10/14/2016 16 : 29

PAGE 1/3

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			
	ddress (number and street) check if different than previously reported N Courthouse Rd 700		
(c) C	ity, State and ZIP Code	3. FEC Identification Number	
ARL	INGTON VA 22201	o. 120 Identinoation Named	
0 0	pation and Name of Employer (for Individual Filers Only)	C C90013285	
2. Occu	pation and Name of Employer (for individual Filets 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 X Yes, it amends the report filed on 0	9 / Y Y Y Y Y Y Y Y Y Z Y Z Z Z Z Z Z Z Z	
	5. COVERING PERIOD: FROM MIM / DID / YIYIYIY THROUGH		
	6. TOTAL CONTRIBUTIONS	0.00	
	7. TOTAL INDEPENDENT EXPENDITURES	22543.75	
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 O	R PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Elec	DATE tronically Filed]	
Carnaha	in, 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.			

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 3 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) AMERICANS FOR PROSPERITY Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Ajilon Professional Staffing 09 27 2016 Mailing Address Dept CH 14031 Amount Zip Code City State 563.20 Palatine IL 60055 Transaction ID: F57.5381 Purpose of Expenditure NV Office Sought: House Category/ State: 004 Phone Banking Type X Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Cortez Masto, Catherine, , , Oppose Check One: Support ✗ General Disbursement For: Primary Calendar Year-To-Date Per Election 181356.84 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Cornerstone Staffing 09 27 2016 Mailing Address PO Box 909 Amount City State Zip Code 563.20 Grapevine TX 76099 Transaction ID: F57.5382 NV Purpose of Expenditure Office Sought: House Category/ State: 004 Phone Banking Type X Senate District:. President Name of Federal Candidate Supported or Opposed by Expenditure: Cortez Masto, Catherine, , , Support Check One: **X** Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 181920.04 2016 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination Innovative Advertising 2016 09 26 Mailing Address 4250 Highway 22 Amount Suite 7 State Zip Code City 9775.00 LA 70471 Mandeville Transaction ID: F57.5379 Purpose of Expenditure Office Sought: NV House Category/ State: 004 Mailer ('Masto Healthcare Mailer 1') Type X Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Cortez Masto, Catherine, , , **X** Oppose Check One: Support Disbursement For: 2016 Primary General Calendar Year-To-Date Per Election 169151.29 for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 10901.40 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3 FOR LINE 7 OF FORM 5

IAME OF FILER (In Full) AMERICANS FOR PROSPERITY		
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination	
United States Postal Service	09 26 2016	
Mailing Address 475 L'Enfant Plaza Sw		
011	Amount	
City State Zip Code Washington DC 20260	11642.35	
Purpose of Expenditure Category/	Office Sought: House State: NV	
Postage for Mailer ('Masto Healthcare Mailer 1') Category Type 004	X Senate	
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:	
Cortez Masto, Catherine, , ,	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 180793.64	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	
g.vansas	Amount	
City State Zip Code		
Purpose of Expenditure Category/ Type	Office Sought: House State:	
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: President	
realite of Federal Candidate Supported of Opposed by Experialities.	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		
ruii Name (Last, First, Middle Initial) of Fayee	Date of Public Distribution/Dissemination	
Mailing Address	M - M / D - D / Y - Y - Y - Y	
	Amount	
City State Zip Code		
Purpose of Expenditure Category/	Office Sought: House State:	
Type	Senate District:	
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)	
Sale: (speed)		
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 11642.35	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) SOBTOTAL OF OTHER INDEPENDENT EXPENDITURES		
(c) TOTAL Independent Expenditures		