

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation AMERICANS FOR PROSPERITY		
(b) Address (number and street) ☐ check if different than previously reported 2111 WILSON BLVD SUITE 350		
(c) City, State and ZIP Code ARLINGTON VA 22201		3. FEC Identification Number C C90013285
2. Occupation and Name of Employer (for Individual Filers Only)		

Three stylized calendar icons. The first icon shows the months 'M' and 'M' with the number '10' below them. The second icon shows the days 'D' and 'D' with the number '18' below them. The third icon shows the years 'Y', 'Y', 'Y', and 'Y' with the number '2014' below them.

6. TOTAL CONTRIBUTIONS.....	.00
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7. TOTAL INDEPENDENT EXPENDITURES	14875.00
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10/19/2014

FEC Schedule 5 (REV. 09/2013)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 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
Wizbang Solutions

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 18 / 2014

Mailing Address 6747 E 50th Avenue

Amount

City State Zip Code
Commerce City CO 80022

14875.00

Transaction ID : F57.000001

Purpose of Expenditure
mail production, printing, postage (Obamacare Disaster)Category/
Type 004Office Sought: ☐ House State: CO
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Mark UdallCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 227600.17Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

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

Date of Public Distribution/Dissemination

MM / DD / YYYY

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

MM / DD / YYYY

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.....▶ 14875.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 14875.00
(carry total from last page forward to Line 7)