

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**
Prosperity for Pennsylvania Inc.

ADDRESS (number and street) P O Box 25912
Check if different than previously reported. (ACC) Alexandria VA 22313

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00565689 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) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / 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 in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2016 through 11 / 28 / 2016

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 Dion, Mark, , ,

Signature of Treasurer *Dion, Mark, , ,* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Prosperity for Pennsylvania Inc.

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="1141372.41"/>	<input type="text" value="1141372.41"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1495559.61"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1069500.00"/>	<input type="text" value="2719500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2565059.61"/>	<input type="text" value="3860872.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2525099.33"/>	<input type="text" value="3820912.13"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="39960.28"/>	<input type="text" value="39960.28"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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. 05/2016)

Write or Type Committee Name

Prosperity for Pennsylvania Inc.

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 20 / 2016 To: M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

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).....	719500.00	1829500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	719500.00	1829500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	30000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	724500.00	1859500.00
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	0.00
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.).....	345000.00	860000.00
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)).....▶	1069500.00	2719500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1069500.00	2719500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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	146307.99	166128.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	146307.99	166128.99
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)	2378791.34	3654783.14
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	2525099.33	3820912.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2525099.33	3820912.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	724500.00	1859500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	724500.00	1859500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	146307.99	166128.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	146307.99	166128.99

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

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

FOR LINE NUMBER: PAGE 6 OF 23
(check only one)
 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)
Prosperity for Pennsylvania Inc.

A. Arnott, Robert, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 Avocado Ave
 City Corona Del Mar State CA Zip Code 92625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Research Affiliates, LLC Occupation (for Individual) Investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 20 / 2016
Transaction ID : 1169
 Amount of Each Receipt this Period 25000.00
 Memo Item

B. Asness, Cliff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 3rd Avenue Floor 11
 City New York State NY Zip Code 10017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AQR Capital Management Occupation (for Individual) Founder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200000.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 1172
 Amount of Each Receipt this Period 100000.00
 Memo Item

C. Buckley, Walter, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1635 Country Road
 City Bethlehem State PA Zip Code 18015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Buckley Muething Capital Management Co Occupation (for Individual) Financial Advisor/Minority Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300000.00

Date of Receipt 10 / 20 / 2016
Transaction ID : 1170
 Amount of Each Receipt this Period 200000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 325000.00
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)	PAGE 7 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Prosperity for Pennsylvania Inc.

A. Caramanico, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 Buck Ln
 City Haverford State PA Zip Code 19041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McCormick Taylor Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2016
Transaction ID : 1181
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Cohen, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Crown Ln
 City Greenwich State CT Zip Code 06831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Point 72 Asset Management Occupation (for Individual) Chairman/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 26 / 2016
Transaction ID : 1177
 Amount of Each Receipt this Period 100000.00
 Memo Item

C. DeBenedictis, Nicholas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 231 Golf View Road
 City Ardmore State PA Zip Code 19003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 26 / 2016
Transaction ID : 1175
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	103500.00
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)	PAGE 8 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Prosperity for Pennsylvania Inc.

A. Hammel, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1523 Hampton Rd
 City Allentown State PA Zip Code 18104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 27 / 2016
Transaction ID : 1182
 Amount of Each Receipt this Period 10000.00
 Memo Item

B. Hazzouri, Edward, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 Warwick Rd
 City Haddonfield State NJ Zip Code 08033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hazzouri and Associates Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2016
Transaction ID : 1179
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Langone, Kenneth, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 375 Park Avenue Suite 2205
 City New York State NY Zip Code 10152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Invemed Associates LLC Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 30000.00

Date of Receipt 10 / 28 / 2016
Transaction ID : 1188
 Amount of Each Receipt this Period 25000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36000.00
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)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Prosperity for Pennsylvania Inc.

A. Lehman, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Willow Farm
 1054 Creamery Rd N
 City Newtown State PA Zip Code 18940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lehman and Co. Occupation (for Individual) Chairman
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 11 / 02 / 2016
Transaction ID : 1192
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Lubsen, Henry, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2150 Spyglass Hill
 City Center Valley State PA Zip Code 18034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Afiliias Limited Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 200000.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 1173
 Amount of Each Receipt this Period 90000.00
 Memo Item

C. Scheller, Lisa, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 751 Benner Rd
 City Allentown State PA Zip Code 18104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Siberling Mfg. Co. Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 10000.00

Date of Receipt 10 / 27 / 2016
Transaction ID : 1180
 Amount of Each Receipt this Period 10000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	105000.00
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:	PAGE 10 OF 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Prosperity for Pennsylvania Inc.

A. Snider, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Righters Mill Rd
 City Nazareth State PA Zip Code 19072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 27 / 2016
Transaction ID : 1178
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Templeton, Josephine, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Pembroke Rd
 City Bryn Mar State PA Zip Code 19010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 26 / 2016
Transaction ID : 1174
 Amount of Each Receipt this Period 50000.00
 Memo Item

C. Topper, Joseph, V, , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1762 Arden Ln
 City Bethlehem State PA Zip Code 18015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lehigh Gas Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 10 / 28 / 2016
Transaction ID : 1186
 Amount of Each Receipt this Period 75000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	130000.00
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)	PAGE 11 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Prosperity for Pennsylvania Inc.

A. Vague, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1807 Delancey Place
 City Philadelphia State PA Zip Code 19103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Gabriel Investments Managing Partner
 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
 11 / 09 / 2016
Transaction ID : 1195
 Amount of Each Receipt this Period
 10000.00
 Memo Item

B. Woodman, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 751 Benner Rd
 City Allentown State PA Zip Code 18104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 The Investment House, LLC Portfolio Manager
 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 / 27 / 2016
Transaction ID : 1183
 Amount of Each Receipt this Period
 10000.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	20000.00
TOTAL This Period (last page this line number only).....▶	719500.00

**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)	PAGE 12 OF 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Prosperity for Pennsylvania Inc.

A. ASPLUNDH TREE EXPERT CO POLITICAL ACTION COMMITTEE (ATE PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **BLAIR MILL ROAD**

City WILLOW GROVE	State PA	Zip Code 19090
-----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00177741**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2016

Transaction ID : 1193

Amount of Each Receipt this Period

5000.00

 Memo Item

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

 Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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)	PAGE 13 OF 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Prosperity for Pennsylvania Inc.

A. Crow Holding Pool, LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3819 Maple Ave

City Dallas	State TX	Zip Code 75219
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2016

Transaction ID : 1167

Amount of Each Receipt this Period
25000.00

Memo Item

B. Elliott Greenleaf, P.C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 925 Harvest Drive
Suite 300

City Blue Bell	State PA	Zip Code 19422
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2016

Transaction ID : 1207

Amount of Each Receipt this Period
10000.00

Memo Item

C. Progressive Management, Inc.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 5, Bldg One
Deon Square

City Fairless Hills	State PA	Zip Code 19030
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2016

Transaction ID : 1185

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40000.00
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)	PAGE 14 OF 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 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)
Prosperity for Pennsylvania Inc.

A. Project for Healthcare Integration

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 Spring Hill Road
Suite 600

City Tysons Corner State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45000.00

Date of Receipt
10 / 26 / 2016

Transaction ID : 1176

Amount of Each Receipt this Period
20000.00

Memo Item

B. PTD Rental

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 5

City Fairless Hills State PA Zip Code 19030

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 27 / 2016

Transaction ID : 1184

Amount of Each Receipt this Period
5000.00

Memo Item

C. The Haverford Trust Co.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Radnor Corp Ctr
Ste 450

City Radnor State PA Zip Code 19087

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
11 / 01 / 2016

Transaction ID : 1191

Amount of Each Receipt this Period
250000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275000.00
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)	PAGE 15 OF 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 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)
Prosperity for Pennsylvania Inc.

A. The Saint Davids Trust

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Park Row W
Ste 113

City Providence State RI Zip Code 02903

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2016

Transaction ID : 1190

Amount of Each Receipt this Period
25000.00

Memo Item

B. Toll Management Co.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2600 Philmont Ave.
Suite 401

City Huntingdon Valley State PA Zip Code 19006

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016

Transaction ID : 1189

Amount of Each Receipt this Period
5000.00

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30000.00
TOTAL This Period (last page this line number only).....	345000.00

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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)
Prosperity for Pennsylvania Inc.

Full Name (Last, First, Middle Initial) A. Kelley Drye & Warren LLP		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 101 Park Avenue		FEC Identification Number C [] Transaction ID : 1200 Amount of Each Disbursement this Period 5046.00	
City New York	State NY	Zip Code 10178	Category/ Type []
Purpose of Disbursement Legal Services		Candidate Name	
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) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Kelley Drye & Warren LLP		Date of Disbursement MM / DD / YYYY 11 / 16 / 2016	
Mailing Address 101 Park Avenue		FEC Identification Number C [] Transaction ID : 1205 Amount of Each Disbursement this Period 1011.00	
City New York	State NY	Zip Code 10178	Category/ Type []
Purpose of Disbursement Legal Services		Candidate Name	
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) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Novotney, Joshua, , ,		Date of Disbursement MM / DD / YYYY 11 / 16 / 2016	
Mailing Address 1601 Cherry Street 16th Floor		FEC Identification Number C [] Transaction ID : 1204 Amount of Each Disbursement this Period 885.99	
City Philadelphia	State PA	Zip Code 19102	Category/ Type []
Purpose of Disbursement Travel Expense Reimbursement		Candidate Name	
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) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	6942.99
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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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)

Prosperity for Pennsylvania Inc.

Full Name (Last, First, Middle Initial)

A. Pennsylvania Campaign Group. LLC

Mailing Address 1601 Cherry Street
16th Floor

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Consultant: Fundraising

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2016

FEC Identification Number

C

Transaction ID : 1202

Amount of Each Disbursement this Period

137745.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Political Compliance Services Inc

Mailing Address 912 Saint Michael Drive

City Gambrills State MD Zip Code 21054

Purpose of Disbursement
Consultant: Compliance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

C

Transaction ID : 1165

Amount of Each Disbursement this Period

750.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Political Compliance Services Inc

Mailing Address 912 Saint Michael Drive

City Gambrills State MD Zip Code 21054

Purpose of Disbursement
Consultant: Compliance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2016

FEC Identification Number

C

Transaction ID : 1203

Amount of Each Disbursement this Period

750.00

Memo Item

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

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

139245.00

146187.99

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Prosperity for Pennsylvania Inc.	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00565689 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Mentzer Media Services, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2016						
Mailing Address 219 W Pennsylvania Ave Suite 250	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">563000.00</div> Transaction ID : 1132 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Towson</td> <td>MD</td> <td>21204</td> </tr> </table>		City	State	Zip Code	Towson	MD	21204
City		State	Zip Code				
Towson	MD	21204					
Purpose of Expenditure Broadcast Media Placement							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MCGINTY, KATHLEEN, ALANA, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: PA						
Calendar Year-To-Date Per Election for Office Sought 3654783.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item Mentzer Media Services, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2016						
Mailing Address 219 W Pennsylvania Ave Suite 250	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1036346.00</div> Transaction ID : 1150 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 26 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Towson</td> <td>MD</td> <td>21204</td> </tr> </table>		City	State	Zip Code	Towson	MD	21204
City		State	Zip Code				
Towson	MD	21204					
Purpose of Expenditure Broadcast TV Placement							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MCGINTY, KATHLEEN, ALANA, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: PA						
Calendar Year-To-Date Per Election for Office Sought 3654783.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1599346.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: 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.

Dion, Mark, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 21 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Prosperity for Pennsylvania Inc.	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00565689 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Mentzer Media Services, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Mailing Address 219 W Pennsylvania Ave Suite 250			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 300000.00 </div>
City Towson	State MD	Zip Code 21204	Transaction ID : 1153 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2016
Purpose of Expenditure Broadcast TV Placement		Category/Type 	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MCGINTY, KATHLEEN, ALANA, ,
Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> State: PA	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3654783.14 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Mentzer Media Services, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2016
Mailing Address 219 W Pennsylvania Ave Suite 250			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 300000.00 </div>
City Towson	State MD	Zip Code 21204	Transaction ID : 1155 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 02 / 2016
Purpose of Expenditure Broadcast TV Placement		Category/Type 	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MCGINTY, KATHLEEN, ALANA, ,
Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> State: PA	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3654783.14 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;"> 600000.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>
(a) 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.

Dion, Mark, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Prosperity for Pennsylvania Inc.	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00565689 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Mentzer Media Services, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016
Mailing Address 219 W Pennsylvania Ave Suite 250	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 40000.00 </div> Transaction ID : 1158 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2016
City State Zip Code Towson MD 21204	
Purpose of Expenditure Broadcast TV Placement	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MCGINTY, KATHLEEN, ALANA, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA
Calendar Year-To-Date Per Election for Office Sought 3654783.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Mentzer Media Services, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016
Mailing Address 219 W Pennsylvania Ave Suite 250	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 10000.00 </div> Transaction ID : 1159 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2016
City State Zip Code Towson MD 21204	
Purpose of Expenditure Broadcast TV Placement	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MCGINTY, KATHLEEN, ALANA, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA
Calendar Year-To-Date Per Election for Office Sought 3654783.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 50000.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / 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.

Dion, Mark, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 11 / 04 / 2016
 Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Prosperity for Pennsylvania Inc.	FEC IDENTIFICATION NUMBER ▼ C C00565689
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Revolution Media Group		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1020 Princess Street		Amount <input type="text"/>
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Digital Ad Placement and Production		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Revolution Media Group		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1020 Princess Street		Amount <input type="text"/>
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure TV Ad Production and Distribution		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Dion, Mark, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Prosperity for Pennsylvania Inc.	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00565689 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Revolution Media Group			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 02 / 2016</div>		
Mailing Address 1020 Princess Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">24989.34</div>		
City Alexandria	State VA	Zip Code 22314			
Purpose of Expenditure Digital Ad Placement and Production		Category/Type 	Transaction ID : 1156 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 02 / 2016</div>		
Name of Federal Candidate: <input type="checkbox"/> Support MCGINTY, KATHLEEN, ALANA, , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought 3654783.14			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item Revolution Media Group			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 04 / 2016</div>		
Mailing Address 1020 Princess Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">10000.00</div>		
City Alexandria	State VA	Zip Code 22314			
Purpose of Expenditure Digital Ad Placement		Category/Type 	Transaction ID : 1161 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 04 / 2016</div>		
Name of Federal Candidate: <input type="checkbox"/> Support MCGINTY, KATHLEEN, ALANA, , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought 3654783.14			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">34989.34</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </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.

Dion, Mark, ,

[Electronically Filed]

Date

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

11 / 02 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Prosperity for Pennsylvania Inc.	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00565689 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item Revolution Media Group	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2016						
Mailing Address 1020 Princess Street	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7500.00</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table>		City	State	Zip Code	Alexandria	VA	22314
City		State	Zip Code				
Alexandria	VA	22314					
Purpose of Expenditure Digital Ad Placement							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MCGINTY, KATHLEEN, ALANA, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA						
Calendar Year-To-Date Per Election for Office Sought 3654783.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY						
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		City	State	Zip Code			
City		State	Zip Code				
Purpose of Expenditure							
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____						
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;">7500.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2378791.34</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.

Dion, Mark, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 07 / 2016

Signature