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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	3. FEC Identification Number			
ARLINGTON VA 22201	3. I LO Identification Number			
	C C90013285			
2. Occupation and Name of Employer (for Individual Filers Only)	0 030013203			
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 09 / 09 / 2016				
5. COVERING PERIOD: FROM FROM				
THROUGH M / D D / Y Y Y Y				
6. TOTAL CONTRIBUTIONS	0.00			
7. TOTAL INDEPENDENT EXPENDITURES	693.78			
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, , ,	10/14/2016			
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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NAME OF FILER (In Full) AMERICANS FOR PROSPERITY Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Cornerstone Staffing 09 09 2016 Mailing Address PO Box 909 Amount Zip Code City State 693.78 Grapevine TX 76099 Transaction ID: F57.5075 Purpose of Expenditure ОН Office Sought: House Category/ State: 004 Phone Banking Type X Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Strickland, Ted. . . **X** Oppose Check One: Support Disbursement For: 2016 ✗ General Primary Calendar Year-To-Date Per Election 582099.22 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Purpose of Expenditure Office Sought: House Category/ State: Type Senate District: \_ President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Purpose of Expenditure Office Sought: House Category/ State: Type Senate District: \_ President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Oppose Support Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought 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)