



Fax Cover Sheet

28039734209

To: ELECTIONEERING
COMM. FILING

From:

DUANE PARDE

Company:

FED. ELECT. COMSN.

Date:

5/23/08

Fax:

202-219-0174

Pages, Including Cover:

5

Telephone:

Re:

FEC FORM 9

NOTE!

FIRST OF TWO FILINGS.

SECOND FAX TO FOLLOW.

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name NATIONAL TAXPAYERS UNION		2. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> 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	

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period 05 09 2008 through 05 16 2008
--	---

5. (a) Date of Public Distribution(s) **05 09 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) 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 **14,943.00**

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  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.

28039734210

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

28039734211

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

<p>A. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> <hr/>	
<p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> <hr/>	
<p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> <hr/>	
<p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> <hr/>	
<p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> <hr/>	
<p>SUBTOTAL of Donations This Page (optional) ▶</p>		<p>0.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>		<p>0.00</p>

28039734212

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee <u>MCCARTHY MARCUS HENNINGS LTD.</u>		Date of Disbursement or Obligation <u>05 09 2008</u>	
Mailing Address of Payee <u>1850 M ST. NW, STE. 235</u>		Amount <u>1,982.00</u>	
City <u>WASHINGTON, DC</u>	State <u>DC</u>	Zip Code <u>20036</u>	Communication Date <u>05 09 2008</u>
Name of Employer 		Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>AUDIO PRODUCTION "SOUTH DAKOTANS KNOW" AD</u>			
Name of Federal Candidate <u>TIM JOHNSON</u>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>SD</u> District: 	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
B. Full Name (Last, First, Middle Initial) of Payee <u>MENTZER MEDIA</u>		Date of Disbursement or Obligation <u>05 09 2008</u>	
Mailing Address of Payee <u>600 FAIRMOUNT AVE, STE. 306</u>		Amount <u>12,961.00</u>	
City <u>TOWSON</u>	State <u>MD</u>	Zip Code <u>21286</u>	Communication Date <u>05 09 2008</u>
Name of Employer 		Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>RADIO BUY "SOUTH DAKOTANS KNOW" AD</u>			
Name of Federal Candidate <u>TIM JOHNSON</u>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>SD</u> District: 	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		<u>14,943.00</u>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		<u>14,943.00</u>	

28039734213

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.

28039734214

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
 PREPARER

N/A
 DATE PREPARED