

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 AMERICANS FOR PROSPERITY		3. FEC Identification Number C C90013285
(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		
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.....
 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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Victor Bernson	<i>Victor Bernson</i> [Electronically Filed]	01/31/2015

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 Redwave Communications LLC		Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 4019 Ingersoll Ave		Amount 10780.00	
City Des Moines	State IA	Zip Code 50312	Transaction ID : F57.000001
Purpose of Expenditure mail production, printing, postage (Agriculture)	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 409974.18		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 Google		Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1600 Amphitheatre Pkwy		Amount 811.21	
City Mountain View	State CA	Zip Code 94043	Transaction ID : F57.000002
Purpose of Expenditure web ad placement ("What Has Braley Done For You")	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 410785.39		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 10 / 27 / 2014	
Mailing Address 2111 Wilson Blvd., Suite 350		Amount 124.22	
City Arlington	State VA	Zip Code 22201	Transaction ID : F57.000003
Purpose of Expenditure staff salary	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 410909.61		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	11715.43
(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 Indianrunner, Inc.		Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 432 Beirut Ave		Amount 10500.00	
City Pacific Palisades	State CA	Zip Code 90272	Transaction ID : F57.000004
Purpose of Expenditure web ad creation & production ("Not Very Iowa")	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 421409.61		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	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought:	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) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought:	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.....	10500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	22215.43