

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 | |
| (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 | 3. FEC Identification Number C C90013285 |
| 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

Carnahan, Tim, , ,

SIGNATURE

Carnahan, Tim, , ,

DATE

[Electronically Filed]

01/19/2017

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 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICANS FOR PROSPERITY

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

Agentia Creative LLC

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y
10 / 17 / 2016Mailing Address 211 North Union Street
Suite 100

Amount

8825.00

City State Zip Code
Alexandria VA 22314

Transaction ID : F57.5694

Purpose of Expenditure
Digital Web Ad Production ('Obamacare')Category/
Type 004Office Sought: ☐ House State: FL
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
MURPHY, PATRICK E, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 2246007.84Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

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

AMERICANS FOR PROSPERITY

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y
10 / 17 / 2016Mailing Address 1310 N Courthouse Rd
Ste 700

Amount

59718.57

City State Zip Code
ARLINGTON VA 22201

Transaction ID : F57.5691

Purpose of Expenditure
Staff SalariesCategory/
Type 001Office Sought: ☐ House State: FL
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
MURPHY, PATRICK E, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 2163195.35Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

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

AMERICANS FOR PROSPERITY

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y
10 / 17 / 2016Mailing Address 1310 N Courthouse Rd
Ste 700

Amount

14075.48

City State Zip Code
ARLINGTON VA 22201

Transaction ID : F57.5692

Purpose of Expenditure
Canvassing ExpensesCategory/
Type 001Office Sought: ☐ House State: FL
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
MURPHY, PATRICK E, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 2177270.83Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 82619.05

(b) SUBTOTAL of Unitemized Independent Expenditures

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICANS FOR PROSPERITY

Full Name (Last, First, Middle Initial) of Payee
i360, LLC

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 17 / 2016

Mailing Address PO Box 37046

Amount

City State Zip Code
Baltimore MD 21297-3046

59912.01

Transaction ID : F57.5693

Purpose of Expenditure
Digital Web Ad Placement ('Obamacare')Category/
Type 004Office Sought: ☐ House State: FL
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
MURPHY, PATRICK E, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 2237182.84Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
K Street Post Inc

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 17 / 2016Mailing Address 1341 Connecticut Ave NW
5th Floor

Amount

City State Zip Code
Washington DC 20036

1000.00

Transaction ID : F57.5695

Purpose of Expenditure
Digital Web Ad Production ('Obamacare')Category/
Type 004Office Sought: ☐ House State: FL
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
MURPHY, PATRICK E, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 2247007.84Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Presstige Printing

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 17 / 2016

Mailing Address 10940 Harmony Park Drive

Amount

City State Zip Code
Bonita Springs FL 34135

53101.00

Transaction ID : F57.5696

Purpose of Expenditure
Mailers ('Supreme Court')Category/
Type 004Office Sought: ☐ House State: FL
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
MURPHY, PATRICK E, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 2300108.84Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 114013.01

(b) SUBTOTAL of Unitemized Independent Expenditures

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 4
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
AMERICANS FOR PROSPERITY

| | | | |
|--|--------------------------|---|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee United States Postal Service | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016 | |
| Mailing Address 475 L'Enfant Plaza Sw | | Amount 99212.16 | |
| City Washington | State DC | Zip Code 20260 | Transaction ID : F57.5697 |
| Purpose of Expenditure Postage for Mailers ('Supreme Court') | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: MURPHY, PATRICK E, , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 2399321.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|-------------------|---|--|
| 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: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|-------------------|---|--|
| 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: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | |
|---|-----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 99212.16 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 295844.22 |