



Fax Cover Sheet

To:

FEC

From:

Duane Parde

Company:

NTU

Date:

8/22/08

Fax:

202/219 0174

Pages, Including Cover:

5

Telephone:

703 683 5700

Re:

Form 9

28039820132

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

National Taxpayers Union

(b) Address (number and street) ☐ check if different than previously reported

108 N. Alfred Street

(c) City, State and ZIP Code

Alexandria, VA 22314

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C30000947

3. Is This Statement☒ New
or☐ Amended**4. Covering Period**08/21/2008
through

08/26/2008

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 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

8. Custodian of Records

(a) Name

Duane Parde

(b) Address (number and street)

108 N. Alfred St.

(c) City, State and ZIP Code

Alexandria, VA 22314

(d) Name of Employer or Principal Place of Business

National Taxpayers Union

(e) Occupation

President

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

22,499.81

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Duane Parde

SIGNATURE

D Parde

DATE

8/22/08

NOTE: Submission of false, erroneous 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)

28039820133

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

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A. (a) Name Duane Parde	
(b) Address (number and street) 108 N. Alfred St.	
(c) City, State and ZIP Code Alexandria VA, 22314	
(d) Name of Employer or Principal Place of Business National Taxpayers Union	(e) Occupation President
B. (a) Name Pete Sepp	
(b) Address (number and street) 108 N. Alfred St.	
(c) City, State and ZIP Code Alexandria, VA 22314	
(d) Name of Employer or Principal Place of Business National Taxpayers Union	(e) Occupation VP, Policy-Communications
C. (a) Name David Stanley	
(b) Address (number and street) 108 N. Alfred St.	
(c) City, State and ZIP Code Alexandria, VA 22314	
(d) Name of Employer or Principal Place of Business National Taxpayers 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 22314	
(d) Name of Employer or Principal Place of Business National Taxpayers Union	(e) Occupation Vice chairman
E. (a) Name Jeffrey Boeyink	
(b) Address (number and street) 108 N. Alfred Street	
(c) City, State and ZIP Code Alexandria, VA 22314	
(d) Name of Employer or Principal Place of Business National Taxpayers Union	(e) Occupation Secretary

28039820134

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City _____ State _____ Zip _____	Date of Receipt MM / DD / YYYY <hr/> Amount <hr/>
B. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City _____ State _____ Zip _____	Date of Receipt MM / DD / YYYY <hr/> Amount <hr/>
C. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City _____ State _____ Zip _____	Date of Receipt MM / DD / YYYY <hr/> Amount <hr/>
D. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City _____ State _____ Zip _____	Date of Receipt MM / DD / YYYY <hr/> Amount <hr/>
E. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City _____ State _____ Zip _____	Date of Receipt MM / DD / YYYY <hr/> Amount <hr/>

SUBTOTAL of Donations This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

0.00

28039820135

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee Patrick Medina		Date of Disbursement or Obligation 08/21/2008	
Mailing Address of Payee P.O. Box 5 200 W. Jefferson		Amount 22,499.81	
City Marshfield	State MO	Zip Code 65706	Communication Date 08/21/2008
Name of Employer		Occupation	
Purpose of Disbursement (Including title(s) of communication(s)) Production/editing and plugging "Diet" radio ad			
Name of Federal Candidate Don Young	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AK District: At-Large	Disbursement/Obligation For: <input checked="" 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: District:	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: District:	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		Date of Disbursement or Obligation	
Mailing Address of Payee		Amount	
City	State	Zip Code	Communication Date
Name of Employer		Occupation	
Purpose of Disbursement (Including title(s) of communication(s))			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	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: District:	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: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional)		22,499.81	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		22,499.81	

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

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N/A
PREPARER

N/A
DATE PREPARED

(5/2004)

28039820137