NOT A DUPLICATE!

NTU
National Taxpayers Union

NOT A DUPLICATE!

Fax Cover Sheet

28039734202

To: FILING DIVISION

From: DUANE PARDE

Company: F-E-C

Date: 5/23/08

Fax: 202-219-0174

Pages, Including Cover: 5

Telephone:

Re: 2ND FEC FORM 9

NOTE!
SECOND OF TWO FILINGS.

NOT A DUPLICATE!

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name
NATIONAL TAXPAYERS UNION

(b) Address (number and street) ☐ check if different than previously reported
108 N. ALFRED ST.

(c) City, State and ZIP Code
ALEXANDRIA VA 22314

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number
C

3. Is This Statement X New or Amended

4. Covering Period 05 23 2008 through 06 01 2008

5. (a) Date of Public Distribution(s) 05 23 2008 **(b) Communication Title** "SOUTH DAKOTANS KNOW"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
(d) X Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
DUANE PARDE

(b) Address (number and street)
108 N. ALFRED ST.

(c) City, State and ZIP Code
ALEXANDRIA, VA 22314

(d) Name of Employer or Principal Place of Business (e) Occupation
NATIONAL TAXPAYERS UNION PRESIDENT

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 14,061.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Duane Parde

SIGNATURE D Parde DATE 05/23/08

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

FEC FORM 9 (REV 12/2007)

2803973420 3

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

11. Person(s) Sharing/Exercising Control

A.
(a) Name: DUANE PARDE
(b) Address (number and street): 108 N. ALFRED ST.
(c) City, State and ZIP Code: ALEXANDRIA VA 22314
(d) Name of Employer or Principal Place of Business: NATIONAL TAXPAYERS UNION
(e) Occupation: PRESIDENT

B.
(a) Name: PETE SEPP
(b) Address (number and street): 108 N. ALFRED ST.
(c) City, State and ZIP Code: ALEXANDRIA, VA 22314
(d) Name of Employer or Principal Place of Business: NATIONAL TAXPAYERS UNION
(e) Occupation: V-P/POLICY & CMCTNS

C.
(a) Name: DAVID STANLEY
(b) Address (number and street): 108 N. ALFRED ST.
(c) City, State and ZIP Code: ALEXANDRIA VA 22314
(d) Name of Employer or Principal Place of Business: NATIONAL TAXPAYERS UNION
(e) Occupation: CHAIRMAN

D.
(a) Name: EDWARD D. FAILOR, JR.
(b) Address (number and street): 108 N. ALFRED ST.
(c) City, State and ZIP Code: ALEXANDRIA, VA 22314
(d) Name of Employer or Principal Place of Business: NATIONAL TAXPAYERS UNION
(e) Occupation: VICE CHAIRMAN

E.
(a) Name: JEFFREY BOEYINK
(b) Address (number and street): 108 N. ALFRED ST.
(c) City, State and ZIP Code: ALEXANDRIA VA 22314
(d) Name of Employer or Principal Place of Business: NATIONAL TAXPAYERS UNION
(e) Occupation: SECRETARY

28039734204

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt M M / D D / Y Y Y Y

Amount

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt M M / D D / Y Y Y Y

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt M M / D D / Y Y Y Y

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt M M / D D / Y Y Y Y

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt M M / D D / Y Y Y Y

Amount

SUBTOTAL of Donations This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	0.00

28039734205

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: McCARTHY MARCUS HENNINGS, LTD.
Mailing Address of Payee: 1850 M ST., NW, STE. 235
City: WASHINGTON, State: DC, Zip Code: 20036
Name of Employer: Occupation:
Date of Disbursement or Obligation: 05 23 2008
Amount: 1,10000
Communication Date: 05 23 2008
Purpose of Disbursement (including title(s) of communication(s)): RE-EDITING + PRODUCTION, "SOUTH DAKOTANS KNOW" RADIO AD
Name of Federal Candidate: TIM JOHNSON
Office Sought: [ ] House [X] Senate [ ] President
State: SD District: ____
Disbursement/Obligation For: [X] Primary [ ] General [ ] Other (specify) ▶
Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District: Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶
Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District: Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee: MENTZER MEDIA
Mailing Address of Payee: 600 FAIRMOUNT AVE. STE. 306
City: TOWSON, State: MD, Zip Code: 21286
Name of Employer: Occupation:
Date of Disbursement or Obligation: 05 23 2008
Amount: 12961.00
Communication Date: 05 23 2008
Purpose of Disbursement (including title(s) of communication(s)): RADIO AIRTIME BUY, "SOUTH DAKOTANS KNOW" AD
Name of Federal Candidate: TIM JOHNSON
Office Sought: [ ] House [X] Senate [ ] President
State: SD District: ____
Disbursement/Obligation For: [X] Primary [ ] General [ ] Other (specify) ▶
Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District: Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶
Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District: Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 14061.00
TOTAL This Period (last page this line number only) ▶ 14061.00
(carry total from last page to Line 10)

28039734206

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.

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N/A PREPARER	N/A DATE PREPARED

(5/2004)

28039734207