

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Americans for Prosperity Action, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00687103
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item SINGULARIS GROUP			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 9265			Amount <input type="text"/>		
City SHAWNEE MISSION	State KS	Zip Code 66201	Transaction ID : SE24.31		
Purpose of Expenditure DOOR HANGERS - DID NOT CROSS \$10,000 THRESHOLD		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: BLUM, RODNEY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item SINGULARIS GROUP			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO BOX 9265			Amount <input type="text"/>		
City SHAWNEE MISSION	State KS	Zip Code 66201	Transaction ID : SE24.34		
Purpose of Expenditure DOOR HANGERS - DID NOT CROSS \$10,000 THRESHOLD		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: YOUNG, DAVID, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<input type="text"/>
(c) TOTAL Independent Expenditures	▶	<input type="text"/>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

CASTELLAW, GARY, , , TREASURER

[Electronically Filed]

Date / /

Signature