FEC FORM 5 REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(b) Address (number and street) check if different than previously reported 1310 N Courthouse Rd 38e 700 (c) City, State and ZIP Code ARLINGTON ARLINGTON VA 2. Occupation and Name of Employer (for Individual Filers Only) 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report Jaluy 15 Quarterly Report 48-Hour Report January 31 Year-End Report 48-Hour Report January 31 Year-End Report 48-Hour Report filed on January 31 Year-End Report 4. b) Is this Report an amendment? No Y No Yes, It amends the report filed on January 31 Year-End Report 48-Hour Report b. Is this Report an amendment? THROUGH Y Y Yes, It amends the report filed on January 31 Year-End Report 0.000 c. COVERING PERIOD: FROM THROUGH Y Y Year, It amends in cooperation, consultation, or corcert with, or at the request or suggeston or its agent of either, or any political party committee or its agent. Under penalty of priging / certify that the independent expenditure reported herein ween named in cooperation, consultation, or corcert with, or at the request or suggeston or it	1. (a) Name of Individual, Organization or Corporation AMERICANS FOR PROSPERITY	
ARLINGTON VA 22201 3. FEC identification Number 2. Occupation and Name of Employer (for Individual Filers Only) C G00013285 C G00013285 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report (a) April 15 Quarterly Report 24-Hour Report (b) (c) (c) (b) Is this Report an amendment? (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	1310 N Courthouse Rd	
ARLINGTON VA 22201 2. Occupation and Name of Employer (for Individual Filers Only) C C 2. Occupation and Name of Employer (for Individual Filers Only) C C 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24 Hour Report 1. July 15 Quarterly Report 24 Hour Report Occupation and Name of Employer (for Individual Filers Only) C C 0. October 15 Quarterly Report 24 Hour Report 348-Hour Report 100 (for the comparison of the compari	(c) City, State and ZIP Code	3 EEC Identification Number
	ARLINGTON VA 22201	3. TEO Identification Number
(a) April 15 Quarterly Report 24-Hour Report (a) Udy 15 Quarterly Report 24-Hour Report (b) Cotober 15 Quarterly Report 48-Hour Report (c) January 31 Year-End Report 48-Hour Report (c) January 31 Year-End Report (c) (c) Is this Report an amendment? (c) (c) FROM (c) (c) THROUGH (c) (c) TOTAL CONTRIBUTIONS (c) (c) TOTAL CONTRIBUTIONS (c) (c) TOTAL INDEPENDENT EXPENDITURES (c) Udder penalty of perjury loatify that the independent expenditures reported breath were not made in cooperation, consultation, or concert with, or at the request or suggestion or its agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM Signature [Electronically Fild] Tim Camahan 08/24/2016 08/24/2016	2. Occupation and Name of Employer (for Individual Filers Only)	С С90013285
Image: Signature of PERSON COMPLETING FORM 24-Hour Report Image: Signature of Person Completing Form Signature of Person Completing Form Tim Carnahan 08/24/2016		
Contract of the second	(a) April 15 Quarterly Report	
I danuary 31 Year-End Report () Is this Report an amendment? No Ves, it amends the report filed on () () () () () () () () () () () () ()	July 15 Quarterly Report 24-Hour Report	
b) Is this Report an amendment? No Yes, it amends the report filed on Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	October 15 Quarterly Report X 48-Hour Report	
b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD: FROM Yes, it amends the report filed on THROUGH THROUGH Yes, it amends the report filed on 6. TOTAL CONTRIBUTIONS	January 31 Year-End Report	
FROM Image:	b) Is this Report an amendment? 🔀 No 🗌 Yes, it amends the report	filed on
7. TOTAL INDEPENDENT EXPENDITURES 7250.62 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 Tim Carnahan 108/24/2016	FROM	
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 Tim Carnahan Tim Carnahan 08/24/2016	6. TOTAL CONTRIBUTIONS	0.00
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 Tim Carnahan Tim Carnahan 08/24/2016	7. TOTAL INDEPENDENT EXPENDITURES	7250.62
Tim Carnahan [Electronically Filed] 08/24/2016	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperatio of, any candidate or authorized committee or agent of either, or any political party committee or its agent.	n, consultation, or concert with, or at the request or suggestion
08/24/2016	TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	
	Tim Carnahan Tim Carnahan	08/24/2016
	NOTE: Submission of false, erroneous or incomplete information may subject the person signi	

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

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
AMERICANS FOR PROSPERITY

Full Name (Last, First, Middle Initial) of Payee				Date of Public Distribution/Dissemination		
AMERICANS FOR PROSPERITY				08	/ D D / 22	2016
Mailing Address 1310 N Courthou	ise Rd			0	22	2010
Ste 700				Amount		
City	State	Zip Code				5900.62
ARLINGTON	VA	22201		Transacti	on ID : F57.486	3
Purpose of Expenditure Staff Salaries		Category/ Type	001	Office Sought:	House Senate	State: CO District: 06
Name of Federal Candidate Suppo MORGAN CARROLL	ne of Federal Candidate Supported or Opposed by Expenditure: RGAN CARROLL			Check One:	President Support	X Oppose
Calendar Year-To-Date Per E for Office S		71436		Disbursement Fo 2016 Other (General
Full Name (Last, First, Middle Initia	l) of Payee			Date of Pu	blic Distribution/	Dissemination
AMERICANS FOR PROSPERITY				M = M	/ D D /	YPYPYPY
Mailing Address 1310 N Courthou	se Rd			08	22	2016
Ste 700				Amount		
City	State	Zip Code		_		1350.00
ARLINGTON	VA	22201		Transactio	on ID : F57.4864	
Purpose of Expenditure		Category/		Office Sought:	K House	State: CO
Canvassing Expenses		Туре	001		Senate	District:06
Name of Federal Candidate Suppo MORGAN CARROLL	rted or Opposed by Expend	diture:		Check One:	President Support	Oppose
Calendar Year-To-Date Per Ele for Office S		7278		Disbursement Fo 2016 Other (r: Primary (specify)	K General
Full Name (Last, First, Middle Initia	l) of Payee		I	Date of Pu	blic Distribution/	Dissemination
				M	/ D D /	YPYPYPY
Mailing Address				Amount		L
City	State	Zip Code				
		·				
Purpose of Expenditure		Category/		Office Sought:	House	State:
		Туре		0	Senate	
Name of Federal Candidate Suppo	rted or Opposed by Expend	diture:			President	District:
				Check One:	Support	Oppose
Calendar Year-To-Date Per El				Disbursement Fo	r: Primary	General
for Office S				Other ((specify)	
a) SUBTOTAL of Itemized Indeper	dent Expenditures			·· •		7250.62
(b) SUBTOTAL of Unitemized Indep	pendent Expenditures					

FEC Schedule 5 (REV. 09/2013)