

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 2111 WILSON BLVD SUITE 350			
(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 / /

5. COVERING PERIOD: FROM / / THROUGH / /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

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
Victor Bernson	<i>Victor Bernson</i> [Electronically Filed]	01/31/2015

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 Americans for Prosperity		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 2111 Wilson Blvd., Suite 350		Amount 811.64	
City	State	Zip Code	Transaction ID : F57.000001
Arlington	VA	22201	
Purpose of Expenditure staff salary	Category/ Type	Office Sought: <input type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
	001	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Begich		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		65744.74	

Full Name (Last, First, Middle Initial) of Payee Americans for Prosperity		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2111 Wilson Blvd., Suite 350		Amount 14425.82	
City	State	Zip Code	Transaction ID : F57.000002
Arlington	VA	22201	
Purpose of Expenditure staff salary	Category/ Type	Office Sought: <input type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
	001	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Begich		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		80170.56	

Full Name (Last, First, Middle Initial) of Payee Americans for Prosperity		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2111 Wilson Blvd., Suite 350		Amount 3707.85	
City	State	Zip Code	Transaction ID : F57.000003
Arlington	VA	22201	
Purpose of Expenditure canvassing expenses	Category/ Type	Office Sought: <input type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
	001	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Begich		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		83878.41	

(a) SUBTOTAL of Itemized Independent Expenditures.....	18945.31
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	18945.31