

# 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<br><b>AMERICANS FOR PROSPERITY</b>                                          |  |                                                                             |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>2111 WILSON BLVD SUITE 350 |  |                                                                             |
| (c) City, State and ZIP Code<br>ARLINGTON VA 22201                                                                                 |  | 3. FEC Identification Number<br><div><div>C</div><div>C90013285</div></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.....

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 \_\_\_\_\_

***[Electronically Filed]***

Victor Bernson

Victor Bernson

12/04/2014

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 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICANS FOR PROSPERITY

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

Passcode Creative, LLC

Date of Public Distribution/Dissemination

MM / DD / YYYY  
12 / 03 / 2014

Mailing Address 227 Third Avenue North

Amount

City State Zip Code  
Franklin TN 37064

15000.00

Transaction ID : F57.000001

Purpose of Expenditure  
Web Ad production (Repeat)Category/  
Type 004Office Sought: ☐ House State: LA  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Mary LandrieuCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 1593620.76Disbursement For: ☐ Primary ☐ General  
2014 ☒ Other (specify) Runoff

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

Date of Public Distribution/Dissemination

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

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..... 15000.00

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

(c) TOTAL Independent Expenditures..... 15000.00  
(carry total from last page forward to Line 7)