

rax Cover Diffeet			
To: FEC	From: Duane Parde		
Company:	Date: 8/22/08		
Fax: 202/219017	Pages, Including Cover:		
Telephone:	0 Fr. 40 9		

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations	<u> </u>
Watronal Taxpayers Union	
(b) Address (number and street)	2. FEC Identification Number
108 N. Alfred Street	
(c) City, State and ZIP Code Alexandria VA ZZ314 (d) Name of Employee of Business (d) Occupation	C30000947
(d) Name of Employer or Principal Place of Business (e) Occupati	on .
3. Is This Statement or 4. Covering Period	8 2 4 2008 through
5. (a) Date of Public Distribution(s) 08 21 2008 (b) Communication	Title Diet
6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified (d) Corporation, Labor Organization or Qualified Nonprofit Corporation making comm (e) Other, specify:	
7. If the filer is an Individual, unincorporated organization or qualified nonprofit were the disbursements made exclusively from donations to a segregated b	
8. Custodian of Records (a) Name Duant Parele	
(b) Address (number and street) 108 N. Alfred 5+.	
(c) City, State and ZIP Code Alexandria, VA 22314	
(d) Name of Employer or Principal Place of Business (e) Occupate National Texpayers Union	fresiden t
9. Total Donations This Statement	, 0.00
10. Total Disbursements/Obligations This Statement	2,49981
Under penalty of perjury, I certify that this statement is true, correct and complete. TYPE OR PRINT NAME OF PERSON COMPLETING FORM DUANTE	de
SIGNATURE DATE DATE	8/22/08

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

FEC FORM 9 (REV. 12/2007)

97%

	f Person(s) Sharing/Exercising Control Iditional pages as necessary)	PAGE Z OF 4
1. Per	son(s) Sharing/Exercising Control	
A.	Duane Parde	
	(b) Address (number and street) 108 N. Alfred St.	
	(c) City. State and ZIP Code Alcrandria VA, 22314	
	(d) Name of Employer or Principal Place of Business National Texpeyers Union	(e) Occupation President
В.	(a) Name Pete Sop	
	108 N. Alfred St.	
	(c) City, State and ZIP Code A lexendria VA 72314 (d) Name of Employer or Principal Place of Business	(e) Occupation
	National Taxy-yers Union	VP, Policy - Commenter
C.	(a) Name David Stanley	
	(b) Address (number and street) 108 N. Alfred St. (c) City, State and ZIP Code	
	Michaeltic, VM CC317	
	(d) Name of Employer or Principal Place of Business Netional Tempayers Union	(e) Occupation Chairman
D.	(a) Name Edward D. Failor, Jr.	
	(b) Address (number and street) 108 N. Alfred Street	
	(c) City, State and ZIP Code Alexandria, VA 72314	
	(d) Name of Employer or Principal Place of Business National Taxayers Union	(e) Occupation Vice Chairman
E.	(a) Name Jeffrey Boeyink (b) Address (number and street)	
	108 N. Aldred Street	
	(c) City. State and ZIP Code AICAMOTO UA 22314 (d) Name of Employer or Principal Place of Business	
	(d) Name of Employer or Principal Place of Business 1 Debug Taken Taken Debug Debug	(a) Occupation Secretary

FE3AN038,PDF

FEC FORM 9 [REV. 12/2007]

SCHEDULE 9-A Donation(s) Received PAGE 3 OF 4

=			
A	Full Name of Donor		Date of Receipt
J			Pare di recordi
			W W / D n / V V V V
- 1	Mailing Address of Donor		
1			Amount
			The second secon
1	City	State Zip	and the second s
			man and the family that the same at
- 1			
В	. Full Name of Donor		
-			Date of Receipt
- 1			TWING A DATE OF TWIND OF
1	Mailing Address of Donor		The second secon
		•	
		and the second s	Amount
ı	City	State Zip	
	J.,,	up up	Control of the Carter
1.			
C	, Full Name of Donor		Data of Receipt
			•
- 1			William / Total / jy v v v v
	Mailing Address of Donor		re the manner of the second of
			Amount
- 1		in the person of the contract	water the contract of the cont
	City	State Zip	j Transfer - Joseph Samiller agitar Optimalisa and acceptation with
			to the first of the granted for the same fig. come the construct for the same to
ĺρ	Full Name of Donor		
			Date of Receipt
			7 " V " V " V " G ' G ' C ' M " M' M'
ı	Mailing Address of Donor		Scales of the second section of the section of th
		,.	Amount
			process of the first to the contract of the co
	City	State Zlp	· ·
		į	in the control of the section of the
]_	, Full Name of Donor		
5	, Full Name of Donor		Date of Receipt
			TMTTAIN A 1 B C B L A V V T V T V T V T V
	Mailing Address of Donor		, ;
1	Melling Address of Donor		i san sa 1 - Maare sa
- [the second of th	Amount
	Sib.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-	City	State Zip	the state of the s
			1
SUBT	OTAL of Donations This Pere I	optional)	0.00
		shows the state of	the manufacture of the transfer of the second
TOTA	I This Baried Heat sees this fire	a number entra	000
IUIA		number cnly)	And the second of the second o
	(carry total from last page to	Line 9)	

FE3AN038,PDF

FEC FORM 9 (REV. 12/2007)

	Obligation(s)		PAGE 4 OF C
Full Name (Last, First, Middle Initial) of Payee Patrick Medic Malling Address of Payee P. O. Box 5 200 W. Jefferson			Date of Disbursement or Obligation
			Amount
Marsh field	State M ?	Zip Code 6 5 70 6	22,499.8
Name of Employer	Occupa		Communication Date
Purpose of Disbursement (including the second of the secon			"radio ad
Name of Federal Candidate	Office Saught;	Senate District: 4- Lac	Disbursement/Obligation For: Primary General
Name of Federal Candidate	Office Saught:	President House State:	Other (spedfy) Disbursement/Obligation For: Primary General
		President Oistrict:	Other (specify)
Name of Federal Candidate	Office Sought:	Senate District: President	Disbursement/Obligation For: Primary General Other (specify)
Full Name (Last, First, Middle Init	dal) of Payee		Date of Disbursement or Obligation
Malling Address of Payee	 .		Amount
City	State	Zip Code	The state of the s
Name of Employer	Occupa	tion	Communication Date
Name of Employer Purpose of Disbursement (Includi			Communication Date
		House State:	Communication Date
Purpose of Disbursement (Includi	og title(s) of communication	House State: Senate	Disbursement/Obligation For: Primary General Other (specify) ▶
Purpose of Diabursement (Including	ng title(s) of communica	House State: Senate	Disbursement/Obligation For: Primary General Other (specify) > Disbursement/Obligation For: Primary General
Purpose of Disbursement (Includi	og title(s) of communication	Ation(s)) House State: President House State: Senate District: President House State: President House State:	Disbursement/Obligation For: Other (specify)
Purpose of Disbursement (Including Name of Federal Candidate Name of Federal Candidate	Office Sought:	Atlon(s)) House State: Senate	Communication Date Disbursement/Obligation For: Primary General Other (specify) ▶ Disbursement/Obligation For: Primary General Other (specify) ▶ Disbursement/Obligation For:
Purpose of Disbursement (Including Name of Federal Candidate Name of Federal Candidate	Office Sought: Office Sought: Office Sought:	Ation(s)) House State: President District: House State: Senate District: President House State: Senate District: President District: President District:	Communication Date

FE3AN038.PDF

FEC FORM 9 (REV. 12/2007)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

FOR INCOMING DOCUMENTS	
The FEC added this page to the end of this filing to indicate ho	w it was received.
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmat	
USPS Express Mail	Postmarked
Postmark illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
The document preceding this page was received by FAX at the FE FAX machine has printed at the bottom of each page the date and phone number of the transmitting machine and the sequential page	time of receipt, the
N/A PREPARER	N/A DATE PREPARED
(5/2004)	