

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation AMERICANS FOR TAX REFORM		3. FEC Identification Number C C90011289
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 722 12TH STREET NW 4TH FLOOR		
(c) City, State and ZIP Code WASHINGTON DC 20005		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	9

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	9

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

1122710.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Christopher Butler

09/14/2010

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 / 3

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Mailing Address

600 Fairmount Avenue, Ste. 306

Amount

198765.00

City

Towson

State

MD

Zip Code

21286

Purpose of Expenditure

Media Buy

Category/
Type

Office Sought:

☒ House

State: WI

House

☐ Senate☐ President

District: 07

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JULIE LASSA

Calendar Year-To-Date Per Election
for Office Sought

198765.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Mailing Address

600 Fairmount Avenue, Ste. 306

Amount

8333.33

City

Towson

State

MD

Zip Code

21286

Purpose of Expenditure

Media Production

Category/
Type

Office Sought:

☒ House

State: WI

House

☐ Senate☐ President

District: 07

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JULIE LASSA

Calendar Year-To-Date Per Election
for Office Sought

207098.33

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Mailing Address

600 Fairmount Avenue, Ste. 306

Amount

284955.00

City

Towson

State

MD

Zip Code

21286

Purpose of Expenditure

Media Buy

Category/
Type

Office Sought:

☒ House

State: KY

House

☐ Senate☐ President

District: 06

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

A.B. III CHANDLER

Calendar Year-To-Date Per Election
for Office Sought

492053.33

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

492053.33

(b) SUBTOTAL of Unitemized Independent Expenditures

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Mailing Address

600 Fairmount Avenue, Ste. 306

Amount

8333.33

City

Towson

State

MD

Zip Code

21286

Purpose of Expenditure

Media Production

Category/
Type

Office Sought:

☒ House

State: KY

House

☐ Senate☐ President

District: 06

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

A.B. III CHANDLER

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

500386.66

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

Mentzer Media Services Inc.

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Mailing Address

600 Fairmount Avenue, Ste. 306

Amount

8333.34

City

Towson

State

MD

Zip Code

21286

Purpose of Expenditure

Media Production

Category/
Type

Office Sought:

☒ House

State: NV

House

☐ Senate☐ President

District: 03

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

DINA TITUS

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

508720.00

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

Mentzer Media Services Inc.

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Mailing Address

600 Fairmount Avenue, Ste. 306

Amount

613990.00

City

Towson

State

MD

Zip Code

21286

Purpose of Expenditure

Media Buy

Category/
Type

Office Sought:

☒ House

State: NV

House

☐ Senate☐ President

District: 03

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

DINA TITUS

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

1122710.00

(a) **SUBTOTAL** of Itemized Independent Expenditures

630656.67

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

1122710.00