

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation AMERICANS FOR PROSPERITY		3. FEC Identification Number <div>C C90013285</div>
(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)		

The diagram illustrates three types of DNA sequences, each represented by a rectangular box with a horizontal line at the bottom. The sequences are separated by slashes (/). The first box contains two 'M' characters. The second box contains two 'D' characters. The third box contains four 'Y' characters.

7. TOTAL INDEPENDENT EXPENDITURES	693.78
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FEC Schedule 5 (REV. 09/2013)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
AMERICANS FOR PROSPERITYFull Name (Last, First, Middle Initial) of Payee
Cornerstone Staffing

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 09 / 2016

Mailing Address PO Box 909

Amount

City State Zip Code
Grapevine TX 76099

693.78

Transaction ID : F57.5075

Purpose of Expenditure
Phone BankingCategory/
Type 004Office Sought: ☐ House State: OH
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Strickland, Ted, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought

582099.22

Disbursement For: ☐ Primary ☒ General
2016
☐ 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.....▶ 693.78

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 693.78
(carry total from last page forward to Line 7)