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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, (a) IERICANS FOR	nont corporations								
((b) Address (number an 722 12TH STREET NW 4TH FLOOR									
((c) City, State and ZIP C	3. FEC Ide	entification Number							
WASHINGTON		DC	20005							
2.	Corporate filers only	Is the filer a qualified nonprofit corporation?	X Yes	No C C900	11289					
	Individual filers only	Name of Employer		Occupation						
	(a) April 19 July 15 Octobe	THROUGH	24-Hour Report X 48-Hour Report	TY.						
		PENDENT EXPENDITURES			0.00					
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 any 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 [Electronically Filed]						
Christopher Butler			Christopher Butler		10/05/2012					
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

5PG021 FEC **Schedule 5** (REV. 09/2005)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) AMERICANS FOR TAX REFORM						
Full Name (Last, First, Middle Initial) of P Capitol Alliances	ayee			Date		
				M	10 03	2012
Mailing Address PO Box 100				Amou	nt	
City	State	Zip Code				
Clifton	VA	20124		Trans	saction ID : F57.45	495000.00
Purpose of Expenditure TV, Direct Mail, Phones & Online		Category/ Type	001	Office Soug		State: PA District: 12
Name of Federal Candidate Supported or KEITH J ROTHFUS	Check One:	President Support				
Calendar Year-To-Date Per Election for Office Sought		49500	0.00	Disbursemer	nt For: Primary 2012 her (specify)	X General
Full Name (Last, First, Middle Initial) of P	ayee			Date		
Mailing Address					M / D D	/ Y Y Y Y Y
				Amou	nt	
City	State	Zip Code			7	
Purpose of Expenditure		Category/ Type		Office Soug	ht: House Senate	State:
Name of Federal Candidate Supported or	President District: 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 P		Date				
					M / D D	/ Y I Y I Y
Mailing Address						
				Amou	nt	
City	State	Zip Code			7 7	
Purpose of Expenditure		Category/ Type		Office Sough	ht: House Senate	State:
Name of Federal Candidate Supported or	Opposed by Expend	liture:			President	District:
				Check One:	Support	Oppose
Calendar Year-To-Date Per Election for Office Sought		<i>A</i>		Disbursemer Ot	nt For: Primary	General
(a) SUBTOTAL of Itemized Independent E	xpenditures			<u> </u>	F _	495000.00
4. 						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures (carry total from last page forwar				.	7 7	495000.00