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FEC FORM 1

STATEMENT OF ORGANIZATION

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2014 JUN 24 FM 7: 18

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type. over the lines.	12FE4MG MA	IL CENTER
National Le	lague of T	ax payers: if	P. A. C; ; ;	<u> </u>
ADDRESS (number and street)	3237 Wynf	ord Drive	<u></u>	
(Check if address is changed)	<u> </u>			<u>; </u>
t	Fairfax		VA 2.2	.O.3. \ - : .
OV	CITY	and the second s	STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address	ihlaleagu	eoftaxpaye	9.6.5 - Com.	
is changed)	Optional Second E-Mail Add	•	and the state of t	ALBERT AND THE THE CONTRACT AND THE CONT
	•		:	
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		t	
(Check if address	Www.leagu	e of taxpaye	Picic - (ioim	in the second of the second
is changed)			•	•
		<u> </u>	<u> </u>	
2. DATE 0 6 1 4	å å ò i y			•
3. FEC IDENTIFICATION NU	MBER ▶ C	· ,4		
*				
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
certify that I have examined thi	is Statement and to the best	of my knowledge and belief i	it is true, correct and c	complete.
••	Μ	Λ		
Type or Print Name of Treasurer	Mr. Gary	tarmen		

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

	Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	: .	FEC FORM 1 (Revised 06/2012)
		 <u> </u>	 Local 202-694-1100		

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TYPE OF Co	OMMITTEE Committee:					
(a)	This committee is a princip	al campaign comn	nittee. (Comple	ete the candidate inf	formation below	ı.)
(b)	This committee is an autho information below.)	rized committee, a	und is NOT a	principal campaign	committee. (Coi	mplete the candidate
Name of Candidate	Liinii	<u> </u>			: 1	<u> </u>
Candidate Party Affiliation		Office Sought:	House	Senate	President	State District
(c)	This committee supports/op	poses only one ca	andidate, and	is NOT an authorize	ed committee.	
Name of Candidate				i · ! !	: 1 : · : 1 11 : • •	:
Party Com	ımittee:					
(d).	This committee is a	•	onal, State ibordinate) co	mmittee of the		(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC)	:				
(e) X	This committee is a separa	te segregated fund	d. (Identify con	nected organization	on line 6.) Its co	onnected organization is a:
	Corporation		Corpora	tion w/o Capital Sto-	ck	Labor Organization
	X Membership Organ	ization	Trade A	ssociation		Cooperative
	In addition,	his committee is a	Lobbyist/Regi	strant PAC.		
(f)	This committee supports/opcommittee. (i.e., nonconnection)		one Federal o	andidate, and is NO	OT a separate s	segregated fund or party
	In addition, this com	mittee is a Lobbyis	t/Registrant P/	AC.		
	In addition, this com	mittee is a Leaders	ship PAC. (Idei	ntify sponsor on line	6.)	
Joint Fund	raising Representative	·				
(g)	This committee collects cont committees/organizations, a	· •			•	•
(h)	This committee collects cont committees/organizations, no					two or more political
Com	mittees Participating in Jo	int Fundraiser				
1.			: i	FEC ID nur	mber C	
2.				FEC ID nur	mber C	
3 .		<u> </u>	: ·	FEC ID nur	mber C	
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Write or Type Committee Nan	ne				
National	League	o f	Taxpaye	9 P	AC
6. Name of Any Connected	Organization, Affiliate	ed Committee, Join	nt Fundraising Repres	entative, or Lea	dership PAC Sponsor
Matrional	eague 101	FIITIAIXIPIA	yers		
			<u>i </u>]	11::1::1
Mailing Address	3237 W	ynford	Daive		
•					
	Failfai	X		VipH bi	4.0.3.1)-[· · · ·]
	had berenden errenden erren ander errenden errende errende errende errende errende errende errende errende er	CITY	-	STATE	ZIP CODE
Relationship: Connecte	ed Organization Aff	filiated Committee	Joint Fundraising Re	epresentative	Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, addres	s (phone number	optional) and position	of the person in	n possession of committee
Full Name	Jona tha	n, DecKe	<u> </u>	1 1 1 1 1	
Mailing Address	15.21.1. P	piciti iRioiy	al Road		
	Suite	<u>5,0,0;;;</u> ;	<u> </u>	<u>. l. l. i. i.</u>	<u> </u>
	Spring	fileld		VAI D	21511-
Title or Position		CITY	S	TATE	ZIP CODE
p.P.rectar	of [69;5	ilation	Telephone numbe	r 7:0:3	-745-2420
Treasurer: List the name a any designated agent (e.g.,		mber optional) of	the treasurer of the co	mmittee; and th	e name and address of
Full Name of Treasurer	Gary Pac	1.men i	<u> </u>		
Mailing Address			a.s.k.e.l.l		
		1 1 1 1 1 1	1 1 1 1 1 1 1 1	<u> </u>	<u></u>
	1Bir: 15:+101	CITY		ATE ATE	21P CODE
Title or Position [Pres: ide:n+	<u> </u>		Telephone number		17.4.51-12.42.01

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ZIP CODE

Name of Bank, Depository, etc.

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STATE

CITY

5211 Pat Royal Ad, Sale 500 Spors Fredd, My 22191

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Federal Elections Commission 999 E Street, NW Washington, OC 20463



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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 JSPS First Class Mail Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): 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