

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 AMERICANS FOR PROSPERITY | | 3. FEC Identification Number C C90013285 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1310 N Courthouse Rd Ste 700 | | |
| (c) City, State and ZIP Code ARLINGTON VA 22201 | | |
| 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

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|---|---|

5. COVERING PERIOD:

FROM

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|---|---|

THROUGH

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|---|---|

| | |
|---|----------|
| 6. TOTAL CONTRIBUTIONS..... | 0.00 |
| 7. TOTAL INDEPENDENT EXPENDITURES | 53823.90 |

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]

Carnahan, Tim, , ,

Carnahan, Tim, , ,

10/24/2016

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**

NAME OF FILER (In Full)
AMERICANS FOR PROSPERITY

| | | | |
|--|--------------------------|--|------------------------------|
| Full Name (Last, First, Middle Initial) of Payee Innovative Advertising | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016 | |
| Mailing Address 4250 Highway 22 Suite 7 | | Amount 21442.63 | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : F57.5887 |
| Purpose of Expenditure Mailers ("Masto Obamacare Mailer 3") | Category/ Type 004 | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: NV District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Cortez Masto, Catherine, , , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 395369.41 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|--------------------------|--|------------------------------|
| Full Name (Last, First, Middle Initial) of Payee United States Postal Service | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016 | |
| Mailing Address 475 L'Enfant Plaza Sw | | Amount 32381.27 | |
| City Washington | State DC | Zip Code 20260 | Transaction ID : F57.5888 |
| Purpose of Expenditure Postage for Mailers ("Masto Obamacare Mailer 3") | Category/ Type 004 | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: NV District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Cortez Masto, Catherine, , , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 427750.68 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 53823.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 53823.90 |