

# 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

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

5. COVERING PERIOD:

FROM	M M	/	D D	/	Y Y Y Y Y Y
THROUGH	M M	/	D D	/	Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES .....	102793.66

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

Carnahan, Tim, , ,

SIGNATURE

Carnahan, Tim, , ,

DATE

[Electronically Filed]

10/21/2016

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 EXPENDITURES**PAGE 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

Innovative Advertising

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 21 / 2016

Mailing Address

4250 Highway 22

Suite 7

Amount

31199.20

City

State

Zip Code

Mandeville

LA

70471

Transaction ID : F57.5845

Purpose of Expenditure  
Mailers ("Ross Keeping NC Down")Category/  
Type 004Office Sought: ☐ House State: NC  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
ROSS, DEBORAH K, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

1084066.29

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

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

Innovative Advertising

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 21 / 2016

Mailing Address

4250 Highway 22

Suite 7

Amount

9715.20

City

State

Zip Code

Mandeville

LA

70471

Transaction ID : F57.5847

Purpose of Expenditure  
Mailers ("Obamacare")Category/  
Type 004Office Sought: ☐ House State: NC  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
ROSS, DEBORAH K, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

1144281.16

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

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

United States Postal Service

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 21 / 2016

Mailing Address

475 L'Enfant Plaza Sw

Amount

50499.67

City

State

Zip Code

Washington

DC

20260

Transaction ID : F57.5846

Purpose of Expenditure  
Postage for Mailers ("Ross Keeping NC Down")Category/  
Type 004Office Sought: ☐ House State: NC  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
ROSS, DEBORAH K, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

1134565.96

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 91414.07

(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**

PAGE	3	OF	3
FOR LINE 7 OF FORM 5			

NAME OF FILER (In Full)  
AMERICANS FOR PROSPERITY

Full Name (Last, First, Middle Initial) of Payee  
United States Postal Service

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y Y Y
10		21		2016

Mailing Address 475 L'Enfant Plaza Sw

Amount

City	State	Zip Code
Washington	DC	20260

Amount
11379.59

Transaction ID : F57.5848

Purpose of Expenditure  
Postage for Mailers ("Obamacare")Category/  
Type 004
Office Sought: ☐ House State: NC  
☒ Senate District: \_\_\_\_\_  
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:  
ROSS, DEBORAH K, ,Check One: ☐ Support ☒ Oppose
Calendar Year-To-Date Per Election  
for Office Sought 1155660.75

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 Y Y Y

Amount

City	State	Zip Code

Amount

Purpose of Expenditure

Category/  
Type
Office Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

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

Mailing Address

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

Amount

City	State	Zip Code

Amount

Purpose of Expenditure

Category/  
Type
Office Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

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.....▶ 11379.59

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶ 102793.66  
(carry total from last page forward to Line 7)