

# 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

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

FROM 

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

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES .....	19202.90

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]*

Robert Heaton

Robert Heaton

08/10/2016

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 Ajilon Professional Staffing		Date of Public Distribution/Dissemination 08 / 09 / 2016	
Mailing Address Dept CH 14031		Amount 2252.80	
City Palatine	State IL	Zip Code 60055	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 82435.02		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4756

Full Name (Last, First, Middle Initial) of Payee AMERICANS FOR PROSPERITY		Date of Public Distribution/Dissemination 08 / 08 / 2016	
Mailing Address 1310 N Courthouse Rd Ste 700		Amount 10555.30	
City ARLINGTON	State VA	Zip Code 22201	
Purpose of Expenditure Staff Salaries		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 76040.22		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4757

Full Name (Last, First, Middle Initial) of Payee AMERICANS FOR PROSPERITY		Date of Public Distribution/Dissemination 08 / 08 / 2016	
Mailing Address 1310 N Courthouse Rd Ste 700		Amount 1942.00	
City ARLINGTON	State VA	Zip Code 22201	
Purpose of Expenditure Canvassing Expenses		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 77982.22		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4758

(a) SUBTOTAL of Itemized Independent Expenditures.....	14750.10
(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 Cornerstone Staffing		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016	
Mailing Address PO Box 909		Amount 2252.80	
City Grapevine	State TX	Zip Code 76099	Transaction ID : F57.4759
Purpose of Expenditure Phone Banking	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 84687.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Innovative Advertising		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 08 / 2016	
Mailing Address 4250 Highway 22 Suite 7		Amount 2200.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : F57.4760
Purpose of Expenditure Door Hangers	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 80182.22		Disbursement For: <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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	4452.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	0.00
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	19202.90