

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>AMERICANS FOR TAX REFORM</b>		3. FEC Identification Number <b>C C90011289</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 722 12TH STREET NW 4TH FLOOR		
(c) City, State and ZIP Code WASHINGTON DC 20005		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report

24-Hour Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

/  /

THROUGH

/  /

6. TOTAL CONTRIBUTIONS .....  0.00

7. TOTAL INDEPENDENT EXPENDITURES .....  329572.44

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. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Christopher Butler	<i>Christopher Butler</i>	10/26/2012

*[Electronically Filed]*

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

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 TAX REFORM

Full Name (Last, First, Middle Initial) of Payee Main Street Media Group		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address PO Box 25093		Amount 28710.50 <b>Transaction ID : F57.4701</b>
City Alexandria	State VA	
Zip Code 22313	Purpose of Expenditure Media Buy - TV	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: ALFRED J JR LAWSON		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 541848.22		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services Inc.		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 600 Fairmount Avenue, Ste. 306		Amount 280368.00 <b>Transaction ID : F57.4702</b>
City Towson	State MD	
Zip Code 21286	Purpose of Expenditure Media Buy - TV	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM OWENS		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1125923.94		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Rising Tide Media Group LLC		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 226 South Fayette		Amount 8732.00 <b>Transaction ID : F57.4703</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Expenditure TV Ad Spot Production & e-Shipping	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: ALFRED J JR LAWSON		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 513137.72		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	317810.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee UPGRADE FILMS		Date MM / DD / YYYY 10 / 25 / 2012
Mailing Address 3299 K Street NW, #200		Amount 11761.94 <b>Transaction ID : F57.4704</b>
City Washington	State DC	
Zip Code 20007		
Purpose of Expenditure TV Ad Spot Production	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM OWENS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 845555.94		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 MM / DD / YYYY
Mailing Address		Amount
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) _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	11761.94
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures .....	▶	329572.44
(carry total from last page forward to Line 7)		