FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(b) Address (number and street)	1. (a) Name of Individual, Organization or Corporation AMERICANS FOR PROSPERITY			
ARLINGTON VA 22201 3. FEC identification Number 2. Occupation and Name of Employer (for Individual Filers Only) C 90013285 C 90013285 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report 1. July 15 Quarterly Report 24-Hour Report 0 Cotober 15 Quarterly Report 24-Hour Report 1. July 15 Quarterly Report 24-Hour Report 20 2016 5. COVERING PERIOD: FROM Y 95, it amends the report filed on 08 20 2016 5. COVERING PERIOD: FROM Y 95, it amends the report filed on 0.00 7. TOTAL CONTRIBUTIONS 0.00 7. TOTAL INDEPENDENT EXPENDITURES Y 95, it amends in cooperation, consultation, or concert with, or at the request or suggestion of any consultation or concert with, or at the request or suggestion of any consultation or concert with, or at the request or suggestion of any consultation or concert with, or at the request or suggestion of any consultation or concert with, or at the request or suggestion of any consultation or concert with, or at the request or suggestion of any consultation or concert with, or at the request or suggestion of any consultation or any concert with, or at the request or suggestion of any consultation or any concert with, or at the request or suggestion of any consultation or any concert with, or at the request or suggestion of any consultation or any concert with, or at the request or suggestion of any consultation or concert with, o	1310 N Courthouse Rd	usly reported	_	
ARLINGTON VA 22201 2. Occupation and Name of Employer (for individual Filers Only) C C 2. Occupation and Name of Employer (for individual Filers Only) C C 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report 1. July 15 Quarterly Report 24-Hour Report 34-Hour Report 34-Hour Report 1. July 15 Quarterly Report 24-Hour Report 36-Hour Report 1. Junuary 31 Year-End Report 4-Hour Report 36-Hour Report 1. January 31 Year-End Report 4-Hour Report 36-Young (************************************	(c) City, State and ZIP Code		2 EEC Identification Number	
Coccipation and maine of Elinphyse (con incorring the boxes): (a) A pril 15 Quarterly Report July 15 Quarterly Report Qotober 15 Quarterly Report July 15 Quarterly Report January 31 Year End Report January 31 Year End Report January 31 Year End Report Josephiliter (Constrained and mendment? No I Yes, it amends the report filed on OB / 20 / 2016 S. COVERING PERIOD: FROM	ARLINGTON	VA 22201	3. FEC Identification Number	
(a) April 15 Quarterly Report 24-Hour Report (a) July 15 Quarterly Report 24-Hour Report (b) Qotober 15 Quarterly Report 48-Hour Report (c) January 31 Year-End Report 48-Hour Report (c) January 31 Year-End Report (c) (c) (c)	2. Occupation and Name of Employer (for Individual Filers Only)		C C90013285	
Inder penalty of perjust certify has the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of ender or any political party committee or is agent.	4. TYPE OF REPORT (check appropriate boxes):			
Carnahan, Tim,	(a) April 15 Quarterly Report			
I sthis Report an amendment? No Yes, it amends the report filed on 0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,	July 15 Quarterly Report	24-Hour Report		
b) Is this Report an amendment? No FROM Image: Constrained on the second of either, or any political party committee or its agent.	October 15 Quarterly Report	48-Hour Report		
b) Is this Report an amendment? No X Yes, it amends the report filed on 08 20 2016 5. COVERING PERIOD: FROM Y OF O Y Y YES, it amends the report filed on 08 20 2016 5. COVERING PERIOD: FROM Y OF O Y Y YES, it amends the report filed on 08 20 2016 THROUGH Y OF O Y Y YES, it amends the report filed on 08 20 2016 6. TOTAL CONTRIBUTIONS	January 31 Year-End Report			
	5. COVERING PERIOD: FROM / D D	s, it amends the report filed on		
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 Carnahan, Tim, , , Carnahan, Tim, , , 10/14/2016]
Carnahan, Tim, , , [Electronically Filed] Carnahan, Tim, , , 10/14/2016			, or concert with, or at the request or sugge	stion
10/14/2016	TYPE OR PRINT NAME OF PERSON COMPLETING FORM	[Elec		

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

NAME OF FILER (In Full)	
AMERICANS FOR PROSPERITY	

Full Name (Last, First, Middle Initial) of Pay	ee		Date of Public Distribution/Dissemination	1
Ajilon Professional Staffing				Y
Mailing Address Dept CH 14031			08182016	
City	State	Zip Code		
Palatine	IL	60055	235.01 Transaction ID : F57.4810	
Purpose of Expenditure		Category/	Office Sought: House State: N	/
Phone Banking		Type 004	× Senate	
Name of Federal Candidate Supported or C	Opposed by Expend	iture:	President District:	
Cortez Masto, Catherine, , ,			Check One: Support X Oppose	ţ
Calendar Year-To-Date Per Election for Office Sought		30367.17	Disbursement For: Primary General 2016 Other (specify)	
Full Name (Last, First, Middle Initial) of Pay	vee		Date of Public Distribution/Dissemination	1
AMERICANS FOR PROSPERITY				Y
Mailing Address 1310 N Courthouse Rd			08 19 2016	
Ste 700			Amount	
City	State	Zip Code	6036.87	
ARLINGTON	VA	22201	Transaction ID : F57.4808	
Purpose of Expenditure Staff Salaries		Category/ Type 001	Office Sought: House State: N Senate District:	<u></u>
Name of Federal Candidate Supported or C Cortez Masto, Catherine, , ,	Opposed by Expend	iture:	Check One: Support X Oppose	<u>}</u>
Calendar Year-To-Date Per Election for Office Sought		37371.19	Disbursement For: Primary & General 2016 Other (specify)	
Full Name (Last, First, Middle Initial) of Pay	ree		Date of Public Distribution/Dissemination	
AMERICANS FOR PROSPERITY			08 / ^D D / ^Y Y Y 08 / ^D D / ^Y 2016	Y
Mailing Address 1310 N Courthouse Rd			Amount	
Ste 700	State	Zip Code		_
ARLINGTON	VA	22201	1450.00	
Purpose of Expenditure	•••		Transaction ID : F57.4809 Office Sought: House State	
Canvassing Expenses		Category/ Type 001	× Senate	
Name of Federal Candidate Supported or C	Opposed by Expend	iture:	District:	
Cortez Masto, Catherine, , ,			Check One: Support X Oppose	
Calendar Year-To-Date Per Election			Disbursement For: Primary General	
for Office Sought		38821.19	Other (specify)	
(a) CURTOTAL of Hamizad Independent Ev	anditure a			-
(a) SUBTOTAL of Itemized Independent Exp	benaltures		7721.88	
(b) SUBTOTAL of Unitemized Independent E	Expenditures			٦.
(c) TOTAL Independent Expenditures (carry total from last page forward]

FEC Schedule 5 (REV. 09/2013)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)	
AMERICANS FOR PROSPERITY	

Full Name (Last, First, Middle Initial) of Payee				Da	ate of Pu	ıblic Distribu	ution/D	issemination
Cornerstone Staffing					M		1	YYYYYY
Mailing Address PO Box 909					08	18		2016
				Ar	mount			
City	State	Zip Code	1					967.15
Grapevine	ТХ	76099		-	ransacti	on ID : F57	.4811	
Purpose of Expenditure		Category/	004	Office S	Sought:	House	9	State: NV
Phone Banking		Туре	004			× Senat	e [District:
Name of Federal Candidate Supported or Opp	osed by Expendi	ture:				Presid	lent	
Cortez Masto, Catherine, , ,				Check C	One:	Suppo	ort	× Oppose
Calendar Year-To-Date Per Election				Disburse	ement Fo		ary	x General
for Office Sought		, 313	34.32		2016 Other	(specify)		
Full Name (Last, First, Middle Initial) of Payee				Dá	ate of Pu	ublic Distribu	ution/D	issemination
					M – M			Y . Y . Y . Y
Mailing Address								
				Ar	mount			
City	State	Zip Code	•					
				L		7	7	
Purpose of Expenditure		Category/		Office S	Sought:	House	Э	State:
		Туре			0	Senat		
Name of Federal Candidate Supported or Opp	osed by Expendi	iture:				Presic	lent	District:
				Check (One:	Suppo	ort	Oppose
Colordan Vaca To Data Day Election			_	Disburse	ement Fo	or: Prim	arv	General
Calendar Year-To-Date Per Election for Office Sought					Other	(specify)	-	
Full Name (Last, First, Middle Initial) of Payee						-	ution/D	Dissemination
								issemination
Mailing Address					W = W	/ 0 = 0		T - T - T - T
				Ar	mount			
City	State	Zip Code	•		inount			
	Otato	Lip ooud		L			,	
Purpose of Expenditure		Category/		Office S	ought.	House	<u> </u>	Otata
		Type		Onice O	ougnt.	Senate	Э	State:
Name of Federal Candidate Supported or Opp	osed by Expend	iture:				Presid		District:
				Check C	One:	Suppo	ort	Oppose
			_	Dishurse	ement Fo	or: Prim	arv	General
Calendar Year-To-Date Per Election for Office Sought				Diobaloc	_	(specify)	iai y	General
		,			Ourier			
(a) SUBTOTAL of Itemized Independent Expen	ditures						-	067.45
							, .	967.15
(b) SUBTOTAL of Unitemized Independent Exp	enditures							
							,	
(c) TOTAL Independent Expenditures				🕨 🦳				8689.03
(carry total from last page forward to l							, .	

FEC Schedule 5 (REV. 09/2013)