

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

New Prosperity Foundation; The

ADDRESS (number and street) 200 S Wacker Dr
Suite 4000
 Check if different than previously reported. (ACC)
Chicago IL 60606

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00488494

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 09 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gregory Baise

Signature of Treasurer Electronically Filed by Gregory Baise Date 10 18 2010

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
New Prosperity Foundation; The

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		181151.06
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	268651.06									
(c) Total Receipts (from Line 19)	402000.00	557000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	670651.06	738151.06								
7. Total Disbursements (from Line 31)	121737.68	189237.68								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	548913.38	548913.38								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
New Prosperity Foundation; The

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	402000.00	557000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	402000.00	557000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	402000.00	557000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	402000.00	557000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	402000.00	557000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	93994.60	111494.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	93994.60	111494.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	27743.08	77743.08
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	121737.68	189237.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	121737.68	189237.68

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	402000.00	557000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	402000.00	557000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	93994.60	111494.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	93994.60	111494.60

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
New Prosperity Foundation; The

A.

Full Name (Last, First, Middle Initial)
American Crossroads 527

Mailing Address PO Box 34413

City Washington State DC Zip Code 20043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.4175

Amount of Each Receipt this Period
250000.00

B.

Full Name (Last, First, Middle Initial)
Craig J Duchossois

Mailing Address 1515 W 22nd St Ste 650

City Oak Brook State IL Zip Code 60523

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Duchossois Group, Inc. Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11AI.4170

Amount of Each Receipt this Period
20000.00

C.

Full Name (Last, First, Middle Initial)
Fona International Inc

Mailing Address 1900 Averill Rd

City Geneva State IL Zip Code 60134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA11AI.4171

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional) ► **280000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:	PAGE 7 / 14
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
New Prosperity Foundation; The

A.	Full Name (Last, First, Middle Initial) David Grainger		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 100 Grainger Pkwy		Transaction ID: SA11AI.4168		
	City Lake Forest	State IL	Zip Code 60045	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WW Grainger, Inc.	Occupation Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) David G Herro		Date of Receipt MM / DD / YYYY 09 / 08 / 2010		
	Mailing Address 65 E Goethe		Transaction ID: SA11AI.4158		
	City Chicago	State IL	Zip Code 60610	Amount of Each Receipt this Period 25000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Harris Associates LP	Occupation Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 25000.00			

C.	Full Name (Last, First, Middle Initial) Kemper Sports Management		Date of Receipt MM / DD / YYYY 09 / 09 / 2010		
	Mailing Address 500 S Skokie Blvd Ste 444		Transaction ID: SA11AI.4160		
	City Northbrook	State IL	Zip Code 60062	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	27000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Prosperity Foundation; The

A. Full Name (Last, First, Middle Initial)
Maclean Fogg Company

Mailing Address 1000 Allanson Rd

City State Zip Code
Mundelein IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2010

Transaction ID: SA11AI.4164

Amount of Each Receipt this Period
50000.00

B. Full Name (Last, First, Middle Initial)
Sage Products

Mailing Address 3909 Three Oaks Blvd

City State Zip Code
Cary IL 60013-1851

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2010

Transaction ID: SA11AI.4162

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Menlo Smith

Mailing Address 550 Maryville Centre Dr Ste 50

City State Zip Code
St Louis MO 63141-5822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2010

Transaction ID: SA11AI.4166

Amount of Each Receipt this Period
35000.00

SUBTOTAL of Receipts This Page (optional) ► **90000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Prosperity Foundation; The

A.

Full Name (Last, First, Middle Initial)
Corinne Wood

Mailing Address 191 Mayflower

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Retired

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2010

Transaction ID: SA11AI.4173

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	402000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Prosperity Foundation; The

A.	Full Name (Last, First, Middle Initial) AllianceWorks Group LLC Mailing Address 2112 W Le Moyne St City Chicago State IL Zip Code 60622 Purpose of Disbursement Consultant Travel Expense Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4179 Date of Disbursement 09 / 13 / 2010 Amount of Each Disbursement this Period 937.99
B.	Full Name (Last, First, Middle Initial) AllianceWorks Group LLC Mailing Address 2112 W Le Moyne St City Chicago State IL Zip Code 60622 Purpose of Disbursement Communications Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4180 Date of Disbursement 09 / 13 / 2010 Amount of Each Disbursement this Period 10000.00
C.	Full Name (Last, First, Middle Initial) Corporate f/x Mailing Address 3601 Spanish Trace City Springfield State IL Zip Code 62711 Purpose of Disbursement Communications and Media Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4181 Date of Disbursement 09 / 13 / 2010 Amount of Each Disbursement this Period 7500.00

SUBTOTAL of Disbursements This Page (optional) ▶

18437.99

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Prosperity Foundation; The

A.

Full Name (Last, First, Middle Initial)
Chris Dudley

Transaction ID: SB21B.4184
Date of Disbursement

Mailing Address 3000 N Sheridan Rd #18-D

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	0

City Chicago State IL Zip Code 60657

Amount of Each Disbursement this Period

2562.31

Purpose of Disbursement
Travel Expense Reimbursement

Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Ron Gidwitz

Transaction ID: SB21B.4188
Date of Disbursement

Mailing Address 200 S Wacker Ste 4000

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	0

City Chicago State IL Zip Code 60606

Amount of Each Disbursement this Period

2279.17

Purpose of Disbursement
Travel Expense Reimbursement

Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Hathaway Strategies LLC

Transaction ID: SB21B.4190
Date of Disbursement

Mailing Address 740 E 52nd St Ste 10

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	0

City Indianapolis State IN Zip Code 46205

Amount of Each Disbursement this Period

6000.00

Purpose of Disbursement
?? Consulting

Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

10841.48

TOTAL This Period (last page this line number only) ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Prosperity Foundation; The

A.	Full Name (Last, First, Middle Initial) Holtzman Vogel, PLLC Mailing Address 45 N Hill Dr Ste 100 City Warrenton State VA Zip Code 20186 Purpose of Disbursement Legal Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4186 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 1 0 Amount of Each Disbursement this Period 5620.00
B.	Full Name (Last, First, Middle Initial) Targeted Victory Mailing Address 66 Canal Center Plaza Suite 501 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Online & Mobile Communications Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4182 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 1 0 Amount of Each Disbursement this Period 11000.00
C.	Full Name (Last, First, Middle Initial) XPS Professional Services Mailing Address 220 E Adams St Suite 200 City Springfield State IL Zip Code 62701 Purpose of Disbursement Media Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4177 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 1 0 Amount of Each Disbursement this Period 34000.00

SUBTOTAL of Disbursements This Page (optional)	50620.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Prosperity Foundation; The

A.

Full Name (Last, First, Middle Initial)
XPS Professional Services

Transaction ID: SB21B.4178

Date of Disbursement

Mailing Address 220 E Adams St
Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	0

City Springfield State IL Zip Code 62701

Amount of Each Disbursement this Period

14095.13

Purpose of Disbursement
Media Consulting

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

14095.13

TOTAL This Period (last page this line number only) ►

93994.60

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The		FEC IDENTIFICATION NUMBER C C00488494
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee XPS Professional Services		Date M M / D D / Y Y Y Y 09 / 29 / 2010
Mailing Address 220 E Adams St Suite 200		Amount 27743.08
City Springfield State IL Zip Code 62701		Transaction ID: SE.4121
Purpose of Expenditure Voter Contact Phone Calls		Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: MARK STEVEN KIRK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010
Calendar Year-To-Date Per Election for Office Sought		27743.08

(a) SUBTOTAL of Itemized Independent Expenditures	27743.08
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	27743.08
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 (if the reporting entity is not a political party committee) any political party committee or its agent.	
Gregory Baise Signature	Date M M / D D / Y Y Y Y 10 / 18 / 2010