

AMERICANS FOR PROSPERITY

1726 M Street NW, 10th Floor • Washington, DC 20036 • 202-349-5880

FACSIMILE TRANSMITTAL SHEET

TO:	FEC	FROM:	John Flynn
COMPANY:		DATE:	8/20/2008
FAX NUMBER:	202-219-0174	TOTAL NO. OF PAGES INCLUDING COVER:	5
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	
RE:	FEC Form 9 (Amended)	YOUR REFERENCE NUMBER:	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

28039814711

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Americans for Prosperity

(b) Address (number and street) ☐ check if different than previously reported

1726 M Street, NW 10th Floor

(c) City, State and ZIP Code

Washington, DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement☐ New

or

☒ Amended**4. Covering Period**

08' 14' 2008

through

08' 14' 2008

5. (a) Date of Public Distribution(s)

08' 14' 2008

(b) Communication Title

No Solution

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Steve Mullins

(b) Address (number and street)

1726 M Street, N.W. 10th Floor

(c) City, State and ZIP Code

Washington, DC 20036

(d) Name of Employer or Principal Place of Business

Americans for Prosperity

(e) Occupation

CFO

9. Total Donations This Statement

0

10. Total Disbursements/Obligations This Statement

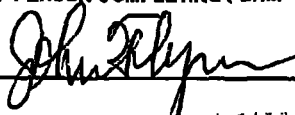
122,339.60

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

John Flynn

SIGNATURE



DATE

8/20/08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A.	(a) Name Tim Phillips	(b) Address (number and street) 1726 M Street, NW 10th Floor	(c) City, State and ZIP Code Washington, DC 20036	(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation President
B.	(a) Name John Flynn	(b) Address (number and street) 1726 M Street, NW 10th Floor	(c) City, State and ZIP Code Washington, DC 20036	(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation Secretary
C.	(a) Name Ed Frank	(b) Address (number and street) 1726 M Street, NW 10th Floor	(c) City, State and ZIP Code Washington, DC 20036	(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation Treasurer
D.	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation
E.	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor <u>N/A</u> Mailing Address of Donor City _____ State _____ Zip _____	Date of Receipt <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> Amount <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>
B. Full Name of Donor Mailing Address of Donor City _____ State _____ Zip _____	Date of Receipt <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> Amount <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>
C. Full Name of Donor Mailing Address of Donor City _____ State _____ Zip _____	Date of Receipt <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> Amount <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>
D. Full Name of Donor Mailing Address of Donor City _____ State _____ Zip _____	Date of Receipt <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> Amount <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>
E. Full Name of Donor Mailing Address of Donor City _____ State _____ Zip _____	Date of Receipt <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> Amount <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>
SUBTOTAL of Donations This Page (optional) ► <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>	
TOTAL This Period (last page this line number only) ► (carry total from last page to Line 9) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media		Date of Disbursement or Obligation 08/14/2008	
Mailing Address of Payee 66 Canal Center Plaza Ste 555		Amount 121,539.60	
City Alexandria	State VA	Zip Code 22314	Communication Date 08/14/2008
Name of Employer (blank)		Occupation (blank)	
Purpose of Disbursement (including title(s) of communication(s)) "No Solution" radio ad			
Name of Federal Candidate Jeanne Shaheen	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NH	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
Name of Federal Candidate (blank)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: (blank)	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
Name of Federal Candidate (blank)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: (blank)	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
B. Full Name (Last, First, Middle Initial) of Payee Studio B Digital Audio		Date of Disbursement or Obligation 08/19/2008	
Mailing Address of Payee 4 Hull Road		Amount 800.00	
City Bedford	State NH	Zip Code 03110	Communication Date 08/14/2008
Name of Employer (blank)		Occupation (blank)	
Purpose of Disbursement (including title(s) of communication(s)) "No Solution" radio ad			
Name of Federal Candidate Jeanne Shaheen	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NH	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
Name of Federal Candidate (blank)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: (blank)	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
Name of Federal Candidate (blank)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: (blank)	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
SUBTOTAL of Disbursements/Obligations This Page (optional)		122,339.60	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		122,339.60	

**Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER	N/A DATE PREPARED

(5/2004)

28039814716