

AMERICANS FOR PROSPERITY®

2111 Wilson Boulevard, Suite 350 • Arlington, VA 22201 • Tel: 703.224.3203 • Fax: 703.224.3301

FACSIMILE TRANSMITTAL SHEET

TO:	FROM: John Flynn
COMPANY: FEC	DATE: 9-10-10
FAX NUMBER: (202) 219-0174	TOTAL NO. OF PAGES INCLUDING COVER: 5
PHONE NUMBER:	RE: Completed FEC Form 9

URGENT
 FOR REVIEW
 PLEASE COMMENT
 PLEASE REPLY
 PLEASE RECYCLE

NOTES/COMMENTS:

Dear Sir or Madam:

Please find attached AFP's completed FEC Form 9. Please advise if you have any questions.

Regards,

John Flynn

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Americans for Prosperity

(b) Address (number and street) check if different than previously reported
2111 Wilson Blvd, Suite 350

(c) City, State and ZIP Code
Arlington, VA 22201

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number _____

3. Is This Statement New or Amended

4. Covering Period 09 09 2010 through 09 10 2010

5. (a) Date of Public Distribution(s) 09 10 2010 (b) Communication Title "AFP Northbrook 9-17"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10) (d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15 (e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No N/A

8. Custodian of Records

(a) Name Steve Mullins

(b) Address (number and street) 2111 Wilson Blvd, Suite 350

(c) City, State, and ZIP Code Arlington, VA 22201

(d) Name of Employer or Principal Place of Business Americans for Prosperity (e) Occupation CFO

9. Total Donations This Statement 0

10. Total Disbursements/Obligations This Statement 10,880.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM John Flynn

SIGNATURE John Flynn DATE 9/10/10

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

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A. (a) Name		Tim Phillips	
(b) Address (number and street)		2111 Wilson Blvd, Suite 350	
(c) City, State and ZIP Code		Arlington VA 22201	
(d) Name of Employer or Principal Place of Business	(e) Occupation	Americans for Prosperity	President
B. (a) Name		John Flynn	
(b) Address (number and street)		2111 Wilson Blvd, Suite 350	
(c) City, State and ZIP Code		Arlington, VA 22201	
(d) Name of Employer or Principal Place of Business	(e) Occupation	Americans for Prosperity	Secretary/Treasurer
C. (a) Name		Steve Mullins	
(b) Address (number and street)		2111 Wilson Blvd, Suite 350	
(c) City, State and ZIP Code		Arlington, VA 22201	
(d) Name of Employer or Principal Place of Business	(e) Occupation	Americans for Prosperity	CFO
D. (a) Name		Bill Bosanko	
(b) Address (number and street)		2111 Wilson Blvd, Suite 350	
(c) City, State and ZIP Code		Arlington, VA 22201	
(d) Name of Employer or Principal Place of Business	(e) Occupation	Americans for Prosperity	Controller
E. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business	(e) Occupation		

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor <u>N/A</u></p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>B. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>C. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>D. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>E. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>_____</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>_____</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 of 4

A. Full Name (Last, First, Middle Initial) of Payee WLS-Am		Date of Disbursement or Obligation 09 09 2010	
Mailing Address of Payee 190 N. State Street 8th Fl		Amount 8,400.00	
City Chicago	State IL	Zip Code 60601	Communication Date 09 10 2010
Name of Employer Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Radio spots - "AFP Joliet 9-15" and "AFP Northbrook 9-17"			
Name of Federal Candidate Debbie Halvorson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 11	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate Dan Seals	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 10	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <input type="checkbox"/> District: <input type="checkbox"/>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
B. Full Name (Last, First, Middle Initial) of Payee WIND		Date of Disbursement or Obligation 09 09 2010	
Mailing Address of Payee 25 NW Point Blvd, Suite 400		Amount 2,480.00	
City Elk Grove Village	State IL	Zip Code 60007	Communication Date 09 10 2010
Name of Employer Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Radio spot - 4 AFP - St. Charles 9-16			
Name of Federal Candidate Bill Foster	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 14	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <input type="checkbox"/> District: <input type="checkbox"/>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <input type="checkbox"/> District: <input type="checkbox"/>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
SUBTOTAL of Disbursements/Obligations This Page (optional)		10,880.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)			

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
 PREPARER

N/A
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