

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) ☐ 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

SIGNATURE

DATE

[Electronically Filed]

Carnahan, Tim, , ,

Carnahan, Tim, , ,

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 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICANS FOR PROSPERITY

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

Ajilon Professional Staffing

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
10		20		2016

Mailing Address Dept CH 14031

Amount

City	State	Zip Code
Palatine	IL	60055

Amount
202.72

Transaction ID : F57.5823

Purpose of Expenditure
Phone BankingCategory/
Type 004
 Office Sought: ☐ House State: NC
☒ Senate District: _____
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
ROSS, DEBORAH K, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought

1109973.53

 Disbursement For: ☐ Primary ☒ General
 2016
☐ Other (specify) ▶

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

Cornerstone Staffing

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
10		20		2016

Mailing Address PO Box 909

Amount

City	State	Zip Code
Grapevine	TX	76099

Amount
1359.24

Transaction ID : F57.5824

Purpose of Expenditure
Phone BankingCategory/
Type 004
 Office Sought: ☐ House State: NC
☒ Senate District: _____
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
ROSS, DEBORAH K, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought

1111332.77

 Disbursement For: ☐ Primary ☒ General
 2016
☐ Other (specify) ▶

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

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y Y Y

Mailing Address

Amount

City	State	Zip Code

Amount

Purpose of Expenditure

Category/
Type
 Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

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 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

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

1561.96

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶

1561.96

(carry total from last page forward to Line 7)