10/07/2016 13 : 27

PAGE 1/2

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

,		
(a) Name of Individual, Organization or Corporation AMERICANS FOR PROSPERITY		
(b) Address (number and street) check if different than pre 1310 N Courthouse Rd Ste 700	eviously reported	
(c) City, State and ZIP Code	2. FFC Identification Number	
ARLINGTON	3. FEC Identification Number	
	C C90013285	
2. Occupation and Name of Employer (for Individual Filers Only)	C C90013265	
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? X No 5. COVERING PERIOD: FROM THROUGH	24-Hour Report 48-Hour Report Yes, it amends the report filed on	M M / D D / Y Y Y Y
6. TOTAL CONTRIBUTIONS		0.00
7. TOTAL INDEPENDENT EXPENDITURES		1126.40
Under penalty of perjury I certify that the independent expenditures reported herei of, any candidate or authorized committee or agent of either, or any political par		on, or concert with, or at the request or suggestion
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE [H	DATE Electronically Filed]
Carnahan, Tim, , ,	Carnahan, Tim, , ,	10/07/2016
		-
NOTE: Submission of false, erroneous or incomplete information	n 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 2 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) AMERICANS FOR PROSPERITY							
Full Name (Last, First, Middle Initial) of Pay	ree			Da	te of Pub	olic Distribution/	Dissemination
Ajilon Professional Staffing				Ja	M M		Y
Mailing Address Dopt CH 14031					10	06	2016
Dept CH 14031				Am	ount		
City	State	Zip Code					563.20
Palatine	IL	60055		Tr	ansactio	on ID : F57.5561	
Purpose of Expenditure Phone Banking		Category/ Type	004	Office Sc	ought:	House X Senate	State: NV
Name of Federal Candidate Supported or Cortez Masto, Catherine, , ,	Opposed by Expendi	iture:		Check O	ne:	President Support	District:
Calendar Year-To-Date Per Election for Office Sought		30178	8.16	Disburser	2016	Primary Specify)	✗ General
Full Name (Last, First, Middle Initial) of Pay	ree			Da	te of Put	olic Distribution/	Dissemination
Cornerstone Staffing					M M M	/ D D / 06	2016
Mailing Address PO Box 909				Am	nount		
City	State	Zip Code					563.20
Grapevine	TX	76099		Tra	ansactio	n ID : F57.5562	
Purpose of Expenditure Phone Banking		Category/ Type	004	Office So		House X Senate	State: NV
Name of Federal Candidate Supported or Cortez Masto, Catherine, , ,	Opposed by Expend	iture:		Check C	ne:	President Support	District:
Calendar Year-To-Date Per Election for Office Sought		30238	51.36	Disburse	2016		★ General
Full Name (Last, First, Middle Initial) of Payee			Date of Public Distribution/Dissemination				
Mailing Address					M = M	/ D D /	Y I Y I Y I Y
Mailing Address				Λm	nount		
City	State	Zip Code		All	iount		
Oity	Glate	21p 0000		L		,,	
Purpose of Expenditure		Category/	• • • •	Office So	ought:	House	State:
		Туре				Senate	District:
Name of Federal Candidate Supported or 0	Opposed by Expend	iture:		Check O	ne:	President Support	Oppose
Calendar Year-To-Date Per Election				Disburse			General
for Office Sought					Other (s	specify)	
(a) SUBTOTAL of Itemized Independent Exp	penditures				1 1		1126.40
(b) SUBTOTAL of Unitemized Independent	Expenditures			▶			
(c) TOTAL Independent Expenditures(carry total from last page forward							1126.40