

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

|                                                                                                                                           |  |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|
| 1. (a) Name of Individual, Organization or Corporation<br><b>AMERICANS FOR PROSPERITY</b>                                                 |  | 3. FEC Identification Number<br><b>C</b> <b>C90013285</b> |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br><b>2111 WILSON BLVD SUITE 350</b> |  |                                                           |
| (c) City, State and ZIP Code<br><b>ARLINGTON VA 22201</b>                                                                                 |  |                                                           |
| 2. Occupation and Name of Employer (for Individual Filers 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 ☐ Yes, it amends the report filed on

/  /

5. COVERING PERIOD:

FROM

/  /

THROUGH

/  /

6. TOTAL CONTRIBUTIONS.....

.00

7. TOTAL INDEPENDENT EXPENDITURES .....

1088.22

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

Victor Bernson

SIGNATURE

Victor Bernson

DATE

[Electronically Filed]

10/30/2014

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**PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICANS FOR PROSPERITY

Full Name (Last, First, Middle Initial) of Payee

Facebook

Date of Public Distribution/Dissemination

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 29  |   | 2014    |

Mailing Address 1601 Willow Road

Amount

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Menlo Park | CA    | 94025    |

|         |
|---------|
| Amount  |
| 1050.00 |

Transaction ID : F57.000001

Purpose of Expenditure  
web ad placement ("Orman Obamacare")Category/  
Type 004
Office Sought: ☐ House State: KS  
☒ Senate District: \_\_\_\_\_  
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:  
Greg OrmanCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

254837.73

Disbursement For: ☐ Primary ☒ General  
2014  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Americans for Prosperity

Date of Public Distribution/Dissemination

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 29  |   | 2014    |

Mailing Address 2111 Wilson Blvd., Suite 350

Amount

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Arlington | VA    | 22201    |

|        |
|--------|
| Amount |
| 38.22  |

Transaction ID : F57.000002

Purpose of Expenditure  
staff salaryCategory/  
Type 001
Office Sought: ☐ House State: KS  
☒ Senate District: \_\_\_\_\_  
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:  
Greg OrmanCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

254875.95

Disbursement For: ☐ Primary ☒ General  
2014  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

Mailing Address

Amount

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|      |       |          |

|        |
|--------|
| Amount |
|        |

Purpose of Expenditure

Category/  
Type
Office 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.....▶ 1088.22

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶ 1088.22  
(carry total from last page forward to Line 7)