07/02/2016 17 : 38

PAGE 1/3

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

	<u>'</u>	_		
(a) Name of Individual, Organization or Corporation AMERICANS FOR PROSPERITY				
(b) Address (number and street) check if different than 1310 N Courthouse Rd Ste 700	previously reported			
(c) City, State and ZIP Code		O FFO Identification Number		
ARLINGTON	VA 22201	FEC Identification Number		
	C C90013285			
2. Occupation and Name of Employer (for Individual Filers Only)		C C90013285		
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No 5. COVERING PERIOD: FROM THROUGH	24-Hour Report 48-Hour Report Yes, it amends the report filed on			
6. TOTAL CONTRIBUTIONS		0.00		
7. TOTAL INDEPENDENT EXPENDITURES		6605.49		
Under penalty of perjury I certify that the independent expenditures reported h of, any candidate or authorized committee or agent of either, or any political		n, or concert with, or at the request or suggestion		
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	_	DATE [ectronically Filed]		
Robert Heaton	Robert Heaton	07/02/2016		
NOTE: Submission of false, erroneous or incomplete informa	tion may subject the person signing this report t	to the penalties of 2 U.S.C. §437g.		

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 3 FOR LINE 7 OF FORM 5

Full Name (Last, First, Middle Initial) of Payee Ajlion Professional Startling Mailing Address Dept CH 14031 City State Uppose of Expenditure Phone Banking Allor Professional Startling Reference Category/ Calendar Year-To-Date Per Election for Office Sought Mailing Address 131 on Courthouse Rd Site 700 City State Site 700 City Site Site 700 City Primary Calendar Year-To-Date Per Election For Office Sought Site 700 City Site Site 700 City Primary Calendar Year-To-Date Per Election For Office Sought Site 700 City Primary Site Site 700 Ci	IAME OF FILER (In Full)						
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City State Zip Code ARLINGTON VA 22201 Purpose of Expenditure Canvassing expenses Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures	1310 N Courtnouse Rd				Amount		
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Purpose of Expenditure Canvassing expenses Category/ Type			•		بسيا	7	
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(b) SUBTOTAL of Unitemized Independent Expenditures							
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(c) TOTAL Independent Expenditures	(b) CUDTOTAL of Unitaminal Indonesia 1	Evponditures					
	(b) SUBTUTAL OF Uniternized Independent E	experiuitures		·····			
(carry total norm last page forward to Line 1)	(c) TOTAL Independent Expenditures(carry total from last page forward			······			

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) AMERICANS FOR PROSPERITY				
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination			
Cornerstone Staffing	06 29 2016			
Mailing Address PO Box 909	Amount			
City State Zip Code				
Grapevine TX 76099	1126.40 Transaction ID : F57.4449			
Purpose of Expenditure Category/ Phone Banking Type 004	Office Sought: House State: PA			
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY	President District: Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought 74576.73	Disbursement For: Primary General 2016 Other (specify)			
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination			
Mailing Address	M = M / D = D / Y = Y = Y			
	Amount			
City State Zip Code				
Purpose of Expenditure Category/ Type	Office Sought: House State:			
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination			
	M M / D D / Y Y Y Y			
Mailing Address				
	Amount			
City State Zip Code				
Purpose of Expenditure Category/ Type	Office Sought: House State:			
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: President			
	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	1126.40			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	6605.49			