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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 previously reported 1310 N Courthouse Rd Ste 700						
(c) City, State and ZIP Code					ation Number	
ARLINGTON VA 22201				3. I LO Identino	ation Number	
			C C9001	2205		
2. Occupation and Name of Employer (for Individual Filers Only)						
4. TYPE	OF REPORT (check approp	oriate 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	rt				
b) Is this Report an amendment? X No Yes, it amends the report filed on						
5. COVERING PERIOD: FROM FROM						
	THROUGH	M M / D D				
6. TOTAL CO	ONTRIBUTIONS				0.00	
7. TOTAL IN	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 [Ele					DATE	
Carnahan, Tim, , ,			Carnahan, Tim, , ,		11/05/2016	
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

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AME OF FILER (In Full) AMERICANS FOR PROSPERITY					
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination				
i360, LLC	11 04 2016				
Mailing Address PO Box 37046					
City State Zip Code	Amount				
Baltimore MD 21297-3046	24228.00 Transaction ID : F57.6103				
Purpose of Expenditure Digital Web Ad Placement ("Flood of Lies") Category/ Type 004	Office Sought: House State: IN				
Name of Federal Candidate Supported or Opposed by Expenditure: BAYH, EVAN, , ,	President Check One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought	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				
	Amount				
City State Zip Code					
Purpose of Expenditure Category/ Type	Office Sought: House State:				
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 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 M / D D / Y M Y M Y				
Ivialility Address	Amount				
City State Zip Code					
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate				
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:				
	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	24228.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					