AMERICANS FOR PROSPERITY

1726 M Street NW, 10th Floor • Washington, DC 20036 • 202-349-5880

FACSIMILE TRANSMITTAL SHEET

TO: FEC	FROM: John Flynn
COMPANY:	DATE: 9/29/2008
FAX NUMBER: 202-219-0174	TOTAL NO. OF PAGES INCLUDING COVER: 5
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: FEC Form 9	YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

[CLICK HERE AND TYPE RETURN ADDRESS]

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name: Americans for Prosperity

(b) Address (number and street) ☐ check if different than previously reported: 1726 M Street, NW 10th Floor

(c) City, State and ZIP Code: Washington DC 20036

2. FEC Identification Number: C

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement: [X] New or [ ] Amended

4. Covering Period: 09 / 26 / 2008 through 09 / 29 / 2008

5. (a) Date of Public Distribution(s): 09 / 29 / 2008 **(b) Communication Title:** Wallet Squeeze

6. The filer is a(n): (a) [ ] Individual (b) [ ] Unincorporated Organization (c) [ ] Qualified Nonprofit Corporation (11 CFR 114.10)

(d) [X] Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) [ ] Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes [ ] No [ ]

8. Custodian of Records

(a) Name: Steve Mullins

(b) Address (number and street): 1726 M Street, NW 10th Floor

(c) City, State and ZIP Code: Washington, DC 20036

(d) Name of Employer or Principal Place of Business: Americans for Prosperity

(e) Occupation: CFO

9. Total Donations This Statement: 0

10. Total Disbursements/Obligations This Statement: 5281000

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: John Flynn

SIGNATURE: John Flynn DATE: 9/29/08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

28039842298

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name: Tim Phillips
(b) Address (number and street): 1726 M Street, NW 10th Floor
(c) City, State and ZIP Code: Washington, DC 20036
(d) Name of Employer or Principal Place of Business: Americans for Prosperity
(e) Occupation: President

B. (a) Name: John Flynn
(b) Address (number and street): 1726 M Street, NW 10th Floor
(c) City, State and ZIP Code: Washington, DC 20036
(d) Name of Employer or Principal Place of Business: Americans for Prosperity
(e) Occupation: Secretary

C. (a) Name: Steve Mullins
(b) Address (number and street): 1726 M Street, NW 10th Floor
(c) City, State and ZIP Code: Washington, DC 20036
(d) Name of Employer or Principal Place of Business: Americans for Prosperity
(e) Occupation: CFO

D. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business
(e) Occupation

E. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business
(e) Occupation

28039842299

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor
N/A
Mailing Address of Donor
City State Zip
Date of Receipt
Amount

B. Full Name of Donor
Mailing Address of Donor
City State Zip
Date of Receipt
Amount

C. Full Name of Donor
Mailing Address of Donor
City State Zip
Date of Receipt
Amount

D. Full Name of Donor
Mailing Address of Donor
City State Zip
Date of Receipt
Amount

E. Full Name of Donor
Mailing Address of Donor
City State Zip
Date of Receipt
Amount

SUBTOTAL of Donations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

28039842300

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee
Pound Feinstein + Associates
Mailing Address of Payee
700 East Main Street, Ste 1508
City: Richmond | State: VA | Zip Code: 23219
Name of Employer | Occupation

Date of Disbursement or Obligation: 09 / 26 / 2008
Amount: 52,810.00
Communication Date: 09 / 29 / 2008

Purpose of Disbursement (including title(s) of communication(s))
Placement of Radio spot - "Wallet Squeeze"

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
Kay Hagan	☒ Senate	State: NC	☐ Primary ☒ General
	☐ House / ☐ President	District:	☐ Other (specify)
	☐ House ☐ Senate ☐ President	State: / District:	☐ Primary ☐ General ☐ Other (specify)
	☐ House ☐ Senate ☐ President	State: / District:	☐ Primary ☐ General ☐ Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
Mailing Address of Payee
City | State | Zip Code
Name of Employer | Occupation

Date of Disbursement or Obligation: MM / DD / YYYY
Amount
Communication Date: MM / DD / YYYY

Purpose of Disbursement (including title(s) of communication(s))

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
	☐ House ☐ Senate ☐ President	State: / District:	☐ Primary ☐ General ☐ Other (specify)
	☐ House ☐ Senate ☐ President	State: / District:	☐ Primary ☐ General ☐ Other (specify)
	☐ House ☐ Senate ☐ President	State: / District:	☐ Primary ☐ General ☐ Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 52,810.00

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 10)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
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N/A PREPARER	N/A DATE PREPARED

(5/2004)

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