

# 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 <b>AMERICANS FOR PROSPERITY</b>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2111 WILSON BLVD SUITE 350	
(c) City, State and ZIP Code ARLINGTON VA 22201	3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C90013285         </div>
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 M M / D D / Y Y Y Y

5. COVERING PERIOD: FROM M M / D D / Y Y Y Y  
 THROUGH M M / D D / Y Y Y Y

6. TOTAL CONTRIBUTIONS..... .00

7. TOTAL INDEPENDENT EXPENDITURES ..... 3190.95

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
Victor Bernson	<i>Victor Bernson</i>	11/01/2014

[Electronically Filed]

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 EXPENDITURES**

NAME OF FILER (In Full)  
AMERICANS FOR PROSPERITY

Full Name (Last, First, Middle Initial) of Payee Innovative Advertising, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 4250 Highway 22, Suite 7		Amount 2974.37	
City Mandeville	State LA	Zip Code 70471	Transaction ID : F57.000001
Purpose of Expenditure mail production, printing, postage (Obama's Policies 6)	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Pryor		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 390534.51		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Americans for Prosperity		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2111 Wilson Blvd., Suite 350		Amount 216.58	
City Arlington	State VA	Zip Code 22201	Transaction ID : F57.000002
Purpose of Expenditure staff salary	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Pryor		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 390751.09		Disbursement For: 2014 <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 <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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.....	3190.95
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	3190.95