

# 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>		3. FEC Identification Number <b>C</b> C90013285
(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		
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..... .00

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Carnahan, Tim, , ,	<i>Carnahan, Tim, , ,</i>	10/14/2016
		<i>[Electronically Filed]</i>

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 Americans for Prosperity		Date of Public Distribution/Dissemination 09 / 19 / 2016	
Mailing Address 1310 N Courthouse Rd Ste 700		Amount 22610.30	
City Arlington	State VA	Zip Code 22201	Transaction ID : F57.000001
Purpose of Expenditure Staff Salaries	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Kander, Jason, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 355491.82		Disbursement For: <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 09 / 19 / 2016	
Mailing Address 1310 N Courthouse Rd Ste 700		Amount 4687.00	
City Arlington	State VA	Zip Code 22201	Transaction ID : F57.000002
Purpose of Expenditure Canvassing Expenses	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Kander, Jason, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 360178.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee The Singularis Group		Date of Public Distribution/Dissemination 09 / 21 / 2016	
Mailing Address PO Box 9265		Amount 23190.00	
City Shawnee Mission	State KS	Zip Code 66201	Transaction ID : F57.000003
Purpose of Expenditure Mailers (Kander Healthcare and Obamacare)	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Kander, Jason, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 383368.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	50487.30
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
AMERICANS FOR PROSPERITY

Full Name (Last, First, Middle Initial) of Payee United States Postal Service		Date of Public Distribution/Dissemination 09 / 21 / 2016	
Mailing Address 475 L'Enfant Plaza Sw		Amount 66655.78	
City Washington	State DC	Zip Code 20260	Transaction ID : F57.000004
Purpose of Expenditure Postage for Mailers (Kander Healthcare and Obamacare)	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Kander, Jason, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 450024.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Ajilon Professional Staffing		Date of Public Distribution/Dissemination 09 / 21 / 2016	
Mailing Address Dept CH 14031		Amount 444.10	
City Palatine	State IL	Zip Code 60055	Transaction ID : F57.000005
Purpose of Expenditure Phone Banking	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Kander, Jason, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 450468.70		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Cornerstone Staffing		Date of Public Distribution/Dissemination 09 / 21 / 2016	
Mailing Address PO Box 909		Amount 1726.32	
City Grapevine	State TX	Zip Code 76099	Transaction ID : F57.000006
Purpose of Expenditure Phone Banking	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Kander, Jason, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 452195.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	68826.20
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	119313.50