD / YYYY
11 / 13 / 2014

Mailing Address

2111 Wilson Boulevard

Suite 350

Amount

215.31

City

State

Zip Code

Arlington

VA

22201

Transaction ID : F57.000002

Purpose of Expenditure

Staff Salary

Category/
Type

001

Office Sought:

☐ House

State: LA

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Mary Landrieu

Calendar Year-To-Date Per Election
for Office Sought

733638.69

Disbursement For:

☐ Primary☐ General☒ Other (specify) _____

Runoff

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:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify) _____

Runoff

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

52042.40

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....

52042.40

(carry total from last page forward to Line 7)