

# 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.....

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>	01/24/2017
	<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 Ajilon Professional Staffing		Date of Public Distribution/Dissemination 09 / 22 / 2016	
Mailing Address Dept CH 14031		Amount 102.05	
City Palatine	State IL	Zip Code 60055	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROSS, DEBORAH K, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 433068.77		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 / 22 / 2016	
Mailing Address PO Box 909		Amount 697.74	
City Grapevine	State TX	Zip Code 76099	
Purpose of Expenditure Phone Banking		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROSS, DEBORAH K, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 433766.51		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 09 / 22 / 2016	
Mailing Address 4250 Highway 22 Suite 7		Amount 2600.00	
City Mandeville	State LA	Zip Code 70471	
Purpose of Expenditure Mailer Production Costs ('Ross Keeping NC Down' - Did not cross \$10,000 threshold)		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROSS, DEBORAH K, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 432966.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	3399.79
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	3399.79