

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		
(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		3. FEC Identification Number <div>C C90013285</div>
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..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 101183.46

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]

Tim Carnahan

Tim Carnahan

09/23/2016

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 EXPENDITURESPAGE 2 OF 3
FOR LINE 7 OF FORM 5

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 / 23 / 2016

Mailing Address Dept CH 14031

Amount

1126.40

City State Zip Code
Palatine IL 60055

Transaction ID : F57.5353

Purpose of Expenditure
Phone BankingCategory/
Type 004Office Sought: ☐ House State: NC
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
DEBORAH K ROSSCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 439595.08Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Cornerstone Staffing

Date of Public Distribution/Dissemination

09 / 23 / 2016

Mailing Address PO Box 909

Amount

1126.40

City State Zip Code
Grapevine TX 76099

Transaction ID : F57.5354

Purpose of Expenditure
Phone BankingCategory/
Type 004Office Sought: ☐ House State: NC
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
DEBORAH K ROSSCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 440721.48Disbursement For: ☐ Primary ☒ General
2016
☐ 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

36105.51

City State Zip Code
Mandeville LA 70471

Transaction ID : F57.5355

Purpose of Expenditure
Mailer ("Ross Keeping NC Down")Category/
Type 004Office Sought: ☐ House State: NC
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
DEBORAH K ROSSCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 375643.53Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 38358.31

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
AMERICANS FOR PROSPERITYFull Name (Last, First, Middle Initial) of Payee
United States Postal Service

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 22 / 2016

Mailing Address 475 L'Enfant Plaza Sw

Amount

City State Zip Code
Washington DC 20260

62825.15

Transaction ID : F57.5356

Purpose of Expenditure
Postage for Mailer ("Ross Keeping NC Down")Category/
Type 004Office Sought: ☐ House State: NC
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
DEBORAH K ROSSCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 438468.68Disbursement For: ☐ Primary ☒ General
2016
☐ 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/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ 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/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 62825.15

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 101183.46
(carry total from last page forward to Line 7)