

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation AMERICANS FOR TAX REFORM		3. FEC Identification Number C C90011289
(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. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report☒ July 15 Quarterly Report☐ 24-Hour Report☐ October 15 Quarterly Report☐ 48-Hour Report☐ January 31 Year-End Reportb) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

MM / DD / YYYY

5. COVERING PERIOD:

FROM

MM / DD / YYYY
04 / 01 / 2016

THROUGH

MM / DD / YYYY
06 / 30 / 2016

6. TOTAL CONTRIBUTIONS.....

4500.00

7. TOTAL INDEPENDENT EXPENDITURES

4500.00

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Christopher Butler

Christopher Butler

07/11/2016

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

SCHEDULE 5-A **ITEMIZED RECEIPTS**

PAGE 2 OF 3

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 FILER (In Full)
AMERICANS FOR TAX REFORM

A. Full Name (Last, First, Middle Initial) Americans For Tax Reform (General Treasury Funds)			Date of Receipt	
Mailing Address 722 12th Street NW 4th Floor			<div>MM / DD / YYYY</div> <div>05 / 02 / 2016</div>	
City Washington	State DC	Zip Code 20005	Transaction ID : F56.4771	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period	
C			4500.00	
Name of Employer			Occupation	

B. Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address			<div>MM / DD / YYYY</div>	
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.			<div>MM / DD / YYYY</div>	
C				
Name of Employer			Occupation	

C. Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address			<div>MM / DD / YYYY</div>	
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.			<div>MM / DD / YYYY</div>	
C				
Name of Employer			Occupation	

D. Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address			<div>MM / DD / YYYY</div>	
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.			<div>MM / DD / YYYY</div>	
C				
Name of Employer			Occupation	

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page carry total to Line 6)	4500.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Capitol Alliances

Date of Public Distribution/Dissemination

MM / DD / YYYY
05 / 02 / 2016

Mailing Address PO Box 100

Amount

City State Zip Code
Clifton VA 20124

4500.00

Transaction ID : F57.4772

Purpose of Expenditure
Live Operator CallsCategory/
Type 004Office Sought: ☒ House State: IN
☐ Senate District: 09
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
GREGORY FRANCIS MR. ZOELLERCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought

4500.00

Disbursement For: ☒ Primary ☐ General
2016
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 4500.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 4500.00
(carry total from last page forward to Line 7)