

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

New Prosperity Foundation; The

ADDRESS (number and street)

200 S Wacker Dr

Suite 4000

☐ Check if different than previously reported. (ACC)

Chicago

IL

60606

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488494

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gregory Baise

Signature of Treasurer

Gregory Baise

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New Prosperity Foundation; The

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		18		2012

To:

M M	/	D D	/	Y Y Y Y Y
11		26		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2012</div>		<div>132583.89</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>401127.93</div>	
(c) Total Receipts (from Line 19)	<div>145602.84</div>	<div>1766240.19</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>546730.77</div>	<div>1898824.08</div>
7. Total Disbursements (from Line 31).....	<div>532445.57</div>	<div>1884538.88</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>14285.20</div>	<div>14285.20</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

New Prosperity Foundation; The

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

To:

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2012

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

145500.00

1765750.00

(ii) Unitemized

100.00

310.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

145600.00

1766060.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

145600.00

1766060.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

150.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

2.84

30.19

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

145602.84

1766240.19

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

145602.84

1766240.19

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	29977.85	334204.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	29977.85	334204.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	496967.72	1544834.64
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	5500.00	5500.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	532445.57	1884538.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	532445.57	1884538.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	145600.00	1766060.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	145600.00	1766060.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	29977.85	334204.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	29977.85	334204.24

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F3XN

Transaction ID :

This report includes several Schedule E, Line 24 entries for which 24-hour notices were not filed. They reflect the payment of balances due on voter telephone contact programs for which funds were paid in advance and reported on 24-hour notices. The initial payments were estimates of the cost of the program. After the programs were run, the Committee was invoiced for additional costs based on completion rates and time spent calling. These entries are for 10/23 and 10/29. The Committee consulted with its assigned analyst in the Reports Analysis Division, who indicated that this was an acceptable method of reporting such transactions.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 43

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

Full Name (Last, First, Middle Initial)

A. Albert Bingham

Mailing Address 2661 Wulfert Rd

City State Zip Code
 Sanibel FL 33957

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bulkmatic

Occupation

Trucking

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5023

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Financial Education & Advocacy Initiative, Inc

Mailing Address 1120 Connecticut Ave NW

City State Zip Code
 Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.5030

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

C. Ron Gidwitz

Mailing Address 200 S Wacker Ste 4000

City State Zip Code
 Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

GCG Partners

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5032

Amount of Each Receipt this Period

5500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

Full Name (Last, First, Middle Initial)

A. Peter Huizenga

Mailing Address 2215 York Rd
Ste 500

City State Zip Code
Oak Brook IL 60523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Huizenga Capital Management

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : SA11AI.5020

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kane County Republican Advisory Council

Mailing Address 40W320 Lafox Rd
Ste E

City State Zip Code
St Charles IL 60175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11AI.5025

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Fred A Krehbiel

Mailing Address 505 S County Line Rd

City State Zip Code
Hinsdale IL 60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Molex Incorporated

Occupation

Co-Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11AI.5022

Amount of Each Receipt this Period

20000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

24500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

Full Name (Last, First, Middle Initial)

A. Robert Malott

Mailing Address 1420 Sheridan Road, Apt 8G

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 23 2012

Transaction ID : SA11AI.5019

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

B. Martin Ozinga III

Mailing Address 19001 LaGrange Rd

City State Zip Code
 Mokena IL 60448

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ozinga Brothers

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 23 2012

Transaction ID : SA11AI.5017

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

C. Ricky Sandler

Mailing Address 1175 Park Ave Apt 14A

City State Zip Code
 New York NY 10128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eminence Capital

Occupation

Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 23 2012

Transaction ID : SA11AI.5018

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

30000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

Full Name (Last, First, Middle Initial)

A. Kenneth D Schmidt

Mailing Address 1765 Robinwood Ln

City

Riverwoods

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11AI.5028

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. M Elizabeth Weiss

Mailing Address 1304 Hawthorne Ln

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : SA11AI.5014

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Sam Zell

Mailing Address 2 N Riverside Plz Ste 600

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Equity Group Investments, LLC

Occupation

Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2012

Transaction ID : SA11AI.5016

Amount of Each Receipt this Period

50000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55500.00

145500.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

New Prosperity Foundation; The

A. Chris Dudley

Category/
Type

7000.00

State: District:

B. Holtzman Vogel Josefiak, PLLC

Category/
Type

3450.00

State: District:

C. Melange Enterprises Ltd.

Category/
Type

6327.96

State: District:

16777.96

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

New Prosperity Foundation; The

A. XPS Professional Services

Date of Disbursement

Transaction ID : SB21B.4855

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

-15014.16

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. XPS Professional Services

Date of Disbursement

Transaction ID : SB21B.5057

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

12841.05

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. XPS Professional Services

Date of Disbursement

Transaction ID : SB21B.5058

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

11689.50

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

9516.39

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New Prosperity Foundation; The

Full Name (Last, First, Middle Initial)

A. XPS Professional Services

Mailing Address 220 E Adams St
Suite 200

City Springfield State IL Zip Code 62701

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 11 / 16 / 2012

Transaction ID : SB21B.5064

Amount of Each Disbursement this Period

5500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

29977.85

	21b		22		23		24		25	X	26
	27		28a		28b		28c		29		30b

New Prosperity Foundation; The

A. Ron Gidwitz

Date of Disbursement

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '10' with 4 segments lit. The second display shows '30' with 6 segments lit. The third display shows '2012' with 10 segments lit. The displays are separated by slashes.

Transaction ID : SB26.5033

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

5500.00

B.

Date of Disbursement

Mailing Address

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

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

A diagram of a two-story building. The building has a flat roof and a central staircase. The staircase is located in the center of the building, with a door at the bottom and a door at the top. The building is shown in a cross-section view, with the roof and walls clearly defined.

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

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

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

5500.00

TOTAL This Period (last page this line number only).....

5500.00

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 16 OF 43

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4446

New Prosperity Foundation; The

LOAN SOURCE Full Name (Last, First, Middle Initial)

Ron Gidwitz

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 200 S Wacker Ste 4000

City Chicago

State IL

ZIP Code 60606

Original Amount of Loan

5500.00

Cumulative Payment To Date

5500.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

MM / DD / YY
07 / 05 / 2011

Date Due

MM / DD / YY

7/5/2012

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div> <div>MM / DD / YYYY</div> <div>10 / 22 / 2012</div> </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div> <div></div> <div>500.00</div> </div>	
City Springfield	State IL	Zip Code 62701	Transaction ID : SE.4857
Purpose of Expenditure Advertising - Radio Production (Also supports Judy Biggert)	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>IL</u> District: <u>11</u>	
Name of Federal Candidate Supported or Opposed by Expenditure: G. WILLIAM (BILL) FOSTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>170909.43</div> </div>		
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23188.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Gregory Baise

[Electronically Filed]

Date 12 / 05 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> 1871.00 </div>	
City Springfield	State IL	Zip Code 62701	Transaction ID : SE.5039
Purpose of Expenditure Balance on 10/17 Voter Contact Phones		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: L. TAMMY DUCKWORTH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> 5640.00 </div>	
City Springfield	State IL	Zip Code 62701	Transaction ID : SE.5040
Purpose of Expenditure Balance on 10/17 Voter Contact Phones		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: BRADLEY SCOTT SCHNEIDER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 150px; float: right;"> 7511.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; width: 150px; float: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 150px; float: right;"> </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

Signature

M M M / D D D / Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 23 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4634.00 </div>
City Springfield	State IL Zip Code 62701	
Purpose of Expenditure Balance on 10/17 Voter Contact Phones	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11
Name of Federal Candidate Supported or Opposed by Expenditure: G. WILLIAM (BILL) FOSTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 23 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5108.00 </div>
City Springfield	State IL Zip Code 62701	
Purpose of Expenditure Balance on 10/17 Voter Contact Phones	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM L JR ENYART		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9742.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9742.00 </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

12 / 05 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 10 / 23 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4302.00</div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Balance on 10/17 Voter Contact Phones	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MICHAEL GILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)
<div style="border: 1px solid black; padding: 2px; text-align: right;">170880.84</div>		

Transaction ID : SE.5043

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 10 / 23 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4420.00</div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Balance on 10/17 Voter Contact Phones	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17
Name of Federal Candidate Supported or Opposed by Expenditure: CHERI BUSTOS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)
<div style="border: 1px solid black; padding: 2px; text-align: right;">166129.74</div>		

Transaction ID : SE.5044

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">8722.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

Signature

M M M / D D D / Y Y Y Y Y Y

12 / 05 / 2012

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div> <div>MM / DD / YYYY</div> <div>10 / 24 / 2012</div> </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div> <div>Amount</div> <div>22730.70</div> </div>	
City Springfield	State IL	Zip Code 62701	Transaction ID : SE.4927
Purpose of Expenditure Voter Contact Mail (also supports Dold)	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>10</u> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BRADLEY SCOTT SCHNEIDER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought	<div> <div>Amount</div> <div>168329.59</div> </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43339.29
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

M M / D D / Y Y Y Y
12 05 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px;"> Y Y Y Y Y Y Y Y 18618.06 </div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Voter Contact Mail (also supports Schilling)	Category/Type 	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHERI BUSTOS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought Y Y Y Y Y Y Y Y 184747.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.4930

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px;"> Y Y Y Y Y Y Y Y 21726.51 </div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Voter Contact Mail (also supports Walsh)	Category/Type 	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: L. TAMMY DUCKWORTH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought Y Y Y Y Y Y Y Y 264200.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.4932

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> Y Y Y Y Y Y Y Y 40344.57 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> Y Y Y Y Y Y Y Y </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> Y Y Y Y Y Y Y Y </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

Signature

M M / D D / Y Y Y Y Y Y
 12 / 05 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> 18607.86 </div>
City Springfield State IL Zip Code 62701	Transaction ID : SE.4933	
Purpose of Expenditure Voter Contact Mail (also supports Plummer)	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM L JR ENYART		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> 20528.52 </div>
City Springfield State IL Zip Code 62701	Transaction ID : SE.4934	
Purpose of Expenditure Voter Contact Mail (also supports Biggert)	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: G. WILLIAM (BILL) FOSTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 39136.38 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"> </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 24 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15000.00 </div>
City Springfield	State IL	
Zip Code 62701		Transaction ID : SE.4946
Purpose of Expenditure Voter Telephone Contact (also supports Schilling)	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17
Name of Federal Candidate Supported or Opposed by Expenditure: CHERI BUSTOS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 24 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15000.00 </div>
City Springfield	State IL	
Zip Code 62701		Transaction ID : SE.4947
Purpose of Expenditure Voter Telephone Contact (also supports Davis)	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MICHAEL GILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30000.00 </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

12 / 05 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px;"> 15000.00 </div>
City Springfield State IL Zip Code 62701	Transaction ID : SE.4948	
Purpose of Expenditure Voter Telephone Contact (also supports Biggert)	Category/Type 	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: G. WILLIAM (BILL) FOSTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 211071.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 24 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px;"> 15000.00 </div>
City Springfield State IL Zip Code 62701	Transaction ID : SE.4949	
Purpose of Expenditure Voter Telephone Contact (also supports Plummer)	Category/Type 	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM L JR ENYART		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 169441.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 30000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 30000.00 </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

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 12 / 05 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 10 / 24 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Voter Telephone Contact (also supports Dold)	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BRADLEY SCOTT SCHNEIDER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">183329.59</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.4950

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 10 / 29 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15016.50</div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Advertising - Radio (Also supports Rodney Davis)	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MICHAEL GILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">221505.93</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.4848

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">30016.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

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12 / 05 / 2012

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 27 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px;"> 15014.16 </div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Advertising - Radio (Also supports Bobby Schilling)	Category/Type 	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHERI BUSTOS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 214761.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.4849

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px;"> 50500.00 </div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Advertising - Radio - Airtime and Production (also supports Plummer)	Category/Type 	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM L JR ENYART		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 219941.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.4957

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 65514.16 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> 0 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 65514.16 </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

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 12 / 05 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1316.84 </div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Voter Telephone Contact (also supports Walsh)	Category/Type 	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: L. TAMMY DUCKWORTH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 265517.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1359.26 </div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Voter Telephone Contact (also supports Schilling)	Category/Type 	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHERI BUSTOS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 216121.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2676.10 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2676.10 </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

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Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 29 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1464.82 </div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Voter Telephone Contact (also supports Davis)	Category/Type 	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MICHAEL GILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 222970.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1204.84 </div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Voter Telephone Contact (also supports Plummer)	Category/Type 	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM L JR ENYART		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 221146.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2669.66 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2669.66 </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

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Date

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 12 / 05 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 30 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1292.97</div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Voter Telephone Contact (also supports Biggert)	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11
Name of Federal Candidate Supported or Opposed by Expenditure: G. WILLIAM (BILL) FOSTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)
<div style="border: 1px solid black; padding: 2px; text-align: right;">212364.92</div>		

Transaction ID : SE.4972

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1452.57</div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Voter Telephone Contact (also supports Dold)	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: BRADLEY SCOTT SCHNEIDER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)
<div style="border: 1px solid black; padding: 2px; text-align: right;">184782.16</div>		

Transaction ID : SE.4973

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">2745.54</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"></div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

Signature

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2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 31 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px;"> 1404.00 </div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Balance on 10/24 Voter Contact Phones (also supports Biggert)	Category/Type 	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11
Name of Federal Candidate Supported or Opposed by Expenditure: G. WILLIAM (BILL) FOSTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 213768.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.5045

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px;"> 2122.00 </div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Balance on 10/24 Voter Contact Phones (also supports Plummer)	Category/Type 	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM L JR ENYART		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 223268.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.5046

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 3526.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

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Date

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 12 / 05 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 32 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1601.00</div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Balance on 10/24 Voter Contact Phones (also supports Davis)	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MICHAEL GILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)
<div style="border: 1px solid black; padding: 2px; text-align: right;">224571.75</div>		

Transaction ID : SE.5047

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2048.00</div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Balance on 10/24 Voter Contact Phones (also supports Schilling)	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17
Name of Federal Candidate Supported or Opposed by Expenditure: CHERI BUSTOS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)
<div style="border: 1px solid black; padding: 2px; text-align: right;">218169.22</div>		

Transaction ID : SE.5048

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">3649.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"></div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

Signature

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2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24262.70 </div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Voter Contact Mail (also opposes Joe Donnelly)	Category/Type 	Office Sought: <input type="checkbox"/> House State: IN <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: RICHARD E MOURDOCK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 24262.70 		

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 20800.00 </div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Advertising - Radio (also supports Biggert)	Category/Type 	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: G. WILLIAM (BILL) FOSTER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 234568.92 		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 45062.70 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 05 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px;"> 16000.00 </div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Voter Telephone Contact	Category/Type 	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12
Name of Federal Candidate Supported or Opposed by Expenditure: JASON PLUMMER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 239268.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.4981

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px;"> 16000.00 </div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Voter Telephone Contact	Category/Type 	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT T. SCHILLING		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 234169.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.4983

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 32000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 32000.00 </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 05 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px;"> 16000.00 </div>	
City Springfield	State IL	Zip Code 62701	Transaction ID : SE.4985
Purpose of Expenditure Telephone Voter Contact		Category/Type 	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13
Name of Federal Candidate Supported or Opposed by Expenditure: RODNEY DAVIS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 240571.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px;"> 16000.00 </div>	
City Springfield	State IL	Zip Code 62701	Transaction ID : SE.4987
Purpose of Expenditure Voter Telephone Contact		Category/Type 	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11
Name of Federal Candidate Supported or Opposed by Expenditure: JUDY BIGGERT		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 250568.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> 32000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 36 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">31</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14126.00</div>	
City Springfield	State IL		
Purpose of Expenditure Voter Telephone Contact	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT JAMES MR. DOLD JR.		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">31</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>	
City Springfield	State IL		
Purpose of Expenditure Voter Telephone Contact	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE WALSH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">29126.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

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Date

12

05

2012

Signature

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date MM / DD / YYYY 11 / 01 / 2012	
Mailing Address 220 E Adams St Suite 200		Amount 630.00	
City Springfield	State IL	Zip Code 62701	
Purpose of Expenditure Walk Cards	Category/ Type	Transaction ID : SE.4999	
Name of Federal Candidate Supported or Opposed by Expenditure: CHERI BUSTOS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>IL</u> District: <u>17</u>	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
234799.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1260.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Gregory Baise

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Date 12 / 05 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 38 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 01 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 630.00 </div>
City Springfield	State IL	
Zip Code 62701		Transaction ID : SE.5000
Purpose of Expenditure Walk Cards	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: BRADLEY SCOTT SCHNEIDER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services [MEMO ITEM]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 01 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1800.00 </div>
City Springfield	State IL	
Zip Code 62701		Transaction ID : SE.5001
Purpose of Expenditure Door-to-Door GOTV Labor (ESTIMATED)	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: BRADLEY SCOTT SCHNEIDER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 630.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

12 / 05 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 39 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services [MEMO ITEM]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 01 / 2012 </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1800.00 </div>	
City Springfield	State IL	Zip Code 62701	Transaction ID : SE.5002
Purpose of Expenditure Door-to-Door GOTV Labor (ESTIMATE)		Category/Type 	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11
Name of Federal Candidate Supported or Opposed by Expenditure: G. WILLIAM (BILL) FOSTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 251198.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services [MEMO ITEM]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 01 / 2012 </div>	
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1800.00 </div>	
City Springfield	State IL	Zip Code 62701	Transaction ID : SE.5003
Purpose of Expenditure Door-to-Door GOTV Labor (ESTIMATE)		Category/Type 	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17
Name of Federal Candidate Supported or Opposed by Expenditure: CHERI BUSTOS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 234799.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

MM / DD / YYYY
 12 / 05 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The		FEC IDENTIFICATION NUMBER ▼ C C00488494
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date MM / DD / YYYY 11 / 01 / 2012
[MEMO ITEM] Mailing Address 220 E Adams St Suite 200		Amount 1800.00
City Springfield	State IL	
Purpose of Expenditure Door-to-Door GOTV Labor (ESTIMATE)	Category/ Type	Transaction ID : SE.5004
Name of Federal Candidate Supported or Opposed by Expenditure: L. TAMMY DUCKWORTH		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>IL</u> District: <u>08</u>
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
280517.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date MM / DD / YYYY 11 / 01 / 2012
Mailing Address 220 E Adams St Suite 200		Amount 6101.50
City Springfield	State IL	
Purpose of Expenditure Door-to-Door GOTV Labor (Originally Estimated at 1800 on 11/1)	Category/ Type	Transaction ID : SE.5051
Name of Federal Candidate Supported or Opposed by Expenditure: L. TAMMY DUCKWORTH		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>IL</u> District: <u>08</u>
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
280517.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6101.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

MM / DD / YYYY
12 / 05 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 41 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 01 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1767.60 </div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Door-to-Door GOTV Labor (Originally Estimated at 1800)	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BRADLEY SCOTT SCHNEIDER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.5053

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 01 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2481.24 </div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Door-to-Door GOTV Labor (Originally Estimated at 1800)	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: G. WILLIAM (BILL) FOSTER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Transaction ID : SE.5055

(a) SUBTOTAL of Itemized Independent Expenditures.....	4248.84
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

12 / 05 / 2012

Signature

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date MM / DD / YYYY 11 / 16 / 2012	
Mailing Address 220 E Adams St Suite 200		Amount 390.00	
City Springfield	State IL	Zip Code 62701	Transaction ID : SE.5049
Purpose of Expenditure Door-to-Door (Balance on Originally Estimated 10/11 \$14,000; First Payment on Pre-General)	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: L. TAMMY DUCKWORTH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought	280907.60	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1475.98
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Gregory Baise

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Date 12 / 05 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 43 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) New Prosperity Foundation; The	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488494 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee XPS Professional Services		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 </div>
Mailing Address 220 E Adams St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2282.50 </div>
City Springfield State IL Zip Code 62701		
Purpose of Expenditure Door-to-Door Labor	Category/Type 	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHERI BUSTOS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 237081.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2282.50 </div>
City State Zip Code		
Purpose of Expenditure	Category/Type 	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2282.50 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2282.50 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 496967.72 </div>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Gregory Baise

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 05 / 2012

Signature