

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

## To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>Americans for Prosperity</b>		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1310 North Courthouse Rd Suite 700		
(c) City, State and ZIP Code  <div style="display: flex; justify-content: space-between;"> <span>ARLINGTON</span> <span>VA</span> <span>22201</span> </div>		3. FEC Identification Number  <div style="border: 1px solid black; padding: 5px; display: inline-block;">           C    C90013285         </div>
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report ☐ 24-Hour Report

☐ October 15 Quarterly Report ☒ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on  /  /

5. COVERING PERIOD:

FROM  08 /  20 /  2018

THROUGH  08 /  20 /  2018

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6. TOTAL CONTRIBUTIONS.....

7. 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 any political party committee or its agent.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

**SIGNATURE**

DATE \_\_\_\_\_

*[Electronically Filed]*

Castellaw, Gary, , , Treasurer

*Castellaw, Gary, , , Treasurer*

08/22/2018

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

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Americans for Prosperity

Full Name (Last, First, Middle Initial) of Payee  
AMERICANS FOR PROSPERITY

Date of Public Distribution/Dissemination

MM / DD / YYYY  
08 / 20 / 2018Mailing Address 1310 N COURTHOUSE RD  
SUITE 700

Amount

2019.23

Transaction ID : SE24.49

Purpose of Expenditure  
STAFF SALARIESCategory/  
Type 001Office Sought: ☐ House State: MO  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MCCASKILL, CLAIRE, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

1719467.23

Disbursement For: ☐ Primary ☒ General  
2018 ☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
AMERICANS FOR PROSPERITY

Date of Public Distribution/Dissemination

MM / DD / YYYY  
08 / 20 / 2018Mailing Address 1310 N COURTHOUSE RD  
SUITE 700

Amount

250.00

Transaction ID : SE24.50

Purpose of Expenditure  
CANVASSING EXPENSESCategory/  
Type 001Office Sought: ☐ House State: MO  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MCCASKILL, CLAIRE, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

1719467.23

Disbursement For: ☐ Primary ☒ General  
2018 ☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
BEACON HILL STAFFING GROUP

Date of Public Distribution/Dissemination

MM / DD / YYYY  
08 / 20 / 2018

Mailing Address 152 BOWDOIN ST

Amount

3360.00

Transaction ID : SE24.51

Purpose of Expenditure  
CANVASSING EXPENSESCategory/  
Type 004Office Sought: ☐ House State: MO  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MCCASKILL, CLAIRE, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

1719467.23

Disbursement For: ☐ Primary ☒ General  
2018 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 5629.23

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

(c) TOTAL Independent Expenditures.....▶ 5629.23  
(carry total from last page forward to Line 7)