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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 AMERICANS FOR PROSP			
(b) Address (number and street) 1310 N Courthouse Rd Ste 700	check if different than prev	iously reported	
(c) City, State and ZIP Code			O FFO Islandiffication Number
ARLINGTON VA 22201		VA 22201	3. FEC Identification Number
2. Occupation and Name of Employer (for Individual Filers Only)		C C90013285
4. TYPE OF REPORT (cl (a) April 15 Quarter July 15 Quarterl October 15 Qua January 31 Year b) Is this Report an ar 5. COVERING PERIOD:	ly Report y Report rterly Report -End Report	24-Hour Report 48-Hour Report Yes, it amends the report filed on	M M / D D / Y Y Y Y
6. TOTAL CONTRIBUTIONS 7. TOTAL INDEPENDENT EX			0.00 97258.00
Under penalty of perjury I certify that the indepe of, any candidate or authorized committee or a			tion, or concert with, or at the request or suggestion
TYPE OR PRINT NAME OF PERSON COMPLETING FORM			DATE [Electronically Filed]
Tim Carnahan		Tim Carnahan	09/27/2016
NOTE: Submission of false, err	oneous or incomplete information r	nay subject the person signing this repo	ort to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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AME OF FILER (In Full) AMERICANS FOR PROSPERITY				
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination			
i360, LLC	09 25 2016			
Mailing Address PO Box 37046	Amount			
City State Zip Code				
Baltimore MD 21297-3046	97258.00 Transaction ID : F57.5373			
Purpose of Expenditure Digital Web Ad ('Special Interests') Category/ Type 004	Office Sought: House State: FL Senate District:			
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK E MURPHY	President Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify)			
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination			
Mailing Address	M - M / D - D / Y - Y - Y - Y			
	Amount			
City State Zip Code				
Purpose of Expenditure Category/ Type	Office Sought: House State:			
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination			
Mailing Address	M M / D D / Y Y Y Y			
Mailing Address	Amount			
City State Zip Code				
Purpose of Expenditure Category/ Type	Office Sought: House State:			
Name of Federal Candidate Supported or Opposed by Expenditure:	District:			
	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	97258.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				