

AMERICANS FOR PROSPERITY

1726 M Street NW, 10th Floor • Washington, DC 20036 • 202-349-5880

FACSIMILE TRANSMITTAL SHEET

TO: FEC	FROM: John Flynn
COMPANY:	DATE: 8/15/2008
FAX NUMBER: 202-219-0174	TOTAL NO. OF PAGES INCLUDING COVER: 5
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: FEC Form 9	YOUR REFERENCE NUMBER:

URGENT
 FOR REVIEW
 PLEASE COMMENT
 PLEASE REPLY
 PLEASE RECYCLE

NOTES/COMMENTS:

28039813826

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Americans for Prosperity

(b) Address (number and street) check if different than previously reported
1726 M Street, NW 10th Floor

(c) City, State and ZIP Code
Washington, DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

New
or
 Amended

4. Covering Period

08 ' 14 ' 2008
through
08 ' 14 ' 2008

5. (a) Date of Public Distribution(s)

08 ' 14 ' 2008

(b) Communication Title

No Solution

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes No

8. Custodian of Records

(a) Name Steve Mullins

(b) Address (number and street)
1726 M Street, NW 10th Floor

(c) City, State and ZIP Code
Washington, DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

Americans for Prosperity

CFO

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

1,215,396.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

John Flynn

SIGNATURE

John Flynn

DATE

8/15/08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 3437g.

28039813827

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name <u>Tim Phillips</u>	
(b) Address (number and street) <u>1726 M Street, NW 10th Floor</u>	
(c) City, State and ZIP Code <u>Washington, DC 20036</u>	
(d) Name of Employer or Principal Place of Business <u>Americans for Prosperity</u>	(e) Occupation <u>President</u>
B. (a) Name <u>John Flynn</u>	
(b) Address (number and street) <u>1726 M Street, NW 10th Floor</u>	
(c) City, State and ZIP Code <u>Washington, DC 20036</u>	
(d) Name of Employer or Principal Place of Business <u>Americans for Prosperity</u>	(e) Occupation <u>Secretary</u>
C. (a) Name <u>Ed Frank</u>	
(b) Address (number and street) <u>1726 M Street, NW 10th Floor</u>	
(c) City, State and ZIP Code <u>Washington, DC 20036</u>	
(d) Name of Employer or Principal Place of Business <u>Americans for Prosperity</u>	(e) Occupation <u>Treasurer</u>
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

28029813828

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor

N/A
Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount field

SUBTOTAL of Donations This Page (optional)

Amount field

TOTAL This Period (last page this line number only)
(carry total from last page to Line 9)

Amount field

28039813829

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media		Date of Disbursement or Obligation 08 / 14 / 2008	
Mailing Address of Payee 66 Canal Center Plaza, Ste 535		Amount 1,215.39.60	
City Alexandria	State VA	Zip Code 22314	Communication Date 08 / 14 / 2008
Name of Employer Crossroads Media		Occupation Media	
Purpose of Disbursement (Including title(s) of communication(s)) "No Solution" radio ad			
Name of Federal Candidate Jeanne Shaheen	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: _____	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
B. Full Name (Last, First, Middle Initial) of Payee _____		Date of Disbursement or Obligation _____ / _____ / _____	
Mailing Address of Payee _____		Amount _____	
City _____	State _____	Zip Code _____	Communication Date _____ / _____ / _____
Name of Employer _____		Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) _____			
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
SUBTOTAL of Disbursements/Obligations This Page (optional)		1,215.39.60	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		1,215.39.60	

28039813830

**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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Delivery Confirmation™ Label	<input type="checkbox"/>

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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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28029813831