030534158

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

FEC FORM 3X

Rev. 12/2004

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If ty er the lines.		12FE	1M5		
. Ц	DRESS (number and street)	A & P Ay F R					<u> </u>	1 1	
2.	Check if different than previously reported. (ACC)	L.L.E.XA.A.I.I	DIA LA			VA STATE ▲		1,44-	3,0,3,2 E▲
	C002981	4,1	3. IS THIS		NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reperts: April 15 Quarterly Report (Counterly Report (Counterly Report (Counterly Report (Counterly Report (Counterly Report (Counterly Report (Non-election (Non-electi	(C) 12-Day PRE-Elect Report for (33) (C) (C) (C) (C) (C) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	Election on		(12C)	Gene	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Oral (12G) ial (12S) ff (30R)	in the State of	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S)
5.	Covering Period	0 6 1 2	0.10	through	THE STATE OF THE S	2.2	2.0	~ · · · ·	
Тур	ertify that I have examined the or Print Name of Treasure nature of Treasurer	•		_					2011

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

FE7AN014

Office

Use

Only

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SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	 Page 2
Write or Type Committee Name		
NATIONAL TAXPAYERS	UNION CAMPAILM FUND	(C00298141)
Report Covering the Period: From:	0 61 2010	o: [1] '22 '20'10
	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	2.1_2.87_6.2	
(c) Total Receipts (from Line 19)	4.9.5.6	2.0.3.54
(d) Subtotal (add Lines 6(b) and 6(c) for Celumn A and Lines 6(a) and 6(c) for Column B)	2.1.3.3.7.1.8	2133718
7. Total Disbursements (from Line 31)	123550	123550
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 multi-	candidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 809-424-9530 Local 202-694-1100	

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DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Time Committee Name					
Write or Type Committee Name NASTONAL TAXPAYERS UNION CAMPAGE FUND (COOLGB141)					
Report Covering the Period: From: 10 01 2010 To: 11 22 2010					
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
11.	Contributions (other than !oans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)				
	11(a)(lii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees				
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)				
17.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	4956	20354		
10.	(a) Non-Federal Account (from Schedule H3)				
	(b) Levin Funds (from Schedule H5)				
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	4956	20354		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	4956	20354		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 COLUMN A COLUMN B II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees..... Independent Expenditures 25. 26. Loan Repayments Made..... Loans Made......Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).......... ▶ 29. Other Disbursements 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Pald Entirely With Federal Funds (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... ▶ 31. Total Disbursements (add Lines 21(c), 22, 23550 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 **COLUMN A COLUMN B** III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36)

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 6 OF 30
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPAXERS UNION CAMPAIGH FU	C00298141
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
PR Newswire	
Mailing Address	heldered business brooksestaardeess
G. P.O. Bo x 5897	Amount
City State Zip Code NEW YORK Ny 10087-5897	2502
Purpose of Expenditure Category/	Office Sought: House State: Co
PRESS RELEASES Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
KEH BUCK	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	171 62 2010
Mailing Address	
GPO BOX 5897	Amount
City State Zip Code	2502
NEW YORK NY 10087 589	7 Instanted the desired the stands
Purpose of Expenditure Category/	Office Sought: House State:
PRESS RELEASES Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MARCO RUBIO	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
·	
(a) SUBTOTAL of Itemized Independent Expenditures	5004
(b) SUBTOTAL of Uniternized Independent Expenditures	000
	รายการเกิดการเราในการเกิดการเกิดเคราะวิจากการใจการเราในการเกิดการเกิดการเกิดการเกิดการเกิดการเกิดการเกิดการเกิ
(c) TOTAL Independent Expenditures	5004
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent or	
party committee) any political party committee or its agent.	enticl, of the reporting entity is not a political
	•
1 vel	Supplies of the Supplies of th
	= w = M = / U D W D = / E V V Y Y Y T V T
Signature	0111012011

TEMIZED INDEPENDENT EXPENDITURES	PAGE 7 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (in Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPAXERS UNION CAMPAIGH FU	COO298141
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	111/62/2016
Mailing Address	howhered bendered bendered
G. P.O. Box 5897	Amount
City State Zip Code NEW YORK Ny 10087-5897	2502
Dumper of Synonditure	
PRESS RELEASES Category/ Type	Office Sought: House State: NV Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
SHARRON ANGLE	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	111 02 2010
Mailing Address	
GPO BOX 5897	Amount
City State Zip Code NEW YORK NY 10087 589	2502
Dumana of Europaditura	
Purpose of Experimental Category/ Type Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
PAT Toomey	Check One: Support Oppose
Colondar Voor-To Date Par Flortion	Disbursement For: Primary General
for Office Sought 2,5,0,2	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	5004
(b) SUBTOTAL of Uniternized Independent Expenditures	000
(c) TOTAL Independent Expenditures	5 2 2 4
(c) TOTAL Independent Experience	J C C L
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 o party committee) any political party committee or its agent.	f either, or (if the reporting entity is not a political
party committee of the agent	
X D - N - OC Date	01/10/2011
Signature	homotocool boundaries beautiful and boundaries beautiful and beautiful a

TEMIZED INDEPENDENT EXPENDITURES	PAGE & OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPAXERS UNION CAMPAIGN FUR	10 COO298141
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
PR Newswire	11/02/2010
Mailing Address G. P.O. Bo x 5897	
	Amount
City State Zip Code NEW YORK Ny 10087-5897	2502
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sought: House State: WI Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
RON युक्तमत्वम	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	111/02/2018
Mailing Address GPO Box 5897	Amount
City State Zip Code	2502
NEW YORK NY 10087 589	the second secon
Purpose of Expenditure Category/ Type	Office Sought: House State: Co Senate District: O4
	President
Name of Federal Candidate Supported or Opposed by Expenditure:	
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
CORY GARONER Calendar Year-To-Date Per Election	Check One: Support Oppose Disbursement For: Primary General
CORY GARONER Calendar Year-To-Date Per Election for Office Sought A. 2.5.0.2	Check One: Support Oppose Disbursement For: Primary General Other (specify)
CORY GARONER Calendar Year-To-Date Per Election for Office Sought	Check One: Support Oppose Disbursement For: Primary General Other (specify)
CORY GARONER Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Check One: Support Oppose Disbursement For: Primary General Other (specify)
Cory GARONER Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Check One: Support Oppose Disbursement For: Primary General Other (specify) 5004 to made in cooperation, consultation, or concert
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Check One: Support Oppose Disbursement For: Primary General Other (specify) 5004 to made in cooperation, consultation, or concert

SCHEDULE E (FEC Form 3X)	•
ITEMIZED INDEPENDENT EXPENDITURES	PAGE 9 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATION OF THE BASE CONTRACT OF CONTRACT	Service and servic
Check if 24-hour notice 48-hour notice	CO.O.2.9.8.14.1
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	71 02 2310
Mailing Address G. P.O. Bo × 5897	Amount
City State Zip Code	
NEW YORK NY 10087-5897	
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sought: House State: FL Senate District: Office
Name of Federal Candidate Supported or Opposed by Expenditure:	President
DANIEL WEBTER	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle mitial) of Payee	Date
PR NEWSWIRE	
Mailing Address GPO Box 5897	Amount
City State Zip Code	Amendian side of the configuration of the configura
NEW YORK NY 10087 589	7 25 02
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sought: House State: FL Senate District: 24
Name of Federal Candidate Supported or Opposed by Expenditure:	President
SANDY ADAMS	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	5004
(b) SUBTOTAL of Unitemized Independent Expenditures	→ 0 0 0 0
(c) TOTAL Independent Expenditures	> 500H
Under penalty of perjury I certify that the independent expenditures reported herein were rewith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
X Lucle Signature Date	01/10/2011

EMIZED INDEPENDENT EXPENDITURES	PAGE 10 OF 30 FOR LINE 24 OF FORM 3X
NATOR AL TARRES UNION CAMPAIGN FU. Check if 24-hour notice 48-hour notice	FEC IDENTIFICATION NUMBER V
Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE Mailing Address G. P.O. Bo x 5897	Date
City State Zip Code NEW YORK Ny 10087-5897	75.02
Purpose of Experiation PRESS RELEASES Name of Federal Candidate Supported or Opposed by Expenditure: BRAD ZAUN	Senate District: 03 President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee PR Newswire Mailing Address GPD Box 5897 City State Zip Code	Date (2010) Amount
Purpose of Expenditure PRESS RELEASES Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: House State: MD Senate District: O 1 Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	5004
(b) SUBTOTAL of Uniternized Independent Expenditures	> 000 500
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	
XI Pele Date	0.11 10 2011

SCHEDULE E (FEC Form 3X)	•
ITEMIZED INDEPENDENT EXPENDITURES	PAGE 11 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPARERS UNION CAMPAIGN FU	
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE	Date
Mailing Address G. P.O. Bo × 5897	11 02 2010
	Amount
City State Zip Code NEW YORK Ny 10087-5897	
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: 03
Name of Federal Candidate Supported of Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	111/02/2010
Mailing Address GPO Box 5897	Amount
City State Zip Code	
NEW YORK NY 10087 589	
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sought: House State: Mo Senate District: 03
Name of Federal Candidate Supported or Opposed by Expenditure:	President
ED WARTIN	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	5004
(b) SUBTOTAL of Uniternized Independent Expenditures	· >
(c) TOTAL Independent Expenditures	5004
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
La Ficle Date	01/10/2011
Signature	Little Line Line Line Line Line Line Line Lin

EMIZED INDEPENDENT EXPENDITURES	PAGE 12 OF 30 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TANTAGERS UNION CAMPAIGN FU	COO.2.9.8.141
Check if 24-hour notice 48-hour notice Full Name (Last, First, Middle Initial) of Payee	Date
PR Newswire	02/2010
Mailing Address G. P.O. Bo × 5897	Amount
City State Zip Code	2 5 6 2
NEW YORK Ny 10087-5897	in the short make the short make the short
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sought: House State: OH Senate District: 01
Name of Federal Candidate Supported or Opposed by Expenditure:	President
STEVE CHABOT	
Calendar Year-To-Date Per Election for Office Sought 25,02	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Miedle Initial) of Payee	Date
PR NEWSWIRE	M.M. / D.D. / AAAAAA
Mailing Address GPO Box 5897	Amount
City State Zip Code NEW YORK NY 10087 589	7 25.02
Purpose of Expenditure Category/	Office Sought: X House State: NV
PRESS RELEASES Type	Senate District: 63
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Sol HECK	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	5004
	according to the same and the s
(b) SUBTOTAL of Uniternized Independent Expenditures	000
(c) TOTAL Independent Expenditures	5004
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
*D-P-cle	01/10/2011
Signature	

CHEDULE E (FEC Form 3X)	•
EMIZED INDEPENDENT EXPENDITURES	PAGE 13 OF 30 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)	
	FEC IDENTIFICATION NUMBER V
NATIONAL TAXPAXERS UNION CAMPAIGH FUND	CO.O.2.9.8.1.4.1
Check if 24-hour notice 48-hour notice Full Name (Last, First, Middle Initial) of Payee	I Bata
	Date
PR NEWSWIRE Mailing Address	11/02/2010
Mailing Address G. P.O. Bo × 5897	Amount
<u> </u>	
City State Zip Code NEW YORK Ny 10087-5897	2502
<u></u>	ffice Sought: House State: OH
PRESS RELEASES Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
JIM RENACCI	heck One: Support Oppose
	sbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	11 02 2010
Mailing Address	
GPO Box 5897	Amount
City State Zip Code	25 02
NEW YORK NY 10087 5897	
Purpose of Expenditure Category/ Type	ffice Sought: House State: OR Senate District: OF
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	heck One: Support Oppose
SCOTT BRUUN	
	isbursement For: Primary General
for Office Sought 4 2 5 02	Other (specify)
	bendered med some home describerations de
(a) SUBTOTAL of Itemized Independent Expenditures	5004
(1) CURTOTAL of Helbert and Indonesia of Consultane	
(b) SUBTOTAL of Uniternized Independent Expenditures	
(a) TOTAL Independent Evenenditures	
(c) TOTAL Independent Expenditures	5004
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Signature Date	0.11 10 2011

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 14 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPOXERS UNION CAMPAIGN FU	And the second of the second o
Check if 24-hour notice 48-hour notice Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address G. P.O. Bo × 5897	Amount
City State Zip Code	
NEW YORK Ny 10087-5897	2502
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sought: House State: 7x Senate District: 17
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
B, 11 FLORES	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Laet, First, Middle Initial) of Payee	Date
PR NEWSWIRE	11/02/2010
Mailing Address GPO Box 5897	Amount
City NEW YORK NY 10087 589	1
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sought: House State: Tx Senate District: 23
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
QUICO CANSECO	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	5004
(-)	
(b) SUBTOTAL of Uniternized Independent Expenditures	000
(c) TOTAL Independent Expenditures	5004
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·

Date 01 10 2011

SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE 15 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPOXERS UNION CAMPAIGH FU	
Check if 24-hour notice 48-hour notice	CO.0.298141
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	11 02 2010
Mailing Address G. P.O. Bo × 5897	Amount
City State Zip Code	hannikan korakamin palamin naphanika salamahan
NEW YORK NY 10087-5897	25.07
Purpose of Expenditure Category/ Type	Office Sought: House State: VA Senate District: 1
Name of Federal Candidate Supported or Opposed by Expenditure:	President
KEITH FIMIAN	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	
PR Newswire	Date
Mailing Address	11 02 , 2010
GPO BOX 5897	Amount
City NEW YORK NY 10087 589	2507
Purpose of Evrenditure	Office Sought: House State: WT
PRESS RELEASES Category/ Type	Senate District: 07
Name of Federal Candidate Supported or Opposed by Expenditure:	President
SEAH PUFFY	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 25,07	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	5094
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	50 \$4
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
X Vicle Date	0.11/10/2011

SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE 16 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER Y
NATIONAL TAXPAXERS UNION CAMPAIGN FU	
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	03 2010
Mailing Address G. P.O. Bo × 5897	Amount
City State Zip Code	
NEW YORK NY 10087-5897	15400
Purpose of Expenditure Category/	Office Sought: House State: NV
PRESS RELEASES Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
SHARRON ANGLE	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	03/2010
Mailing Address	LI [03] [2018]
GPO Box 5897	Amount
City State Zip Code NEW YORK NY 10087 589	7 15400
Purpose of Evpanditure	Office Sought: House State: WI
PRESS RELEASES Category/ Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Ron Sompson	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
TOT Office Sought	Other (specify)
	Proposition of the second seco
(a) SUBTOTAL of Itemized Independent Expenditures	30800
(b) SUBTOTAL of Uniternized Independent Expenditures	000
(a) TOTAL Independent Eveneditures	- Company of the second
(c) TOTAL Independent Expenditures	30800
Under penalty of perjury I certify that the independent expenditures reported herein were	
with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	enurier, or (in the reporting entity is not a political
Date	0,1 10 20,11
Signature	handson Landson handson handson

SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE (7 OF 3 O FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TANGALERS UNION CAMPAIGN FU	COO298,141
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee PR NEWSWIRE	Date
Mailing Address G. P.O. Bo x 5897	Amount 6.3 2515
City State Zip Code	
NEW YORK Ny 10087-5897	15400
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sought: House State: A
Name of Federal Candidate Supported or Opposed by Expenditure:	President
PAT TOOMEY	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	111 05 2010
Mailing Address GPO Box 5897	Amount
City State Zip Code	
NEW YORK NY 10087 589	
Purpose of Expenditure Category/ Type	Office Sought: House State: FL Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MARCO RUBIO	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	30800
(b) SUBTOTAL of Unitermized Independent Expenditures	000
(c) TOTAL Independent Expenditures	30200
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Date Date	0.1 10 2011
Signature	terrestarrent terrestarrent terrestarrenterent

SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE 18 OF 30
Lives of consumer (L. C. II)	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (in Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPOXERS UNION CAMPAIGN FU	C00298141
Check if 24-hour notice 48-hour notice	illermelierselenneljesenderse silvereliersederselennelier.
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	11110 2010
Mailing Address	
G.P.O. Bo x 5897	Amount
City State Zip Code	457
NEW YORK Ny 10087-5897	
Purpose of Expenditure Category/	Office Sought: House State: OK
PRESS RELEASES Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
TOM COBURN	onesia one.
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Miedle Initial) of Payee	Date
PR NEWSWIRE	Hand / Dad / Kanana
Mailing Address	[] 2010
GPO Box 5897	Amount
City State Zip Code	4.5.2
NEW YORK NY 10087 589	7 Commissional Residence State of State
Purpose of Expenditure Category/	Office Sought: House State: 5
PRESS RELEASES Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
JIM DEMINT	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	CIH
(-,	
(b) SUBTOTAL of Unitemized Independent Expenditures	() ()
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(c) TOTAL Independent Expenditures	914
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Under penalty of perjury I certify that the independent expenditures reported herein were in with, or at the request or suggestion of, any candidate or authorized committee or agent of	
party committee) any political party committee or its agent.	, the transfer and the transfer at position
* () — () — ()	Substituting ' Substituting ' Substituting Substituting
Date	01/10/2011

Date 0,1 10 2011

SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE 19 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER >
NATIONAL TAXPAXERS UNION CAMPAIGN FU	
Check if 24-hour notice 48-hour notice	Manuscript a second consequence of proceedings of the second seco
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	111 10 2010
PR NEWSWIRE Mailing Address G. P.O. Bo × 5897	Amount
City State Zip Code	
NEW YORK Ny 10087-5897	
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sought: House State: A 2 Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
To HA Mc CAIN	Check One: Support Oppose
	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
Full Name (Last, First, Miedle Initial) of Payee	Date
PR NEWSWIRE	
Mailing Address	
GPO Box 5897	Amount
City State Zip Code	457
NEW YORK NY 10087 589	7 Industrial Manual Man
Purpose of Expenditure	Office Sought: House State:
PRESS RELEASES Category/ Type	Senate District: 2
Name of Federal Candidate Supported or Opposed by Expenditure:	President
TOOD AKIN	Check One: Support Oppose
Calendar Year-To-Date Per Election fer Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
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(b) SUBTOTAL of Unitemized Independent Expenditures	
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SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE 20 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER V
NATIONAL TAXPAXERS UNION CAMPAIGH FUN	C00298141
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	11/10/2010
Mailing Address G. P.O. Bo x 5897	
	Amount
City State Zip Code NEW YORK Ny 10087-5897	457
Purpose of Expenditure Category/	Office Sought: X House State: TN
PRESS RELEASES Type	Senate District: 7
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MARSHA BLACKBURN	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
PR NRWSWIRE	11/10/2010
Mailing Address GPO Box 5897	Amount
City State Zip Code	
NEW YORK NY 10087 589.	7
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sought: House State: GA Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
PAUL BROUM	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	> 914
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures	914
(c) Total mooperation Experience	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Date	011012011

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 21 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPARERS UNION CAMPAIGH FU	
Check if 24-hour notice 48-hour notice	[C[0,0,2,1,8,1,T,1]
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	11/10/2010
Mailing Address	
G. P.O. Bo x 5897	Amount
City State Zip Code	457
NEW YORK Ny 10087-5897	
Purpose of Expenditure Category/ Type	Office Sought: X House State: U7
harmadia continuanta	Senate District: 3
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
JASON CHAFFETZ	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
in the second se	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	11/10/2016
Mailing Address GPO Box 5897	Amount
City State Zip Code	
NEW YORK NY 10087 589	7 457
Purpose of Expenditure Category/	Office Sought: House State: A Z
PRESS RELEASES Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	
JEFF FLAKE	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	- I Glade to the second
(b) OUDTOTAL of Heisterinal Independent Connections	and the second s
(b) SUBTOTAL of Uniternized Independent Expenditures	000
(c) TOTAL Independent Expenditures	O 1 1 1
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Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
x d) Tucke	011 10 2011
Signature	

SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE 21 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPARES UNION CAMPAIGN FUR	
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
PR Newswire	11/12/2010
Mailing Address G. P.O. Box 5897	handard backwardend
	Amount
City State Zip Code NEW YORK Ny 10087-5897	457
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sought: House State: NC Senate District: 5
Name of Federal Candidate Supported or Opposed by Expenditure:	President
VIRTIA FOXX	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	1.11 1.0 2.01.0
Mailing Address GPO Box 5897	Amount 2,0,18
City State Zip Code	457
NEW YORK NY 10087 589	
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sought: House State: A Z Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
TARM- FRANKS	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	914
(b) SUBTOTAL of Uniternized Independent Expenditures	000
(c) TOTAL Independent Expenditures	914
Under penalty of perjury I certify that the independent expenditures reported herein were now with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
V Cole	men' Loso / Loso Andros
Signature	01/10/2011

CHEDULE E (FEC Form 3X)	•	•	
TEMIZED INDEPENDENT EXPENDITURES	•	PAGE 2	3 OF 3 O ■ 24 OF FORM 3X
IAME OF COMMITTEE (In Full)		7.	TION NUMBER V
NATIONAL TAXPAXERS UNION CAMPAIGH	fu 20		
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Full Name (Last, First, Middle Initial) of Payee	Date		
PR NEWSWIRE		111 10	1 2 7 1 1
Mailing Address			20.10
G. P.O. Bo × 5897	Amo	ount	
City State Zip Code			457
NEW YORK Ny 10087-589			South and the Company
Purpose of Expenditure Category/	Office Sou		State: NJ
PRESS RELEASES Type		Senate Presiden	District: 5
Name of Federal Candidate Supported or Opposed by Expenditure:	Check On	므	Oppose
SCOTT GARRETT			_
Calendar Year-To-Date Per Election for Office Sought		ent For: Primar	y 屏 General
for Office Sought		Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	•	
PR NEWSWIRE			2010
Mailing Address		beatmed beatment	inconferentemateress
GPO BOX 5897	Amo	ount	
City State Zip Code NEW YORK NY 10087 58	897		457
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sou	House Senate	State: T× District: 5
Name of Federal Candidate Supported or Opposed by Expenditure:		Presiden	_
SEB HENSARLING	Check On	e: Support	Oppose
Calendar Year-To-Date Per Election	Pisbursen	nent For: Primar	y General
for Office Sought	1	Other (specify)	
	genesing		
(a) SUBTOTAL of Itemized Independent Expenditures	····· •	marker Bearing and S	914
(b) SUBTOTAL of Unitermized Independent Expenditures	pant		
(b) 300101AL of Officeringeo independent Experionates		and the American State of the S	
(c) TOTAL Independent Expenditures		and the state of t	914
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.			
v.V)-tude		, To 1	
Signature	Date O	1101 P.C	

	FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPARES UNION CAMPAIGH FU	NO COO298141
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
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G. P.O. Box 5897	Amount
City State Zip Code	
NEW YORK NY 10087-5897	45.7
Purpose of Evranditure	Office Sought: House State:
PRESS RELEASES Category/ Type	Senate District: 3
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support Oppose
SAM ZOHASA	
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Laet, First, Middle Initial) of Payee	Date
PR NEWSWIRE	Mail / Care / Landra
Mailing Address	11/10/2010
GPO BOX 5897	Amount
City State Zip Code	
NEW YORK NY 10087 589	7
Purpose of Expenditure Category/	Office Sought: House State: 0 H
PRESS RELEASES Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Jim JORDAN	Check One: Support Oppose
Account County C	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
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(a) SUBTOTAL of Itemized Independent Expenditures	. > 914
(b) SUBTOTAL of Uniternized Independent Expenditures	000
(c) TOTAL Independent Expenditures	914
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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 o	• • • • • • • • • • • • • • • • • • • •
party committee) any political party committee or its agent.	
Signature	0.1 1.0 2.0.1.1
Signature	

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PAGE 24

EMIZED INDEPENDENT EXPENDITURES	PAGE 25 OF 30 FOR LINE 24 OF FORM 3X	
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Check if 24-hour notice 48-hour notice	CO.O.2.9.8.14.1	
Foll Name (Last, First, Middle Initial) of Payee	Date	
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G. P.O. Box 5897	Amount	
City State Zip Code	457	
NEW YORK Ny 10087-5897		
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sought: House State: Senate District: 5	
Name of Federal Candidate Supported or Opposed by Expenditure:	·	
STEVE KING	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
PR NEWSWIRE	11/10/2010	
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GPO Box 5897	Amount	
City NEW YORK NY 10087 589		
Purpose of Expenditure Category/	Office Sought: House State: Co	
PRESS RELEASES Type	Senate District: 5	
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose	
Doub LAMBORN		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	·	
	hereafter the control of the control	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ 000	
(c) TOTAL Independent Expenditures		
(c) TOTAL Independent Expenditures	7 14	
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.		
XI) - Cale Date	Printer of the Control of the Contro	
	01/10/2011	
Signature	1 dispersion of the second of	

SCHEDULE E (FEC FOIII 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE 26 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TARPARERS UNION CAMPAIGN FUN	
Check if 24-hour notice 48-hour notice	C[0,0,2,1,8,1,4,1]
Foll Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	المعمد ما العموا ، المعمد مما
Mailing Address	11 10 2010
6. P.O. Box 5897	Amount
City State Zip Code	457
NEW YORK Ny 10087-5897	
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sought: House State: WY Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought 4.5.7	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	11 10 2010
Mailing Address	
GPO Box 5897	Amount
City State Zip Code NEW YORK NY 10087 589	7 457
	Office Sought: House State: CA
PRESS RELEASES Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
TOW MCCLINTOCK	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	· 9.14
(b) SUBTOTAL of Uniternized Independent Expenditures	
(b) 308 10 TAE OF OTHER PROPERTIES EXPERIENCES.	
(c) TOTAL Independent Expenditures	914
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Signature	011 10 2011

	FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPARES UNION CAMPAIGN FU	C00298141
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
PR Newswire	11 10 2010
Mailing Address G. P.O. Bo × 5897	
	Amount
City State Zip Code NEW YORK Ny 10087-5897	457
Purpose of Expanditure	Office Sought: House State: NC
PRESS RELEASES Category/ Type	Senate District: 10
Name of Federal Candidate Supported or Opposed by Expenditure:	President
PATRICK MCHENRY	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Laet, First, Middle Initial) of Payee	Date
PR NEWSWIRE	11/10/2010
Mailing Address	
GPO BOX 5897	Amount
City State Zip Code NEW YORK NY 10087 589	7 457
Purpose of Evpanditure	Office Sought: House State: FL
PRESS RELEASES Category/ Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
SEFF MILLER	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	914
	and the second
(b) SUBTOTAL of Uniternized Independent Expenditures	000
(c) TOTAL Independent Expenditures	914
Under penalty of perjury I certify that the independent expenditures reported herein were	
with, or at the request or suggestion of, any candidate or authorized committee or agent or party committee) any political party committee or its agent.	f either, or (if the reporting entity is not a political
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SCHEDU	LE	E ((FEC	Form	3X)
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	FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TARPARES UNION CAMPAIGN FU	NO (100 29 2 1)
Check if 24-hour notice 48-hour notice	CO.O.298141
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	<u> </u>
Mailing Address G. P.O. Bo x 5897	
	Amount
City State Zip Code	457
NEW YORK NY 10087-5897	
Purpose of Expenditure Category/	Office Sought: House State: Tx
PRESS RELEASES Type	Senate District: 14
Name of Federal Candidate Supported or Opposed by Expenditure:	President
RON PAUL	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Lock First Middle Initial) of Days	
Full Name (Last, First, Middle Initial) of Payee	Date
PR NRWSWIRE	11/10/,2010
Mailing Address	terestrated benefitzen bezeitzenskunderen
GPO Box 5897	Amount
City State Zip Code	457
NEW YORK NY 10087 589	
Purpose of Expenditure Category/	Office Sought: House State:
PRESS RELEASES Type	Senate District: 6
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MIKE PEACE	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	914
(b) SUBTOTAL of Unitemized Independent Expenditures	0 0
(c) TOTAL Independent Expenditures	9 14
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Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of	
party committee) any political party committee or its agent.	
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Uake	01/10/2011
Signature	Association and Bernathernoff Betweenerscherenessen en

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PAGE 28

SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE 29 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPOYERS UNION CAMPAIGN F	
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	11 10 2010
Mailing Address G. P.O. Bo × 5897	Amount
City State Zip Code	
NEW YORK NY 10087-589	7 457
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sought: House State: 6
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Tom PRICE	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Laet, First, Middle Initial) of Payee	Date
PR NEWSWIRE	111/10/2010
Mailing Address GPO Box 5897	Amount LO
City State Zip Code	1.50
NEW YORK NY 10087 58	
Purpose of Expenditure PRESS RELEASES Category/ Type	Office Sought: House State: CA Senate District: Ho
Name of Federal Candidate Supported or Opposed by Expenditure:	President
ED Royce	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SOUTOTAL OF OTMERIEZE (INCEPTION LAPERGING CO.	
(c) TOTAL Independent Expenditures	914
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
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Signature	te 0.1 1.0 2.0.1.1

CHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 30 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPAXERS UNION CAMPAIGN FO	CO.0.298141
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
PR Newswire	111 10 2010
Mailing Address	
G. P.O. Box 5897	Amount
City State Zip Code	4'6'6
NEW YORK Ny 10087-589"	7
Purpose of Expenditure Category/	Office Sought: X House State: W1
PRESS RELEASES Type	Senate District: 5
Name of Federal Candidate Supported or Opposed by Expenditure:	President
SIM SENSENBREHNER	Check One: Support Oppose
	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
PR NEWSWIRE	111/10/2010
Mailing Address GPO Box 5897	Amount
City State Zip Code	466
NEW YORK NY 10087 589	77
Purpose of Expenditure RESS RELEASES Category/ Type	Office Sought: House State: GA Senate District: 3
Name of Federal Candidate Supported or Opposed by Expenditure:	President 3
LYNN WESTMORELAND	Check One: Support Oppose
	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	> [9 3 2]
(b) SUBTOTAL of Unitemized Independent Expenditures	000
(c) TOTAL Independent Expenditures	921
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
\sim Q	
x Date Date	01/10/2011
Signature	

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping, Date UPS Overnight Delivery Service (Specify): 1/10/11 Next Business Day Delivery Date of Receipt 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 or Postmarked Other (Specify): DATE PREPARED