

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

2012 DEC 10 PM 12:26  
12FE4M5  
FEC MAIL CENTER

NATIONAL TAXPAYERS UNION CAMPAIGN FUND

ADDRESS (number and street)

108 NORTH ALFRED STREET



Check if different  
than previously  
reported. (ACC)

ALEXANDRIA

VA

22314-3032

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00298141

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

in the  
State of

VA

(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

in the  
State of

VA

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DUANE PARDE

Signature of Treasurer

*D. Parde*

Date

MM / DD / YYYY

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

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NATIONAL TAXPAYERS UNION CAMPAIGN FUND (K00298141)

Report Covering the Period:

From:

10 / 01 / 2012

To:

11 / 30 / 2012

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1,

2012

1740827

(b) Cash on Hand at  
Beginning of Reporting Period.....

1749363

(c) Total Receipts (from Line 19).....

44838 ✓

53374 ✓

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

1794201 ✓

1794201 ✓

7. Total Disbursements (from Line 31).....

42200 ✓

42200 ✓

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

1752001 ✓

1752001 ✓

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

000

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

000



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

12030974028

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

NATIONAL TAXPAYERS UNION CAMPAIGN FUND (500298141)

Report Covering the Period: From:

MM / DD / YYYY  
10 / 01 / 2012

To:

MM / DD / YYYY  
11 / 30 / 2012

## **I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

**11. Contributions (other than loans) From:**

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized .....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees .....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5) .....

**12. Transfers From Affiliated/Other  
Party Committees.....**

**13. All Loans Received.....**

**14. Loan Repayments Received.....**

**15. Offsets To Operating Expenditures**  
(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

**16. Refunds of Contributions Made**  
to Federal Candidates and Other  
Political Committees.....

**17. Other Federal Receipts**  
(Dividends, Interest, etc.).....

**18. Transfers from Non-Federal and Levin Funds**

(a) Non-Federal Account  
(from Schedule H3) .....

(b) Levin Funds (from Schedule H5) .....

(c) Total Transfers (add 18(a) and 18(b))..

**19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶**

**20. Total Federal Receipts**

(subtract Line 18(c) from Line 19) .....

43161 ✓

1677 ✓

44838 ✓

44838

43161 ✓

10213 ✓

53374 ✓

53374

12030974029

## Page 4

**COLUMN B**  
**Calendar Year-to-Date**

- [illegible]

7

Page 5

1

7

CONFIDENTIAL

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>270.61</b>
City <b>NEW YORK</b>	State <b>NY</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IN</b> District: <input type="checkbox"/>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>RICHARD MOURDOCK</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>270.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>261</b>
City <b>NEW YORK</b>	State <b>NY</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MI</b> District: <b>03</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JUSTIN AMASH</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>261</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>273.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>00.00</b>
(c) TOTAL Independent Expenditures .....	<b>273.22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**D-Rick**  
 Signature

Date **12 / 05 / 2012**

12030974032

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **2** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER ▼ <b>C000298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IA</b> District: <b>02</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOHN ARCHER</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>KY</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>ANDY BARR</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>5.22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**X** **D-Role**  
 Signature

Date **12 / 05 / 2012**

12030974033

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **3** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER <b>000298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>261</b>
City <b>NEW YORK</b>	State <b>NY</b>	
Zip Code <b>10087-5897</b>		
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MI</b> District: <b>11</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>KERRY BENTIVOLIO</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>261</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>261</b>
City <b>NEW YORK</b>	State <b>NY</b>	
Zip Code <b>10087-5897</b>		
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>GA</b> District: <b>10</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PAUL BROWN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>261</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>522</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<b>000</b>
(c) TOTAL Independent Expenditures .....	<b>522</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**X** D. Pule  
 Signature

Date **12 / 05 / 2012**

12030974034



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **4** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER <b>000298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>261</b>
City <b>NEW YORK</b>	State <b>NY</b>	
Zip Code <b>10087-5897</b>		
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>45</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOHN CAMPBELL</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>261</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>261</b>
City <b>NEW YORK</b>	State <b>NY</b>	
Zip Code <b>10087-5897</b>		
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OH</b> District: <b>01</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>STEVE CHABOT</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>261</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>5.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<b>0.00</b>
(c) TOTAL Independent Expenditures.....	<b>5.22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**X** *D. Rade*  
 Signature

Date **12 / 05 / 2012**

12030974035

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **5** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>261</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>UT</b> District: <b>03</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JASON CHAFFETZ</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>261</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>261</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CO</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MIKE COFFMAN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>261</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>522</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>000</b>
(c) TOTAL Independent Expenditures .....	<b>522</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**AD - Rude**  
 Signature

Date **12 / 05 / 2012**

12030974036

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **6** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>VA</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>GEORGE ALLEN</b>		Check One: <input checked="" type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AR</b> District: <b>04</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOM COTTON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>5.22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**X D. Rele**  
 Signature

Date **12 / 05 / 2012**

12030974037

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **7** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>ND</b> District: <b>AL</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>KEVIN CRAMER</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>RON DESANTIS</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>5.22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**X.D. Pule**  
 Signature

Date **12 / 05 / 2012**

12030974038

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **8** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>SC</b> District: <b>03</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JEFF DUNCAN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IN</b> District: <b>02</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOHN DUNCAN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>5.22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**x D. R. ole**  
 Signature

Date **12 / 05 / 2012**

12030974039

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **9** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State <b>NY</b>	
Zip Code <b>10087-5897</b>		
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AZ</b> District: <b>08</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TRENT FRANKS</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State <b>NY</b>	
Zip Code <b>10087-5897</b>		
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MA</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SCOTT BROWN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>5.22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**D. Rade**  
 Signature

Date **12 / 05 / 2012**

12030974040

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 10 OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>	Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>	Amount <b>2,61</b>
City State Zip Code <b>NEW YORK NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SCOTT GARRETT</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2,61</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NJ</b> District: <b>05</b> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>	Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>	Amount <b>2,61</b>
City State Zip Code <b>NEW YORK NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: <b>RICKY GILL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2,61</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>09</b> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5,22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0,00</b>
(c) TOTAL Independent Expenditures .....	<b>5,22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**X.D. P. Cole**  
 Signature

Date **12 / 05 / 2012**

12030974041

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **11** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C00298141</b>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <div style="border: 1px solid black; padding: 2px;">MM ' DD ' YYYY  <b>11 ' 30 ' 2012</b></div>	
Mailing Address <b>G.P.O. Box 5897</b>		Amount <div style="border: 1px solid black; padding: 2px;">\$ <b>2.61</b></div>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>SC</b> District: <b>04</b>	
Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TREY GOWDY</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">\$ <b>2.61</b></div>			
Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <div style="border: 1px solid black; padding: 2px;">MM ' DD ' YYYY  <b>11 ' 30 ' 2012</b></div>	
Mailing Address <b>G.P.O. Box 5897</b>		Amount <div style="border: 1px solid black; padding: 2px;">\$ <b>2.61</b></div>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>GA</b> District: <b>14</b>	
Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOM GRAVES</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">\$ <b>2.61</b></div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">\$ <b>5.22</b></div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">\$ <b>0.00</b></div>	
(c) TOTAL Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">\$ <b>5.22</b></div>	
<p>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 (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">               Signature         </div> <div style="text-align: center;">             Date <div style="border: 1px solid black; padding: 2px;">MM ' DD ' YYYY  <b>12 ' 05 ' 2012</b></div> </div> </div>			

12030974042



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **12** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>22</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>ADAM HASNER</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>K5</b> District: <b>01</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TIM HUELSKAMP</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>5.22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**X D. Role**  
 Signature

Date **12 / 05 / 2012**

12030974043

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **13** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER ▼ <b>000298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>	Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>	Amount <b>2.61</b>
City State Zip Code <b>NEW YORK NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL HUZENGA</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MI</b> District: <b>02</b>
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>	Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>	Amount <b>2.61</b>
City State Zip Code <b>NEW YORK NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JIM JORDAN</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OH</b> District: <b>04</b>
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>5.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<b>0.00</b>
(c) TOTAL Independent Expenditures.....	<b>5.22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**X** *D. R. Ale* Date **12 / 05 / 2012**  
 Signature

12030974044

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **14** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2,61</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IA</b> District: <b>04</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>STEVE KING</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2,61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2,61</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>ID</b> District: <b>01</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>RAUL LABRADOR</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2,61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5,22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>000</b>
(c) TOTAL Independent Expenditures .....	<b>5,22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**X D. P. Cole**  
 Signature

Date **12 / 09 / 2012**

12030974045

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 15 OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

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

**PR NEWSWIRE**

Mailing Address

**G.P.O. Box 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASES**

Category/  
Type

Date

**11 / 30 / 2012**

Amount

**2.61**

Name of Federal Candidate Supported or Opposed by Expenditure:  
**DOUG LAMBORN**

Office Sought: ☒ House ☐ Senate ☐ President  
 State: **CO**  
 District: **05**

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

**2.61**

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) \_\_\_\_\_

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

**PR NEWSWIRE**

Mailing Address

**G.P.O. Box 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASES**

Category/  
Type

Date

**11 / 30 / 2012**

Amount

**2.61**

Name of Federal Candidate Supported or Opposed by Expenditure:

**JEFF LANDRY**

Office Sought: ☒ House ☐ Senate ☐ President  
 State: **LA**  
 District: **03**

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

**5.22**

Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) \_\_\_\_\_

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

**0.00**

(b) SUBTOTAL of Unitemized Independent Expenditures .....

**0.00**

(c) TOTAL Independent 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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**X D. R. de**

Signature

Date

**12 / 05 / 2012**

12030974046

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **16** OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>		FEC IDENTIFICATION NUMBER <b>C00298141</b>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>	
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>IA</b> District: <b>01</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BEN LANGE</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>	
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>UT</b> District: <b>04</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MIA LOVE</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<b>5.22</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		<b>0.00</b>	
(c) TOTAL Independent Expenditures .....		<b>5.22</b>	
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 (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>D. B. de</b>		Date <b>12 / 05 / 2012</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **17** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>	Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>	Amount <b>2.61</b>
City State Zip Code <b>NEW YORK NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CYNTHIA LUMMIS</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WY</b> District: <b>AL</b>
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>	Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>	Amount <b>2.61</b>
City State Zip Code <b>NEW YORK NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>THOMAS MASSIE</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>KY</b> District: <b>04</b>
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>5.22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**x D. Role**  
 Signature

Date **12 / 05 / 2012**

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **18** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER <b>C00298141</b>
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Check if ☐ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>	Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>	Amount <b>261</b>
City State Zip Code <b>NEW YORK NY 10087-5897</b>	

Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>04</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOM McCLINTOCK</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>261</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>	Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>	Amount <b>261</b>
City State Zip Code <b>NEW YORK NY 10087-5897</b>	

Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>TX</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TED CRUZ</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>261</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>5.22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date **12 / 05 / 2012**

12030974049

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **19** OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C00298141</b>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>	
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NC</b> District: <b>11</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MARK MEADOWS</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;"><b>2.61</b></div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>	
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>SC</b> District: <b>05</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MICK MULVANEY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;"><b>2.61</b></div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;"><b>5.22</b></div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;"><b>0.00</b></div>	
(c) TOTAL Independent Expenditures .....		<div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;"><b>5.22</b></div>	
<p>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 (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 40%;"> <p><b>X D. Role</b></p> <p>Signature</p> </div> <div style="width: 20%; text-align: center;"> <p>Date</p> <p><b>12 / 05 / 2012</b></p> </div> </div>			

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**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **20** OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>			Date <b>11 / 30 / 2012</b>	
Mailing Address <b>G.P.O. Box 5897</b>			Amount <b>2.61</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>		
Purpose of Expenditure <b>PRESS RELEASES</b>		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WI</b> District: <b>08</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>REID RIBBLE</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>			Date <b>11 / 30 / 2012</b>	
Mailing Address <b>G.P.O. Box 5897</b>			Amount <b>2.61</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>		
Purpose of Expenditure <b>PRESS RELEASES</b>		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>48</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DANA ROHRBACHER</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>5.22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**X D - Rck**  
Signature

Date **12 / 05 / 2012**

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**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 21 OF  
FOR LINE 24 OF FORM 3X


NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>	Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>	Amount <b>2,61</b>
City State Zip Code <b>NEW YORK NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TODD ROKITA</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IN</b> District: <b>04</b> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2,61</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>	Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>	Amount <b>2,61</b>
City State Zip Code <b>NEW YORK NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: <b>KEITH ROTHFUS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>PA</b> District: <b>12</b> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2,61</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5,22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0,00</b>
(c) TOTAL Independent Expenditures .....	<b>5,22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

  
Signature

Date **12 / 05 / 2012**

12030974052

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **22** OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>		FEC IDENTIFICATION NUMBER <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>39</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>ED ROYCE</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AZ</b> District:
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JEFF FLAKE</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>5.22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

  
Signature

Date **12 / 05 / 2012**

12030974053

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **23** OF  
 FOR LINE 24 OF FORM 3X


NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AZ</b> District: <b>05</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MATT SALMON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AZ</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DAVID SCHWEIKERT</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>5.22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

  
 Signature

Date **12 / 05 / 2012**

12030974054

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **24** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>	
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2,61</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>SC</b> District: <b>01</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TIM SCOTS</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2,61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>	
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2,61</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>WI</b> District: <b>05</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JIM SENSENBRENNER</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2,61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>5,22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>5,22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

  
 Signature

Date **12 / 05 / 2012**

12030974055

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **25** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>	
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: <b>02</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>STEVE SOUTHERLAND</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>	
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>IN</b> District: <b>03</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MARLIN STUTZMAN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>5.22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

  
 Signature

Date **12 / 09 / 2012**

12030974056

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **26** OF  
 FOR LINE 24 OF FORM 3X


NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER ▼ <b>000298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IN</b> District: <b>02</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JACKIE WALDRSKI</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Amount <b>2.61</b>		

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IL</b> District: <b>08</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE WALSH</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Amount <b>2.61</b>		

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>5.22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**x**   
 Signature

Date **12 / 03 / 2012**

12030974057

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **27** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: <b>18</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>ALLEN WEST</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NV</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DEAN HELLER</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>5.22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

  
 Signature

Date **12 / 03 / 2012**

12030974058



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **28** OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11/30/2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2,61</b>
City <b>NEW YORK</b>	State <b>NY</b>	
Zip Code <b>10087-5897</b>		
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>FL</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CONNIE MACK</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2,61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11/30/2012</b>
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2,61</b>
City <b>NEW YORK</b>	State <b>NY</b>	
Zip Code <b>10087-5897</b>		
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OH</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOSH MANDEL</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2,61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>5,22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0,00</b>
(c) TOTAL Independent Expenditures .....	<b>5,22</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

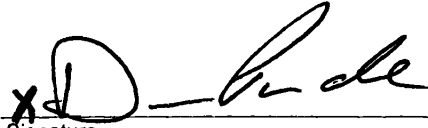
Signature

Date **12/05/2012**

12030974059

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **29** OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C000298141</b>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>	
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CT</b> District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>LINDA McMAHON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;"><b>2.61</b></div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>	
Mailing Address <b>G.P.O. Box 5897</b>		Amount <b>2.61</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>PA</b> District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOM SMITH</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;"><b>2.61</b></div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;"><b>5.22</b></div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;"><b>0.00</b></div>	
(c) TOTAL Independent Expenditures .....		<div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;"><b>5.22</b></div>	
<p>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 (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 40%;">               _____              Signature           </div> <div style="width: 20%; text-align: center;">             Date <b>12 / 05 / 2012</b> </div> </div>			

12030974060

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **30** OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER <b>C 00298141</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>PR NEWSWIRE</b>		Date <b>11 / 30 / 2012</b>
Mailing Address <b>G.P.O Box 5897</b>		Amount <b>2.61</b>
City <b>NEW YORK</b>	State Zip Code <b>NY 10087-5897</b>	
Purpose of Expenditure <b>PRESS RELEASES</b>	Category/Type <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WI</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOMMY THOMPSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>2.61</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	<b>2.61</b>

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

**X D-Rick**  
 Signature

Date **12 / 05 / 2012**

12030974061

Federal Election Commission  
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Date of Receipt

☐

Received from Senate Public Records Office

Date of Receipt

☐

Received from Electronic Filing Office

Date of Receipt

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Other (Specify):

Date of Receipt or Postmarked

  
PREPARER

(3/2005)

12/10/12  
DATE PREPARED

12030974062