

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED  
2011 JAN 11 AM 10:32  
FEC MAIL CENTER

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

NATIONAL TAXPAYERS UNION CAMPAIGN FUND

ADDRESS (number and street)

108 NORTH ALFRED STREET



Check if different  
than previously  
reported. (ACC)

ALEXANDRIA

VA

22314-3032

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00298141

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

MM / DD /

MM / DD /

MM / DD /

in the  
State of

MM / DD /

(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD /

MM / DD /

MM / DD /

in the  
State of

MM / DD /

5. Covering Period

MM / DD /

MM / DD /

MM / DD /

through

MM / DD /

MM / DD /

MM / DD /

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

DUANE PARDE

Signature of Treasurer

*[Signature]*

Date

MM / DD /

MM / DD /

MM / DD /

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

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NATIONAL TAXPAYERS UNION CAMPAIGN FUND (C00298141)

Report Covering the Period:

From:

10 / 01 / 2010

To:

11 / 22 / 2010

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1, 2010

2113364

(b) Cash on Hand at  
Beginning of Reporting Period.....

2128762

(c) Total Receipts (from Line 19).....

4956

20354

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

2133718

2133718

7. Total Disbursements (from Line 31).....

123550

123550

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

2010168

2110168

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....



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







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

PAGE 6 OF 30  
 FOR LINE 24 OF FORM 3X


NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE		Date 11/02/2010
Mailing Address G.P.O. Box 5897		Amount 2502
City NEW YORK	State NY	
Zip Code 10087-5897	Purpose of Expenditure PRESS RELEASES	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: KEN BUCK	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District:
Calendar Year-To-Date Per Election for Office Sought 2502	Check One: <input checked="" type="checkbox"/> Support <input 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 PR NEWSWIRE		Date 11/02/2010
Mailing Address GPO Box 5897		Amount 2502
City NEW YORK	State NY	
Zip Code 10087 5897	Purpose of Expenditure PRESS RELEASES	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: MARCO RUBIO	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District:
Calendar Year-To-Date Per Election for Office Sought 2502	Check One: <input checked="" type="checkbox"/> Support <input 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.....	5004
(b) SUBTOTAL of Unitemized Independent Expenditures.....	000
(c) TOTAL Independent Expenditures .....	5004

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.

X   
 Signature

Date 01/10/2011

11030534163

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

PAGE 7 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>	Date <b>11 / 02 / 2010</b>
Mailing Address <b>G.P.O. Box 5897</b>	Amount <b>2502</b>
City State Zip Code <b>NEW YORK NY 10087-5897</b>	

Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NV</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SHARRON ANGLES</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2502</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>	Date <b>11 / 02 / 2010</b>		
Mailing Address <b>GPO Box 5897</b>	Amount <b>2502</b>		
City State Zip Code <b>NEW YORK NY 10087 5897</b>			
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>PA</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PAT TOOMEY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2502</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5004</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>000</b>
(c) TOTAL Independent Expenditures .....	<b>5004</b>

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.

**X D. R. K.** Date **01 / 10 / 2011**  
 Signature

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

PAGE 8 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE		Date 11/02/2010
Mailing Address G.P.O. Box 5897		Amount 2502
City NEW YORK	State NY	
Zip Code 10087-5897		
Purpose of Expenditure PRESS RELEASES	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RON JOHNSON		State: WI District:
Calendar Year-To-Date Per Election for Office Sought 2502		Check One: <input checked="" type="checkbox"/> Support <input 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 PR NEWSWIRE		Date 11/02/2010
Mailing Address GPO Box 5897		Amount 2502
City NEW YORK	State NY	
Zip Code 10087 5897		
Purpose of Expenditure PRESS RELEASES	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CORY GARDNER		State: CO District: 04
Calendar Year-To-Date Per Election for Office Sought 2502		Check One: <input checked="" type="checkbox"/> Support <input 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 .....	5004
(b) SUBTOTAL of Unitemized Independent Expenditures .....	000
(c) TOTAL Independent Expenditures .....	5004

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.

Signature: *[Signature]* Date: 01/10/2011



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

PAGE **9** OF **30**  
 FOR LINE 24 OF FORM 3X


NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 02 / 2010</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>25.02</b>
City <b>NEW YORK</b>	State <b>NY</b> Zip Code <b>10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>08</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DANIEL WEBSTER</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>25.02</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 02 / 2010</b>
Mailing Address <b>GPO Box 5897</b>		Amount <b>25.02</b>
City <b>NEW YORK</b>	State <b>NY</b> Zip Code <b>10087 5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>24</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SANDY ADAMS</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>25.02</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>50.04</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<b>0.00</b>
(c) TOTAL Independent Expenditures.....	<b>50.04</b>

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.

  
 Signature

Date **01 / 10 / 2011**

11030534166

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

PAGE 10 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE		Date 11 / 02 / 2010
Mailing Address G.P.O. Box 5897		Amount 2502
City NEW YORK	State NY	
Zip Code 10087-5897	Purpose of Expenditure PRESS RELEASES	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: BRAD ZAUN		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03
Calendar Year-To-Date Per Election for Office Sought 2502		Check One: <input checked="" type="checkbox"/> Support <input 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 PR NEWSWIRE		Date 11 / 02 / 2010
Mailing Address GPO Box 5897		Amount 2502
City NEW YORK	State NY	
Zip Code 10087 5897	Purpose of Expenditure PRESS RELEASES	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: ANDY HARRIS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01
Calendar Year-To-Date Per Election for Office Sought 2502		Check One: <input checked="" type="checkbox"/> Support <input 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 .....	5004
(b) SUBTOTAL of Unitemized Independent Expenditures .....	000
(c) TOTAL Independent Expenditures .....	5004

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.

X D - Pole  
 Signature

Date 01 / 10 / 2011

11030534167

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

PAGE 11 OF 30  
FOR LINE 24 OF FORM 3X


NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>		FEC IDENTIFICATION NUMBER <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 02 / 2010</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>25.02</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <b></b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MT</b> District: <b>03</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JUSTIN AMASH</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>25.02</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b></b>

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 02 / 2010</b>
Mailing Address <b>GPO Box 5897</b>		Amount <b>25.02</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087 5897</b>
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <b></b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MO</b> District: <b>03</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>ED MARTIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>25.02</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b></b>

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>50.04</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>50.04</b>

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.

  
Signature

Date **01 / 10 / 2011**

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

PAGE 12 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE			Date 11 / 02 / 2010	
Mailing Address G.P.O. Box 5897			Amount 25.02	
City NEW YORK	State NY	Zip Code 10087-5897		
Purpose of Expenditure PRESS RELEASES		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	
Name of Federal Candidate Supported or Opposed by Expenditure: STEVE CHABOT			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 25.02			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE			Date 11 / 02 / 2010	
Mailing Address GPO Box 5897			Amount 25.02	
City NEW YORK	State NY	Zip Code 10087 5897		
Purpose of Expenditure PRESS RELEASES		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 25.02			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures .....	50.04
(b) SUBTOTAL of Unitemized Independent Expenditures .....	0.00
(c) TOTAL Independent Expenditures .....	50.04

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.

x D. P. Cle  
 Signature

Date 01 / 10 / 2011

11030534169

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

PAGE 13 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER ▼ C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE		Date 11 / 02 / 2010
Mailing Address G.P.O. Box 5897		Amount 2502
City NEW YORK	State NY	
Zip Code 10087-5897		
Purpose of Expenditure PRESS RELEASES	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: SIM RENACCI		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2502		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE		Date 11 / 02 / 2010
Mailing Address GPO Box 5897		Amount 2502
City NEW YORK	State NY	
Zip Code 10087 5897		
Purpose of Expenditure PRESS RELEASES	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT BRUUN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2502		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	5004
(b) SUBTOTAL of Unitemized Independent Expenditures .....	000
(c) TOTAL Independent Expenditures .....	5004

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.

  
 Signature

Date 01 / 10 / 2011

11030534170

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

PAGE 14 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER ▼ C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE		Date 11 / 02 / 2010
Mailing Address G.P.O. Box 5897		Amount 2502
City NEW YORK	State NY	
Zip Code 10087-5897		
Purpose of Expenditure PRESS RELEASES	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17
Name of Federal Candidate Supported or Opposed by Expenditure: BILL FLORES		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2502		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE		Date 11 / 02 / 2010
Mailing Address GPO Box 5897		Amount 2502
City NEW YORK	State NY	
Zip Code 10087 5897		
Purpose of Expenditure PRESS RELEASES	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23
Name of Federal Candidate Supported or Opposed by Expenditure: RUIGO CANSECO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2502		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	5004
(b) SUBTOTAL of Unitemized Independent Expenditures .....	000
(c) TOTAL Independent Expenditures .....	5004

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.

Signature: [Signature] Date: 01 / 10 / 2011

11030534171

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

PAGE 15 OF 30  
 FOR LINE 24 OF FORM 3X

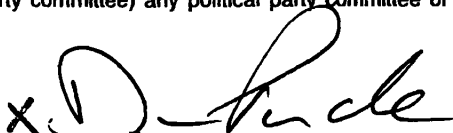
NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER ▼ C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE		Date 11 / 02 / 2010
Mailing Address G.P.O. Box 5897		Amount 25.07
City NEW YORK	State NY	
Zip Code 10087-5897		
Purpose of Expenditure PRESS RELEASES	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH FIMIAN		State: VA District: 11
Calendar Year-To-Date Per Election for Office Sought 25.07		Check One: <input checked="" type="checkbox"/> Support <input 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 PR NEWSWIRE		Date 11 / 02 / 2010
Mailing Address GPO Box 5897		Amount 25.07
City NEW YORK	State NY	
Zip Code 10087 5897		
Purpose of Expenditure PRESS RELEASES	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SEAN DUFFY		State: WI District: 07
Calendar Year-To-Date Per Election for Office Sought 25.07		Check One: <input checked="" type="checkbox"/> Support <input 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 .....	50.04
(b) SUBTOTAL of Unitemized Independent Expenditures .....	0.00
(c) TOTAL Independent Expenditures .....	50.04

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.

X   
 Signature

Date 01 / 10 / 2011

11030534172

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

PAGE 16 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE		Date 11/03/2010
Mailing Address G.P.O. Box 5897		Amount 154.00
City NEW YORK	State NY	
Purpose of Expenditure PRESS RELEASES	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SHARON ANGLE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 179.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE		Date 11/03/2010
Mailing Address GPO Box 5897		Amount 154.00
City NEW YORK	State NY	
Purpose of Expenditure PRESS RELEASES	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: RON JOHNSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 179.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	308.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	0.00
(c) TOTAL Independent Expenditures .....	308.00

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: [Signature] Date: 01/10/2011

11030534173



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

PAGE 17 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER ▼ C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE	Date 11/03/2010
Mailing Address G.P.O. Box 5897	Amount 15400
City NEW YORK	
State NY	Zip Code 10087-5897

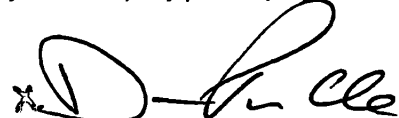
Purpose of Expenditure PRESS RELEASES	Category/Type <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: PAT TOOMEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 17902		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE	Date 11/05/2010
Mailing Address GPO Box 5897	Amount 15400
City NEW YORK	
State NY	Zip Code 10087 5897

Purpose of Expenditure PRESS RELEASES	Category/Type <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MARCO RUBIO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 17902		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	30800
(b) SUBTOTAL of Unitemized Independent Expenditures .....	000
(c) TOTAL Independent Expenditures .....	30800

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.

  
 Signature

Date 01/10/2011

11030534174

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

PAGE 18 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE	Date 11 / 10 / 2010
Mailing Address G.P.O. Box 5897	Amount 457
City NEW YORK	
State NY	Zip Code 10087-5897

Purpose of Expenditure PRESS RELEASES	Category/Type <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OK District:
Name of Federal Candidate Supported or Opposed by Expenditure: TOM COBURN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 457		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE	Date 11 / 10 / 2010
Mailing Address GPO Box 5897	Amount 457
City NEW YORK	
State NY	Zip Code 10087 5897

Purpose of Expenditure PRESS RELEASES	Category/Type <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: SC District:
Name of Federal Candidate Supported or Opposed by Expenditure: JIM DEWINT		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 457		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures .....	914
(b) SUBTOTAL of Unitemized Independent Expenditures .....	000
(c) TOTAL Independent Expenditures .....	914

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.

*[Signature]*  
 Signature

Date 01 / 10 / 2011

11030534175

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

PAGE 19 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER ▼ C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE	Date 11 / 10 / 2010
Mailing Address G.P.O. Box 5897	Amount 457
City NEW YORK	
State NY	Zip Code 10087-5897


Purpose of Expenditure PRESS RELEASES	Category/Type <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: A2 District:
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN MCCAIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 457		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE	Date 11 / 10 / 2010
Mailing Address GPO Box 5897	Amount 457
City NEW YORK	
State NY	Zip Code 10087 5897

Purpose of Expenditure PRESS RELEASES	Category/Type <input type="checkbox"/>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 2
Name of Federal Candidate Supported or Opposed by Expenditure: TODD Akin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 457		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures .....	914
(b) SUBTOTAL of Unitemized Independent Expenditures .....	000
(c) TOTAL Independent Expenditures .....	914

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.

  
 Signature

Date 01 / 10 / 2011

11030534176

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

PAGE 20 OF 30  
 FOR LINE 24 OF FORM 3X

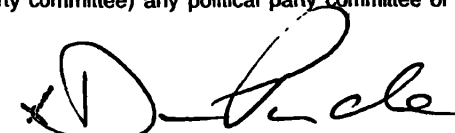
NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER ▼ C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE			Date 11 / 10 / 2010	
Mailing Address G.P.O. Box 5897			Amount 457	
City NEW YORK	State NY	Zip Code 10087-5897		
Purpose of Expenditure PRESS RELEASES		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 7	
Name of Federal Candidate Supported or Opposed by Expenditure: MARSHA BLACKBURN			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 457			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE			Date 11 / 10 / 2010	
Mailing Address GPO Box 5897			Amount 457	
City NEW YORK	State NY	Zip Code 10087 5897		
Purpose of Expenditure PRESS RELEASES		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	
Name of Federal Candidate Supported or Opposed by Expenditure: PAUL BROWN			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 457			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	914
(b) SUBTOTAL of Unitemized Independent Expenditures.....	000
(c) TOTAL Independent Expenditures .....	914

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.

  
 Signature

Date 01 / 10 / 2011

11030534177

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

PAGE 21 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER ▼ C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE		Date 11 / 10 / 2010
Mailing Address G.P.O. Box 5897		Amount 457
City NEW YORK	State NY	
Zip Code 10087-5897	Purpose of Expenditure PRESS RELEASES	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Category/Type	Name of Federal Candidate Supported or Opposed by Expenditure: JASON CHAFFETZ	State: UT District: 3
Calendar Year-To-Date Per Election for Office Sought 457	Check One: <input checked="" type="checkbox"/> Support <input 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 PR NEWSWIRE		Date 11 / 10 / 2010
Mailing Address GPO Box 5897		Amount 457
City NEW YORK	State NY	
Zip Code 10087 5897	Purpose of Expenditure PRESS RELEASES	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Category/Type	Name of Federal Candidate Supported or Opposed by Expenditure: JEFF FLAKE	State: AZ District: 6
Calendar Year-To-Date Per Election for Office Sought 457	Check One: <input checked="" type="checkbox"/> Support <input 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 .....	914
(b) SUBTOTAL of Unitemized Independent Expenditures .....	000
(c) TOTAL Independent Expenditures .....	914

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.

x   
 Signature

Date 01 / 10 / 2011

11030534178

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

PAGE 22 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER ▼ C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE	Date 11 / 10 / 2010
Mailing Address G.P.O. Box 5897	Amount 457
City NEW YORK	
State NY	Zip Code 10087-5897

Purpose of Expenditure PRESS RELEASES	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 5
Name of Federal Candidate Supported or Opposed by Expenditure: VIRGINIA FOXX		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE	Date 11 / 10 / 2010
Mailing Address GPO Box 5897	Amount 457
City NEW YORK	
State NY	Zip Code 10087 5897

Purpose of Expenditure PRESS RELEASES	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 2
Name of Federal Candidate Supported or Opposed by Expenditure: TARM- FRANKS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	914
(b) SUBTOTAL of Unitemized Independent Expenditures .....	000
(c) TOTAL Independent Expenditures .....	914

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.

x D. R. Cole  
 Signature

Date 01 / 10 / 2011

11030534179

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

PAGE 23 OF 30  
 FOR LINE 24 OF FORM 3X

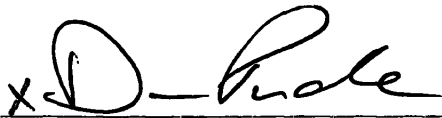
NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE			Date 11 / 10 / 2010	
Mailing Address G.P.O. Box 5897				
City NEW YORK	State NY	Zip Code 10087-5897	Amount 457	
Purpose of Expenditure PRESS RELEASES		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 5	
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT GARRETT			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 457			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE			Date 11 / 10 / 2010	
Mailing Address GPO Box 5897				
City NEW YORK	State NY	Zip Code 10087 5897	Amount 457	
Purpose of Expenditure PRESS RELEASES		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 5	
Name of Federal Candidate Supported or Opposed by Expenditure: JEB HENSARLING			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 457			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures .....	914
(b) SUBTOTAL of Unitemized Independent Expenditures .....	000
(c) TOTAL Independent Expenditures .....	914

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.

  
 Signature

Date 01 / 10 / 2011

11030534180

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

PAGE 24 OF 30  
 FOR LINE 24 OF FORM 3X


NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE			Date 11 / 10 / 2010
Mailing Address G.P.O. Box 5897			Amount 457
City NEW YORK	State NY	Zip Code 10087-5897	
Purpose of Expenditure PRESS RELEASES	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 3
Name of Federal Candidate Supported or Opposed by Expenditure: SAM JOHNSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 457		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE			Date 11 / 10 / 2010
Mailing Address GPO Box 5897			Amount 457
City NEW YORK	State NY	Zip Code 10087 5897	
Purpose of Expenditure PRESS RELEASES	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 4
Name of Federal Candidate Supported or Opposed by Expenditure: JIM JORDAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 457		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	914
(b) SUBTOTAL of Unitemized Independent Expenditures.....	000
(c) TOTAL Independent Expenditures.....	914

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.

  
 Signature

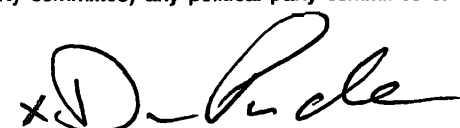
Date 01 / 10 / 2011

11030534181



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

PAGE 25 OF 30  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>		FEC IDENTIFICATION NUMBER <b>C00298141</b>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 10 / 2010</b>	
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>457</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IA</b> District: <b>5</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>STEVE KING</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;"><b>457</b></div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 10 / 2010</b>	
Mailing Address <b>GPO Box 5897</b>		Amount <b>457</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087 5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CO</b> District: <b>5</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DOUG LAMBORN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;"><b>457</b></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; width: 150px; height: 20px; text-align: center;"><b>914</b></div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;"><b>000</b></div>	
(c) TOTAL Independent Expenditures.....		<div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;"><b>914</b></div>	
<p>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.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">               Signature         </div> <div style="text-align: center;">             Date <b>01 / 10 / 2011</b> </div> </div>			

11030534182

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

PAGE 26 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER ▼ C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE		Date 11 / 10 / 2010
Mailing Address G.P.O. Box 5897		Amount 457
City NEW YORK	State NY	
Zip Code 10087-5897		
Purpose of Expenditure PRESS RELEASES	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 1
Name of Federal Candidate Supported or Opposed by Expenditure: CYNTHIA LUMMIS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 457		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE		Date 11 / 10 / 2010
Mailing Address GPO Box 5897		Amount 457
City NEW YORK	State NY	
Zip Code 10087 5897		
Purpose of Expenditure PRESS RELEASES	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 4
Name of Federal Candidate Supported or Opposed by Expenditure: TOM McCLINTOCK		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 457		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	914
(b) SUBTOTAL of Unitemized Independent Expenditures .....	000
(c) TOTAL Independent Expenditures .....	914

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.

X D. Rude  
 Signature

Date 01 / 10 / 2011

11030534183

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

PAGE 27 OF 30  
 FOR LINE 24 OF FORM 3X

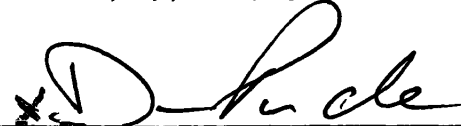
NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE		Date 11 / 10 / 2010
Mailing Address G.P.O. Box 5897		Amount 457
City NEW YORK	State NY	
Zip Code 10087-5897		
Purpose of Expenditure PRESS RELEASES	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK McHENRY		State: NC District: 10
Calendar Year-To-Date Per Election for Office Sought 457		Check One: <input checked="" type="checkbox"/> Support <input 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 PR NEWSWIRE		Date 11 / 10 / 2010
Mailing Address GPO Box 5897		Amount 457
City NEW YORK	State NY	
Zip Code 10087 5897		
Purpose of Expenditure PRESS RELEASES	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JEFF MILLER		State: FL District: 1
Calendar Year-To-Date Per Election for Office Sought 457		Check One: <input checked="" type="checkbox"/> Support <input 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 .....	914
(b) SUBTOTAL of Unitemized Independent Expenditures .....	000
(c) TOTAL Independent Expenditures .....	914

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.

  
 Signature

Date 01 / 10 / 2011

11030534184

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

PAGE 28 OF 30  
 FOR LINE 24 OF FORM 3X

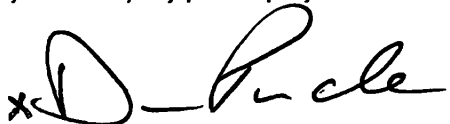
NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE			Date 11/10/2010	
Mailing Address G.P.O. Box 5897			Amount 457	
City NEW YORK	State NY	Zip Code 10087-5897		
Purpose of Expenditure PRESS RELEASES		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 14	
Name of Federal Candidate Supported or Opposed by Expenditure: RON PAUL			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 457			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE			Date 11/10/2010	
Mailing Address GPO Box 5897			Amount 457	
City NEW YORK	State NY	Zip Code 10087 5897		
Purpose of Expenditure PRESS RELEASES		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 6	
Name of Federal Candidate Supported or Opposed by Expenditure: MIKE PENCE			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 457			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	914
(b) SUBTOTAL of Unitemized Independent Expenditures.....	00
(c) TOTAL Independent Expenditures .....	914

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.

  
 Signature

Date 01/10/2011

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

PAGE 29 OF 30  
 FOR LINE 24 OF FORM 3X


NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER ▼ C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE			Date 11 / 10 / 2010	
Mailing Address G.P.O. Box 5897			Amount 457	
City NEW YORK	State NY	Zip Code 10087-5897		
Purpose of Expenditure PRESS RELEASES		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 6	
Name of Federal Candidate Supported or Opposed by Expenditure: TOM PRICE			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 457			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE			Date 11 / 10 / 2010	
Mailing Address GPO Box 5897			Amount 457	
City NEW YORK	State NY	Zip Code 10087 5897		
Purpose of Expenditure PRESS RELEASES		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	
Name of Federal Candidate Supported or Opposed by Expenditure: ED ROYCE			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 457			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures .....	914
(b) SUBTOTAL of Unitemized Independent Expenditures .....	000
(c) TOTAL Independent Expenditures .....	914

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.

  
 Signature

Date 01 / 10 / 2011

11030534186

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

PAGE 30 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND	FEC IDENTIFICATION NUMBER C00298141
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE			Date 11 / 10 / 2010	
Mailing Address G.P.O. Box 5897			Amount 466	
City NEW YORK	State NY	Zip Code 10087-5897		
Purpose of Expenditure PRESS RELEASES		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 5	
Name of Federal Candidate Supported or Opposed by Expenditure: SIM SENSENBRENNER			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 466			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE			Date 11 / 10 / 2010	
Mailing Address GPO Box 5897			Amount 466	
City NEW YORK	State NY	Zip Code 10087 5897		
Purpose of Expenditure PRESS RELEASES		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 3	
Name of Federal Candidate Supported or Opposed by Expenditure: LYNN WESTMORELAND			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 466			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures .....	932
(b) SUBTOTAL of Unitemized Independent Expenditures .....	000
(c) TOTAL Independent Expenditures .....	932

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.

  
 Signature

Date 01 / 10 / 2011

11030534187

Federal Election Commission  
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The FEC added this page to the end of this filing to indicate how it was received.

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PREPARER  
(3/2005)

*1/11/11*  
DATE PREPARED

11030534188