

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 New Prosperity Foundation; The

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

2. FEC IDENTIFICATION NUMBER C C00488494 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 01 2015 through 12 31 2015

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 Gregory Baise [Electronically Filed] Date 01 27 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**New Prosperity Foundation; The**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="56555.62"/>	<input type="text" value="56555.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="244505.29"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="175264.42"/>	<input type="text" value="363768.20"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="419769.71"/>	<input type="text" value="420323.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="71705.05"/>	<input type="text" value="72259.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="348064.66"/>	<input type="text" value="348064.66"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="12097.00"/>	

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**New Prosperity Foundation; The**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y Y 12 / 31 / 2015

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).....	175250.00	363750.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	175250.00	363750.00
(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) .....	175250.00	363750.00
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.).....	14.42	18.20
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 Transfers (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))..... ▶	175264.42	363768.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	175264.42	363768.20

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	1705.05	2259.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1705.05	2259.16
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 Expenditures (use Schedule E) .....	70000.00	70000.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	71705.05	72259.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71705.05	72259.16

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	175250.00	363750.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	175250.00	363750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1705.05	2259.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1705.05	2259.16

**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 OF 15
	<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. Robert Burt**  
Full Name (Last, First, Middle Initial)

Mailing Address 91 Oak Tree Rd

City Bluffton State SC Zip Code 29910

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
35000.00

Date of Receipt  
08 / 19 / 2015  
Transaction ID : SA11AI.5326

Amount of Each Receipt this Period  
25000.00

**B. Joseph Byers**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Alden Ln

City Lake Forest State IL Zip Code 60045

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

Name of Employer GroupM Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 10 / 2015  
Transaction ID : SA11AI.5337

Amount of Each Receipt this Period  
250.00

**C. David G Herro**  
Full Name (Last, First, Middle Initial)

Mailing Address 65 E Goethe

City Chicago State IL Zip Code 60610

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

Name of Employer Harris Associates Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
11 / 03 / 2015  
Transaction ID : SA11AI.5333

Amount of Each Receipt this Period  
100000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125250.00

**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 OF 15  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Fred A Krehbiel**

Mailing Address 505 S County Line Rd

City Hinsdale State IL Zip Code 60521

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

Name of Employer Occupation  
 KF Partners LLC Co-Chairman

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 50000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2015

**Transaction ID : SA11AI.5323**

Amount of Each Receipt this Period  
 50000.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	175250.00

# 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)

<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

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**

Full Name (Last, First, Middle Initial)

### A. Holtzman Vogel Josefiak, PLLC

Mailing Address 45 N Hill Dr  
Ste 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/ Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2015

Transaction ID : SB21B.5342

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

### B. Holtzman Vogel Josefiak, PLLC

Mailing Address 45 N Hill Dr  
Ste 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/ Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2015

Transaction ID : SB21B.5343

Amount of Each Disbursement this Period

187.50
--------

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/ Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

1687.50
---------

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

1687.50
---------



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 9 OF 15
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>XPS Professional Services</b>	Nature of Debt (Purpose): Payment for 12/21 IE; See Memo on Sch. E
Mailing Address 220 E Adams St Suite 200	
City State Zip Code Springfield IL 62701	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.5347</b>	
Amount Incurred This Period <input type="text" value="12097.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="12097.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="12097.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="12097.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="12097.00"/>

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

NAME OF COMMITTEE (In Full) <b>New Prosperity Foundation; The</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00488494
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>XPS Professional Services</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 23 / 2015
Mailing Address 220 E Adams St Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>
City State Zip Code Springfield IL 62701	<b>Transaction ID : SE.5346</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Purpose of Expenditure Advertising - Digital (Paid Next Period)	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate ROBERT JAMES MR. DOLD JR.	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>10</u> <input type="checkbox"/> President State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>XPS Professional Services</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 21 / 2015
Mailing Address 220 E Adams St Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">2097.00</span>
City State Zip Code Springfield IL 62701	<b>Transaction ID : SE.5349</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Purpose of Expenditure Advertising - Digital (Payment in Next Period)	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate ROBERT JAMES MR. DOLD JR.	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>10</u> <input type="checkbox"/> President State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
01 / 27 / 2016

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

NAME OF COMMITTEE (In Full) <b>New Prosperity Foundation; The</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00488494
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>XPS Professional Services</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 09 / 2015</b>
Mailing Address 220 E Adams St Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>
City State Zip Code Springfield IL 62701	<b>Transaction ID : SE.5298</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 11 / 2015</b>
Purpose of Expenditure Advertising - Digital	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate JOHN M SHIMKUS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>15</u> <input type="checkbox"/> President State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">10000.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>XPS Professional Services</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 16 / 2015</b>
Mailing Address 220 E Adams St Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>
City State Zip Code Springfield IL 62701	<b>Transaction ID : SE.5302</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 18 / 2015</b>
Purpose of Expenditure Advertising - Digital	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate JOHN M SHIMKUS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>15</u> <input type="checkbox"/> President State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">20000.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">20000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 27 / 2016**

Signature

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

NAME OF COMMITTEE (In Full) <b>New Prosperity Foundation; The</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00488494
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>XPS Professional Services</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 19 / 2015</b>
Mailing Address 220 E Adams St Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>
City State Zip Code Springfield IL 62701	<b>Transaction ID : SE.5305</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 19 / 2015</b>
Purpose of Expenditure Advertising - Digital	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate ROBERT JAMES MR. DOLD JR.	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>10</u> State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">10000.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>XPS Professional Services</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 23 / 2015</b>
Mailing Address 220 E Adams St Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>
City State Zip Code Springfield IL 62701	<b>Transaction ID : SE.5308</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 23 / 2015</b>
Purpose of Expenditure Advertising - Digital	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate JOHN M SHIMKUS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>15</u> State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">30000.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">20000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 27 / 2016**

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

NAME OF COMMITTEE (In Full) <b>New Prosperity Foundation; The</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00488494
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>XPS Professional Services</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 28 / 2015</b>
Mailing Address 220 E Adams St Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>
City State Zip Code Springfield IL 62701	<b>Transaction ID : SE.5312</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 27 / 2015</b>
Purpose of Expenditure Advertising - Digital	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate ROBERT JAMES MR. DOLD JR.	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>10</u> State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">20000.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>XPS Professional Services</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>12 / 01 / 2015</b>
Mailing Address 220 E Adams St Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>
City State Zip Code Springfield IL 62701	<b>Transaction ID : SE.5311</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 30 / 2015</b>
Purpose of Expenditure Advertising - Digital	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate JOHN M SHIMKUS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>15</u> State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">40000.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">20000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 27 / 2016**

Signature

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

NAME OF COMMITTEE (In Full) <b>New Prosperity Foundation; The</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00488494
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>XPS Professional Services</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 01 / 2015
Mailing Address 220 E Adams St Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">-7903.00</span>
City State Zip Code Springfield IL 62701	<b>Transaction ID : SE.5344</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 01 / 2015
Purpose of Expenditure Campaign Ended 12/1; Balance Refunded	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate JOHN M SHIMKUS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 15 State: IL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">32097.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>XPS Professional Services</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 14 / 2015
Mailing Address 220 E Adams St Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">7903.00</span>
City State Zip Code Springfield IL 62701	<b>Transaction ID : SE.5348</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 01 / 2015
Purpose of Expenditure Advertising - Digital	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate ROBERT JAMES MR. DOLD JR.	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 10 State: IL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">27903.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
01 / 27 / 2016

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

NAME OF COMMITTEE (In Full) <b>New Prosperity Foundation; The</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00488494
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>XPS Professional Services</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>11 / 07 / 2015</b>
Mailing Address 220 E Adams St Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>
City State Zip Code Springfield IL 62701	<b>Transaction ID : SE.5316</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>12 / 07 / 2015</b>
Purpose of Expenditure Advertising - Digital	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate ROBERT JAMES MR. DOLD JR.	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>10</u> State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">37903.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>
Mailing Address	Amount <span style="border: 1px solid black; padding: 2px;"> </span>
City State Zip Code	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>
Purpose of Expenditure	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">10000.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">70000.00</span>

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 \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**01 / 27 / 2016**