10/27/2016 14 : 11

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

	<u> </u>		_	
(a) Name of Individual, Organization or Corp AMERICANS FOR PROSPERIT				
(b) Address (number and street) che 1310 N Courthouse Rd Ste 700	eck if different than previo	usly reported		
(c) City, State and ZIP Code			0 550 1-1	Maria Mariada a u
ARLINGTON	3. FEC Identifica	tion Number		
	000046	2005		
2. Occupation and Name of Employer (for Indi	C C90013	3285		
4. TYPE OF REPORT (check applications) (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Find January 31 Year-End Right In the State of St	ort rt deport eport ent? X No Ye	24-Hour Report 48-Hour Report es, it amends the report filed on	M / D D /	Y Y Y Y Y Y Y Y Y Y
6. TOTAL CONTRIBUTIONS				0.00
7. TOTAL INDEPENDENT EXPEND		1126.40		
Under penalty of perjury I certify that the independent ex of, any candidate or authorized committee or agent of			, or concert with, or at t	the request or suggestion
TYPE OR PRINT NAME OF PERSON COMPL	ETING FORM	SIGNATURE	ectronically Filed]	DATE
Carnahan, Tim, , ,		Carnahan, Tim, , ,		10/27/2016
NOTE: Submission of false, erroneous	or incomplete information ma	ay subject the person signing this report to	the penalties of 2 U.S	S.C. §437g.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) AMERICANS FOR PROSPERITY								
Full Name (Last, First, Middle Initial) of Payee					Date of Public Distribution/Dissemination			
Ajilon Professional Staffing					M M M 10	/ D D / 27	2016	
Mailing Address Dept CH 14031						21	2010	
011		7: 0 !		Amo	unt			
City Palatine	State IL	Zip Code 60055		Tra	nsaction	ID : F57.594	563.20 0	
Purpose of Expenditure Phone Banking		Category/ Type	004	Office Sou		House	State: NC	
Name of Federal Candidate Supported or Op ROSS, DEBORAH K, , ,	posed by Expend	liture:		Check On	e:	President Support	District:	
Calendar Year-To-Date Per Election for Office Sought		1405281	.25	Disbursem	ent For: 2016 Other (sp	Primary ecify)	✗ General	
Full Name (Last, First, Middle Initial) of Payer	е			Date	of Public	c Distribution	/Dissemination	
Cornerstone Staffing					M M M	/ D D / 27	2016	
Mailing Address PO Box 909				Amo	unt			
City	State	Zip Code					562.20	
Grapevine	TX	76099		Trai	eaction	ID : F57.594	563.20	
Purpose of Expenditure Phone Banking		Category/ Type	004	Office Sou	ight:	House	State: NC	
					χ.	Senate President	District:	
Name of Federal Candidate Supported or Op ROSS, DEBORAH K, , ,	posed by Expend	liture:		Check On	e:	Support	x Oppose	
Calendar Year-To-Date Per Election for Office Sought	1 1 4	140584	4.45	Disbursem	ent For: 2016 Other (sp		✗ General	
Full Name (Last, First, Middle Initial) of Payee				Date of Public Distribution/Dissemination				
					M = M	/ D D /	YIYIY	
Mailing Address								
				Amo	unt			
City	State	Zip Code						
Purpose of Expenditure		Category/ Type	•	Office Sou	ght:	House	State:	
Name of Federal Candidate Supported or Op	posed by Expend					Senate President	District:	
				Check One	e:	Support	Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursem	ent For: Other (sp	Primary ecify)	General	
(a) SUBTOTAL of Itemized Independent Expe	nditures			▶			1126.40	
(b) SUBTOTAL of Unitemized Independent Ex	penditures			··· •				
(c) TOTAL Independent Expenditures(carry total from last page forward to				>	1 1		1126.40	