

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2011 DEC -5 AM 11:39

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

NATIONAL TAXPAYERS UNION CAMPAIGN FUND

ADDRESS (number and street)

1108 NORTH ALFRED STREET

☐ Check if different  
than previously  
reported. (ACC)

ALEXANDRIA

VA

22314-3032

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00298141

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)

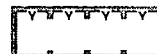


Convention (12C)



Special (12S)

Election on



in the  
State of



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



General (30G)

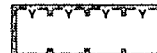


Runoff (30R)



Special (30S)

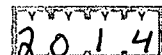
Election on



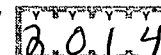
in the  
State of



5. Covering Period



through



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

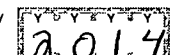
Type or Print Name of Treasurer

PETE SEPP, ACTING TREASURER

Signature of Treasurer

*Pete Sepp*

Date



NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

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 (C00298141)

Report Covering the Period:

From:

10 / 01 / 2014

To:

11 / 24 / 2014

**COLUMN A  
This Period**

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

6. (a) Cash on Hand  
January 1,

2014

17,597.40

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

17,651.27

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

11.59

65.46

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

17,662.86

17,662.86

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

15,575.00

15,575.00

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

16,105.36

16,105.36

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

0.00

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

0.00



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

## Page 3

NATIONAL TAXPAYERS UNION CAMPAIGN FUND (C00298141)



Three calibration targets are shown, each with a numerical scale. The first target has a scale from 0 to 1.0. The second target has a scale from 0 to 0.1. The third target has a scale from 0 to 2.0.

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

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



# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

## **III. Net Contributions/Operating Ex-** **penditures**

### **COLUMN A** **Total This Period**

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

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....▶
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....▶

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

PAGE 1 OF 30  
FOR LINE 24 OF FORM 3X

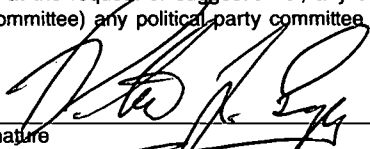
NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>		FEC IDENTIFICATION NUMBER <b>C00298141</b>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div><div>MM</div><div>DD</div><div>YYYY</div></div> <div><div>MM</div><div>DD</div><div>YYYY</div></div> <div><div>MM</div><div>DD</div><div>YYYY</div></div>	

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>		Date of Public Distribution/Dissemination <div><div>MM</div><div>DD</div><div>YYYY</div></div> <b>10/27/2014</b>	
Mailing Address <b>G.P.O. BOX 5897</b>		Amount <b>3,360.00</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	Date of Disbursement or Obligation <div><div>MM</div><div>DD</div><div>YYYY</div></div> <b>10/27/2014</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENT</b>		Category/Type	
Name of Federal Candidate <b>JONI ERNST</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>3,360.00</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: <b>IA</b>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>		Date of Public Distribution/Dissemination <div><div>MM</div><div>DD</div><div>YYYY</div></div> <b>10/30/2014</b>	
Mailing Address <b>G.P.O. BOX 5897</b>		Amount <b>1,887</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	Date of Disbursement or Obligation <div><div>MM</div><div>DD</div><div>YYYY</div></div> <b>10/30/2014</b>
Purpose of Expenditure <b>(PRESS RELEASE ANNOUNCING ENDORSEMENTS-MULTIPLE CANDIDATES)</b>		Category/Type	
Name of Federal Candidate <b>JAMES INHOFE</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1,887</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: <b>OK</b>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>3,548.7</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<b>—</b>
(c) TOTAL Independent Expenditures.....▶	<b>3,548.7</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 **12/01/2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 30  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) **NATIONAL TAXPAYERS UNION CAMPAIGN FUND**

FEC IDENTIFICATION NUMBER **000298141**

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

**1**

Name of Federal Candidate

**JIM RISCH**

☒ Support  
☐ Oppose

Office Sought:

☐ House

District:

☐ President

☒ Senate

State:

**ID**

Calendar Year-To-Date  
Per Election for Office Sought

**1887**

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▶

Date of Public Distribution/Dissemination

**10/30/2014**

Amount

**1887**

Date of Disbursement or Obligation

**10/30/2014**

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

**1**

Name of Federal Candidate

**TIM SCOTT**

☒ Support  
☐ Oppose

Office Sought:

☐ House

District:

☐ President

☒ Senate

State:

**SC**

Calendar Year-To-Date  
Per Election for Office Sought

**1887**

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▶

Date of Public Distribution/Dissemination

**10/30/2014**

Amount

**1887**

Date of Disbursement or Obligation

**10/30/2014**

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

**3774**

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

**—**

(c) TOTAL Independent Expenditures..... ▶

**3774**

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

**12/01/2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 30  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND  
FEC IDENTIFICATION NUMBER C00298141

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee

P-R NEWSWIRE ASSOCIATION, LLC

Mailing Address

G.P.O. BOX 5897

City

NEW YORK

State

NY

Zip Code

10087-5897

Purpose of Expenditure

PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)

Category/  
Type

Date of Public Distribution/Dissemination

10/30/2014

Amount

1887

Date of Disbursement or Obligation

10/30/2014

Name of Federal Candidate

JUSTIN AMASH

☒ Support  
☐ Oppose

Office Sought:

☒ House

District: 03

☐ President

☐ Senate

State: MI

Calendar Year-To-Date  
Per Election for Office Sought

1887

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▶

Full Name of Payee

P-R NEWSWIRE ASSOCIATION, LLC

Mailing Address

G.P.O. BOX 5897

City

NEW YORK

State

NY

Zip Code

10087-5897

Purpose of Expenditure

PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)

Category/  
Type

Date of Public Distribution/Dissemination

10/30/2014

Amount

1886

Date of Disbursement or Obligation

10/30/2014

Name of Federal Candidate

JIM BREIDENSTINE

☒ Support  
☐ Oppose

Office Sought:

☒ House

District: 01

☐ President

☐ Senate

State: OK

Calendar Year-To-Date  
Per Election for Office Sought

1886

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▶

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

3773

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

—

(c) TOTAL Independent Expenditures.....▶

3773

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

*[Signature]*

Date

12/01/2014

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 30  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND  
FEC IDENTIFICATION NUMBER C00298141

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee

P-R NEWSWIRE ASSOCIATION, LLC

Mailing Address

G.P.O. BOX 5897

City

NEW YORK

State

NY

Zip Code

10087-5897

Purpose of Expenditure

PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)

Category/  
Type

Name of Federal Candidate

STEVE CHABOT

☒ Support  
☐ Oppose

Office Sought:

☒ House

District: 01

☐ President

☐ Senate

State: OH

Calendar Year-To-Date  
Per Election for Office Sought

1886

Date of Public Distribution/Dissemination

10/30/2014

Amount

1886

Date of Disbursement or Obligation

10/30/2014

Full Name of Payee

P-R NEWSWIRE ASSOCIATION, LLC

Mailing Address

G.P.O. BOX 5897

City

NEW YORK

State

NY

Zip Code

10087-5897

Purpose of Expenditure

PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)

Category/  
Type

Name of Federal Candidate

DOUG COLLINS

☒ Support  
☐ Oppose

Office Sought:

☒ House

District: 09

☐ President

☐ Senate

State: GA

Calendar Year-To-Date  
Per Election for Office Sought

1886

Date of Public Distribution/Dissemination

10/30/2014

Amount

1886

Date of Disbursement or Obligation

10/30/2014

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

3772

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

(c) TOTAL Independent Expenditures.....

3772

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

12/01/2014

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 OF 30  
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 ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

☐

Name of Federal Candidate

**RON DE SANTIS**

☒ Support  
☐ Oppose

Office Sought:

☒ House  
☐ Senate

District: **06**  
State: **FL**

Calendar Year-To-Date  
Per Election for Office Sought

**1886**

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

Date of Public Distribution/Dissemination

**10/30/2014**

Amount

**1886**

Date of Disbursement or Obligation

**10/30/2014**

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

☐

Name of Federal Candidate

**JEFF DUNCAN**

☒ Support  
☐ Oppose

Office Sought:

☒ House  
☐ Senate

District: **03**  
State: **SC**

Calendar Year-To-Date  
Per Election for Office Sought

**1886**

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

Date of Public Distribution/Dissemination

**10/30/2014**

Amount

**1886**

Date of Disbursement or Obligation

**10/30/2014**

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

**3772**

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

**0**

(c) TOTAL Independent Expenditures.....▶

**3772**

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Signature

Date

**12/01/2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 6 OF 30  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND  
FEC IDENTIFICATION NUMBER 000298141

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee

P-R NEWSWIRE ASSOCIATION, LLC

Mailing Address

G.P.O. BOX 5897

City

NEW YORK

State

NY

Zip Code

10087-5897

Purpose of Expenditure

PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)

Category/  
Type

Name of Federal Candidate

JOHN J. DUNCAN, JR.

☒ Support  
☐ Oppose

Office Sought:

☐ President

☒ House

☐ Senate

District: 08

State: IN

Calendar Year-To-Date  
Per Election for Office Sought

1886

Date of Public Distribution/Dissemination

10/30/2014

Amount

1886

Date of Disbursement or Obligation

10/30/2014

Full Name of Payee

P-R NEWSWIRE ASSOCIATION, LLC

Mailing Address

G.P.O. BOX 5897

City

NEW YORK

State

NY

Zip Code

10087-5897

Purpose of Expenditure

PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)

Category/  
Type

Name of Federal Candidate

TRENT FRANKS

☒ Support  
☐ Oppose

Office Sought:

☐ President

☒ House

☐ Senate

District: 08

State: AZ

Calendar Year-To-Date  
Per Election for Office Sought

1886

Date of Public Distribution/Dissemination

10/30/2014

Amount

1886

Date of Disbursement or Obligation

10/30/2014

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

3772

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

—

(c) TOTAL Independent Expenditures.....

3772

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

*[Signature]*

Date

12/01/2014

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 7 OF 30  
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 ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

☐

Name of Federal Candidate

**SCOTT GARRETT**

☒ Support  
☐ Oppose

Office Sought:

☒ House

District: **05**

☐ President

☐ Senate

State: **NJ**

Calendar Year-To-Date  
Per Election for Office Sought

**1886**

Date of Public Distribution/Dissemination

**10 30 2014**

Amount

**1886**

Date of Disbursement or Obligation

**10 30 2014**

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▶

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

☐

Name of Federal Candidate

**TREY GOWDY**

☒ Support  
☐ Oppose

Office Sought:

☒ House

District: **04**

☐ President

☐ Senate

State: **SC**

Calendar Year-To-Date  
Per Election for Office Sought

**1886**

Date of Public Distribution/Dissemination

**10 30 2014**

Amount

**1886**

Date of Disbursement or Obligation

**10 30 2014**

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ **3772**

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶ **—**

(c) TOTAL Independent Expenditures.....▶ **3772**

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 01 2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 8 OF 30  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND  
FEC IDENTIFICATION NUMBER 000298141

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee

P-R NEWSWIRE ASSOCIATION, LLC

Mailing Address

G.P.O. BOX 5897

City

NEW YORK

State

NY

Zip Code

10087-5897

Purpose of Expenditure

PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)

Category/  
Type

Name of Federal Candidate

TOM GRAVES

☒ Support  
☐ Oppose

Office Sought:

☒ House  
☐ Senate

District: 14  
State: GA

Calendar Year-To-Date  
Per Election for Office Sought

1886

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

Date of Public Distribution/Dissemination

10/30/2014

Amount

1886

Date of Disbursement or Obligation

10/30/2014

Full Name of Payee

P-R NEWSWIRE ASSOCIATION, LLC

Mailing Address

G.P.O. BOX 5897

City

NEW YORK

State

NY

Zip Code

10087-5897

Purpose of Expenditure

PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)

Category/  
Type

Name of Federal Candidate

JEB HENSARLING

☒ Support  
☐ Oppose

Office Sought:

☒ House  
☐ Senate

District: 05  
State: TX

Calendar Year-To-Date  
Per Election for Office Sought

1886

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

Date of Public Distribution/Dissemination

10/30/2014

Amount

1886

Date of Disbursement or Obligation

10/30/2014

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

3772

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

—

(c) TOTAL Independent Expenditures.....

3772

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

*[Signature]*

Date

12/01/2014

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 9 OF 30  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND  
FEC IDENTIFICATION NUMBER 000298141

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee

P-R NEWSWIRE ASSOCIATION, LLC

Mailing Address

G.P.O. BOX 5897

City

NEW YORK

State

NY

Zip Code

10087-5897

Purpose of Expenditure

PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)

Category/  
Type

Name of Federal Candidate

GEORGE HOLDING

☒ Support  
☐ Oppose

Office Sought:

☒ House  
☐ Senate

District: 13  
State: NC

Calendar Year-To-Date  
Per Election for Office Sought

1886

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

Date of Public Distribution/Dissemination

10/30/2014

Amount

1886

Date of Disbursement or Obligation

10/30/2014

Full Name of Payee

P-R NEWSWIRE ASSOCIATION, LLC

Mailing Address

G.P.O. BOX 5897

City

NEW YORK

State

NY

Zip Code

10087-5897

Purpose of Expenditure

PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)

Category/  
Type

Name of Federal Candidate

TIM HUELSKAMP

☒ Support  
☐ Oppose

Office Sought:

☒ House  
☐ Senate

District: 01  
State: KS

Calendar Year-To-Date  
Per Election for Office Sought

1886

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

Date of Public Distribution/Dissemination

10/30/2014

Amount

1886

Date of Disbursement or Obligation

10/30/2014

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

3772

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

(c) TOTAL Independent Expenditures.....▶

3772

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

12/01/2014

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 10 OF 30  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND  
FEC IDENTIFICATION NUMBER 000298141

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee

P-R NEWSWIRE ASSOCIATION, LLC

Mailing Address

G.P.O. BOX 5897

City

NEW YORK

State

NY

Zip Code

10087-5897

Purpose of Expenditure

PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)

Category/  
Type

Name of Federal Candidate

JIM JORDAN

☒ Support  
☐ Oppose

Office Sought:

☒ House

District: 04

☐ President

☐ Senate

State: OH

Calendar Year-To-Date  
Per Election for Office Sought

1886

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

Date of Public Distribution/Dissemination

10/30/2014

Amount

1886

Date of Disbursement or Obligation

10/30/2014

Full Name of Payee

P-R NEWSWIRE ASSOCIATION, LLC

Mailing Address

G.P.O. BOX 5897

City

NEW YORK

State

NY

Zip Code

10087-5897

Purpose of Expenditure

PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)

Category/  
Type

Name of Federal Candidate

RAUL LABRADOR

☒ Support  
☐ Oppose

Office Sought:

☒ House

District: 01

☐ President

☐ Senate

State: ID

Calendar Year-To-Date  
Per Election for Office Sought

1886

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

Date of Public Distribution/Dissemination

10/30/2014

Amount

1886

Date of Disbursement or Obligation

10/30/2014

(a) SUBTOTAL of Itemized Independent Expenditures 3772

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures 3772

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

12/01/2014

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

PAGE 11 OF 30  
 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 ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <b>10 / 30 / 2014</b>	
Mailing Address <b>G.P.O. BOX 5897</b>		Amount <span style="border: 1px solid black; padding: 2px;">\$ 9 9 9 9 9 9 9 9 9 9</span> <b>1886</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <b>10 / 30 / 2014</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate <b>CYNTHIA LUMMIS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>AL</b> State: <b>WY</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">\$ 9 9 9 9 9 9 9 9 9 9</span> <b>1886</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <b>10 / 30 / 2014</b>	
Mailing Address <b>G.P.O. BOX 5897</b>		Amount <span style="border: 1px solid black; padding: 2px;">\$ 9 9 9 9 9 9 9 9 9 9</span> <b>1886</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <b>10 / 30 / 2014</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate <b>TOM MCCLINTOCK</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>04</b> State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">\$ 9 9 9 9 9 9 9 9 9 9</span> <b>1886</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">\$ 9 9 9 9 9 9 9 9 9 9</span> <b>3772</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">\$ 9 9 9 9 9 9 9 9 9 9</span> <b>—</b>
(c) TOTAL Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">\$ 9 9 9 9 9 9 9 9 9 9</span> <b>3772</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 *[Signature]*

Date M M / D D / Y Y Y Y  
**12 / 01 / 2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 18 OF 30  
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 report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<b>MM</b> / <b>DD</b> / <b>YYYY</b>

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>		Date of Public Distribution/Dissemination <b>MM</b> / <b>DD</b> / <b>YYYY</b> <b>10</b> / <b>30</b> / <b>2014</b>
Mailing Address <b>G.P.O. BOX 5897</b>		Amount <b>1886</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>		Date of Disbursement or Obligation <b>MM</b> / <b>DD</b> / <b>YYYY</b> <b>10</b> / <b>30</b> / <b>2014</b>
Name of Federal Candidate <b>THOMAS MASSIE</b>		Category/Type <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1886</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>04</b> State: <b>KY</b>
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>		Date of Public Distribution/Dissemination <b>MM</b> / <b>DD</b> / <b>YYYY</b> <b>10</b> / <b>30</b> / <b>2014</b>
Mailing Address <b>G.P.O. BOX 5897</b>		Amount <b>1886</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>		Date of Disbursement or Obligation <b>MM</b> / <b>DD</b> / <b>YYYY</b> <b>10</b> / <b>30</b> / <b>2014</b>
Name of Federal Candidate <b>MARK MEADOWS</b>		Category/Type <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1886</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>11</b> State: <b>NC</b>
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>3772</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	<b>3772</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 **[Signature]** Date **12** / **01** / **2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 13 OF 30  
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 ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

☐

Name of Federal Candidate

**MICK MULVANEY**

☒ Support  
☐ Oppose

Office Sought:

☒ House  
☐ Senate

District: **05**  
State: **SC**

Calendar Year-To-Date  
Per Election for Office Sought

**1886**

Date of Public Distribution/Dissemination

**10/30/2014**

Amount

**1886**

Date of Disbursement or Obligation

**10/30/2014**

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

☐

Name of Federal Candidate

**ROBERT PITTENGER**

☒ Support  
☐ Oppose

Office Sought:

☒ House  
☐ Senate

District: **09**  
State: **NC**

Calendar Year-To-Date  
Per Election for Office Sought

**1886**

Date of Public Distribution/Dissemination

**10/30/2014**

Amount

**1886**

Date of Disbursement or Obligation

**10/30/2014**

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

**3772**

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

(c) TOTAL Independent Expenditures.....

**3772**

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

*[Signature]*

Date

**12/01/2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 14 OF 30  
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 ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>		Date of Public Distribution/Dissemination <b>10/30/2014</b>	
Mailing Address <b>G.P.O. BOX 5897</b>		Amount <b>1886</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	Date of Disbursement or Obligation <b>10/30/2014</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>		Category/Type	
Name of Federal Candidate <b>MIKE POMPEO</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>04</b> State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought <b>1886</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>		Date of Public Distribution/Dissemination <b>10/30/2014</b>	
Mailing Address <b>G.P.O. BOX 5897</b>		Amount <b>1886</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	Date of Disbursement or Obligation <b>10/30/2014</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>		Category/Type	
Name of Federal Candidate <b>TOM PRICE</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>06</b> State: <b>GA</b>
Calendar Year-To-Date Per Election for Office Sought <b>1886</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures..... **3772**

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

(c) TOTAL Independent Expenditures..... **3772**

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

**12/01/2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 15 OF 30  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND  
FEC IDENTIFICATION NUMBER C00298141

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee

P-R NEWSWIRE ASSOCIATION, LLC

Mailing Address

G.P.O. BOX 5897

City

NEW YORK

State

NY

Zip Code

10087-5897

Purpose of Expenditure

PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)

Category/  
Type

☒ Support  
☐ Oppose

Name of Federal Candidate

REID RFBBLE

Calendar Year-To-Date  
Per Election for Office Sought

18.86

Date of Public Distribution/Dissemination

10/30/2014

Amount

18.86

Date of Disbursement or Obligation

10/30/2014

Office Sought: ☒ House District: 08  
☐ President ☐ Senate State: NY

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

Full Name of Payee

P-R NEWSWIRE ASSOCIATION, LLC

Mailing Address

G.P.O. BOX 5897

City

NEW YORK

State

NY

Zip Code

10087-5897

Purpose of Expenditure

PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)

Category/  
Type

☒ Support  
☐ Oppose

Name of Federal Candidate

TODD ROKITA

Calendar Year-To-Date  
Per Election for Office Sought

18.86

Date of Public Distribution/Dissemination

10/30/2014

Amount

18.86

Date of Disbursement or Obligation

10/30/2014

Office Sought: ☒ House District: 04  
☐ President ☐ Senate State: IN

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

(a) SUBTOTAL of Itemized Independent Expenditures 3772

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures 3772

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

*[Signature]*

Date

12/01/2014

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 16 OF 30  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
NATIONAL TAXPAYERS UNION CAMPAIGN FUND	000298141

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee P-R NEWSWIRE ASSOCIATION, LLC		Date of Public Distribution/Dissemination 10/30/2014	
Mailing Address G.P.O. BOX 5897		Amount 1886	
City NEW YORK	State NY	Zip Code 10087-5897	Date of Disbursement or Obligation 10/30/2014
Purpose of Expenditure PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)		Category/Type	
Name of Federal Candidate DANA ROHRBACHER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 48 State: CA
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)	

Full Name of Payee P-R NEWSWIRE ASSOCIATION, LLC		Date of Public Distribution/Dissemination 10/30/2014	
Mailing Address G.P.O. BOX 5897		Amount 1886	
City NEW YORK	State NY	Zip Code 10087-5897	Date of Disbursement or Obligation 10/30/2014
Purpose of Expenditure PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)		Category/Type	
Name of Federal Candidate MATT SALMON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 05 State: AZ
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)	

(a) SUBTOTAL of Itemized Independent Expenditures..... 3772

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

(c) TOTAL Independent Expenditures..... 3772

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

12/01/2014

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 17 OF 30  
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 ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

☐

Name of Federal Candidate

**MARK SANFORD**

☒ Support  
☐ Oppose

Office Sought:

☒ House

District: **01**

☐ President

☐ Senate

State: **SC**

Calendar Year-To-Date  
Per Election for Office Sought

**1886**

Date of Public Distribution/Dissemination

**10 / 30 / 2014**

Amount

**1886**

Date of Disbursement or Obligation

**10 / 30 / 2014**

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▶

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

☐

Name of Federal Candidate

**DAVID SCHWEIKERT**

☒ Support  
☐ Oppose

Office Sought:

☒ House

District: **06**

☐ President

☐ Senate

State: **AZ**

Calendar Year-To-Date  
Per Election for Office Sought

**1886**

Date of Public Distribution/Dissemination

**10 / 30 / 2014**

Amount

**1886**

Date of Disbursement or Obligation

**10 / 30 / 2014**

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ **3772**

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶ **—**

(c) TOTAL Independent Expenditures.....▶ **3772**

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

*[Signature]*

Date

**12 / 01 / 2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 18 OF 30  
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 ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

☐

Name of Federal Candidate

**JIM SENSEN BRENNER**

☒ Support  
☐ Oppose

Office Sought:

☐ President

☒ House

☐ Senate

District: **05**

State: **WI**

Calendar Year-To-Date  
Per Election for Office Sought

**1886**

Date of Public Distribution/Dissemination

**10/30/2014**

Amount

**1886**

Date of Disbursement or Obligation

**10/30/2014**

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

☐

Name of Federal Candidate

**MARLIN STUTZMAN**

☒ Support  
☐ Oppose

Office Sought:

☐ President

☒ House

☐ Senate

District: **03**

State: **IN**

Calendar Year-To-Date  
Per Election for Office Sought

**1886**

Date of Public Distribution/Dissemination

**10/30/2014**

Amount

**1886**

Date of Disbursement or Obligation

**10/30/2014**

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

**3772**

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

**—**

(c) TOTAL Independent Expenditures.....

**3772**

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

*[Signature]*

Date

**12/01/2014**

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

PAGE 19 OF 30  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NATIONAL TAXPAYERS UNION CAMPAIGN FUND FEC IDENTIFICATION NUMBER C00298141

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM/DD/YYYY

Full Name of Payee P-R NEWSWIRE ASSOCIATION, LLC Date of Public Distribution/Dissemination MM/DD/YYYY  
10/30/2014  
 Mailing Address G.P.O. BOX 5897 Amount 1886  
 City NEW YORK State NY Zip Code 10087-5897 Date of Disbursement or Obligation MM/DD/YYYY  
10/30/2014  
 Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/Type Support  
ENDORSEMENTS (MULTIPLE CANDIDATES) Name of Federal Candidate ROB WOODALL Office Sought: ☒ House District: 07  
☐ Oppose ☐ President ☐ Senate State: GA  
 Calendar Year-To-Date Per Election for Office Sought 1886 Disbursement For: ☐ Primary ☒ General  
☐ Other (specify)

Full Name of Payee P-R NEWSWIRE ASSOCIATION, LLC Date of Public Distribution/Dissemination MM/DD/YYYY  
10/31/2014  
 Mailing Address G.P.O. BOX 5897 Amount 2359  
 City NEW YORK State NY Zip Code 10087-5897 Date of Disbursement or Obligation MM/DD/YYYY  
10/31/2014  
 Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/Type Support  
ENDORSEMENTS (MULTIPLE CANDIDATES) Name of Federal Candidate TOM COTTON Office Sought: ☐ House District: AR  
☐ Oppose ☐ President ☒ Senate State: AR  
 Calendar Year-To-Date Per Election for Office Sought 2359 Disbursement For: ☐ Primary ☒ General  
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 4245  
 (b) SUBTOTAL of Unitemized Independent Expenditures.....   
 (c) TOTAL Independent Expenditures..... 4245

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 [Signature] Date 12/01/2014

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 20 OF 30  
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 ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>	Date of Public Distribution/Dissemination <b>10/31/2014</b>
Mailing Address <b>G.P.O. BOX 5897</b>	Amount <b>2359</b>
City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10087-5897</b>	Date of Disbursement or Obligation <b>10/31/2014</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>	Category/Type <b>Support</b>
Name of Federal Candidate <b>(NOTE: AND ENDORSEMENT - SEE P. 1) JONI ERNST</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>(SEE ERNST P. 1)</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>	Date of Public Distribution/Dissemination <b>10/31/2014</b>
Mailing Address <b>G.P.O. BOX 5897</b>	Amount <b>2359</b>
City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10087-5897</b>	Date of Disbursement or Obligation <b>10/31/2014</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>	Category/Type <b>Support</b>
Name of Federal Candidate <b>CORY GARDNER</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <b>2359</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

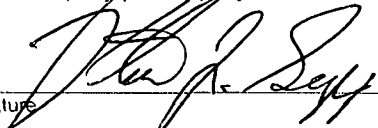
(a) SUBTOTAL of Itemized Independent Expenditures..... **4718**

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

(c) TOTAL Independent Expenditures..... **4718**

**(DOES NOT INCLUDE ERNST TOTAL P. 1)**

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 **12/01/2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 21 OF 30  
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 ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>		Date of Public Distribution/Dissemination <b>10/31/2014</b>	
Mailing Address <b>G.P.O. BOX 5897</b>		Amount <b>23.59</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	Date of Disbursement or Obligation <b>10/31/2014</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>		Category/Type	
Name of Federal Candidate <b>MITCH MCCONNELL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>
Calendar Year-To-Date Per Election for Office Sought <b>23.59</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>		Date of Public Distribution/Dissemination <b>10/31/2014</b>	
Mailing Address <b>G.P.O. BOX 5897</b>		Amount <b>23.59</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	Date of Disbursement or Obligation <b>10/31/2014</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>		Category/Type	
Name of Federal Candidate <b>MIKE MCFADDEN</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MN</b>
Calendar Year-To-Date Per Election for Office Sought <b>23.59</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ **47.18**

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ **—**

(c) TOTAL Independent Expenditures..... ▶ **47.18**

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

**12/01/2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 22 OF 30  
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 ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

Name of Federal Candidate

**DAVID PERDUE**

☒ Support  
☐ Oppose

Office Sought:

☐ House

District:

☐ President

☒ Senate

State:

**GA**

Calendar Year-To-Date  
Per Election for Office Sought

**2359**

Date of Public Distribution/Dissemination

**10 / 31 / 2014**

Amount

**2359**

Date of Disbursement or Obligation

**10 / 31 / 2014**

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

Name of Federal Candidate

**BEN SASSE**

☒ Support  
☐ Oppose

Office Sought:

☐ House

District:

☐ President

☒ Senate

State:

**NE**

Calendar Year-To-Date  
Per Election for Office Sought

**2359**

Date of Public Distribution/Dissemination

**10 / 31 / 2014**

Amount

**2359**

Date of Disbursement or Obligation

**10 / 31 / 2014**

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

**4718**

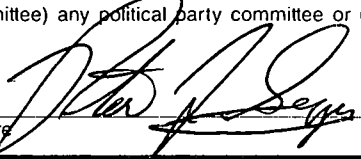
(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....

**4718**

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 / 01 / 2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 23 OF 30  
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 ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

☐

Name of Federal Candidate

**DAN SULLIVAN**

☒ Support  
☐ Oppose

Office Sought:

☐ House

District:

☐ President

☒ Senate

State:

**AK**

Calendar Year-To-Date  
Per Election for Office Sought

**2359**

Date of Public Distribution/Dissemination

**10/31/2014**

Amount

**2359**

Date of Disbursement or Obligation

**10/31/2014**

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

☐

Name of Federal Candidate

**THOM TILLIS**

☒ Support  
☐ Oppose

Office Sought:

☐ House

District:

☐ President

☒ Senate

State:

**NC**

Calendar Year-To-Date  
Per Election for Office Sought

**2359**

Date of Public Distribution/Dissemination

**10/31/2014**

Amount

**2359**

Date of Disbursement or Obligation

**10/31/2014**

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

**4718**

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

**—**

(c) TOTAL Independent Expenditures.....

**4718**

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

*[Signature]*

Date

**12/01/2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 24 OF 30  
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 ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

☐

Name of Federal Candidate

**RICK W. ALLEN**

☒ Support  
☐ Oppose

Office Sought:

☒ House

District: **12**

☐ President

☐ Senate

State: **GA**

Calendar Year-To-Date  
Per Election for Office Sought

**23.59**

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▶

Date of Public Distribution/Dissemination

**10/31/2014**

Amount

**23.59**

Date of Disbursement or Obligation

**10/31/2014**

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

☐

Name of Federal Candidate

**ROD BLUM**

☒ Support  
☐ Oppose

Office Sought:

☒ House

District: **01**

☐ President

☐ Senate

State: **IA**

Calendar Year-To-Date  
Per Election for Office Sought

**23.59**

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▶

Date of Public Distribution/Dissemination

**10/31/2014**

Amount

**23.59**

Date of Disbursement or Obligation

**10/31/2014**

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

**47.18**

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

**—**

(c) TOTAL Independent Expenditures.....▶

**47.18**

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

*[Handwritten Signature]*

Date

**12/01/2014**

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

PAGE **25** OF **30**  
 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 ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <b>10 / 31 / 2014</b>	
Mailing Address <b>G.P.O. BOX 5897</b>		Amount <span style="border: 1px solid black; padding: 2px;">\$ 9 9 9 9 9 9 9 9 9 9</span> <b>23.59</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <b>10 / 31 / 2014</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate <b>PEDRO CELIS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>01</b> State: <b>WA</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">\$ 9 9 9 9 9 9 9 9 9 9</span> <b>23.59</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <b>10 / 31 / 2014</b>	
Mailing Address <b>G.P.O. BOX 5897</b>		Amount <span style="border: 1px solid black; padding: 2px;">\$ 9 9 9 9 9 9 9 9 9 9</span> <b>23.59</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <b>10 / 31 / 2014</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate <b>CARLOS CURBELO</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>26</b> State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">\$ 9 9 9 9 9 9 9 9 9 9</span> <b>23.59</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">\$ 9 9 9 9 9 9 9 9 9 9</span> <b>47.18</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">\$ 9 9 9 9 9 9 9 9 9 9</span> <b>—</b>
(c) TOTAL Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">\$ 9 9 9 9 9 9 9 9 9 9</span> <b>47.18</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 M M / D D / Y Y Y Y  
**12 / 01 / 2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 26 OF 30  
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 report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>	Date of Public Distribution/Dissemination <b>10/31/2014</b>
Mailing Address <b>G.P.O. BOX 5897</b>	Amount <b>23.59</b>
City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10087-5897</b>	Date of Disbursement or Obligation <b>10/31/2014</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>	Category/Type <b></b>
Name of Federal Candidate <b>MARLENA GARCIA</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>02</b> State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought <b>23.59</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>	Date of Public Distribution/Dissemination <b>10/31/2014</b>
Mailing Address <b>G.P.O. BOX 5897</b>	Amount <b>23.59</b>
City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10087-5897</b>	Date of Disbursement or Obligation <b>10/31/2014</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>	Category/Type <b></b>
Name of Federal Candidate <b>FRENCH HILL</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>02</b> State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>23.59</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>47.18</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<b></b>
(c) TOTAL Independent Expenditures.....	<b>47.18</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

**12/01/2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 27 OF 30  
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 ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

☐

Name of Federal Candidate

**STEVE KING**

☒ Support  
☐ Oppose

Office Sought:

☒ House  
☐ Senate

District: **04**  
State: **IA**

Calendar Year-To-Date  
Per Election for Office Sought

**2359**

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

Date of Public Distribution/Dissemination

**10 / 31 / 2014**

Amount

**2359**

Date of Disbursement or Obligation

**10 / 31 / 2014**

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

☐

Name of Federal Candidate

**MIA LOVE**

☒ Support  
☐ Oppose

Office Sought:

☒ House  
☐ Senate

District: **04**  
State: **UT**

Calendar Year-To-Date  
Per Election for Office Sought

**2358**

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

Date of Public Distribution/Dissemination

**10 / 31 / 2014**

Amount

**2358**

Date of Disbursement or Obligation

**10 / 31 / 2014**

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

**4717**

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

**—**

(c) TOTAL Independent Expenditures..... ▶

**4717**

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

*[Signature]*

Date

**12 / 01 / 2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 28 OF 30  
FOR LINE 24 OF FORM 3X

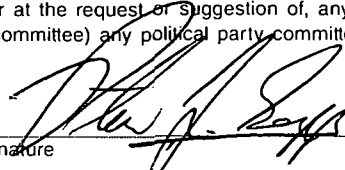
NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>	FEC IDENTIFICATION NUMBER <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>	Date of Public Distribution/Dissemination <b>10/31/2014</b>
Mailing Address <b>G.P.O. BOX 5897</b>	Amount <b>2358</b>
City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10087-5897</b>	Date of Disbursement or Obligation <b>10/31/2014</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>	Category/Type <b></b>
Name of Federal Candidate <b>MARIANNETTE MILLER-MEEKS</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2358</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>02</b> State: <b>IA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>	Date of Public Distribution/Dissemination <b>10/31/2014</b>
Mailing Address <b>G.P.O. BOX 5897</b>	Amount <b>2358</b>
City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10087-5897</b>	Date of Disbursement or Obligation <b>10/31/2014</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>	Category/Type <b></b>
Name of Federal Candidate <b>ALEX MOONEY</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2358</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>02</b> State: <b>WV</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>4716</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<b>—</b>
(c) TOTAL Independent Expenditures.....▶	<b>4716</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 **12/01/2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 29 OF 30  
FOR LINE 24 OF FORM 3X

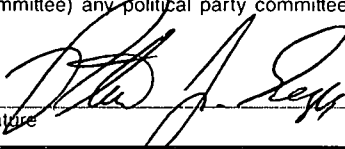
NAME OF COMMITTEE (In Full) <b>NATIONAL TAXPAYERS UNION CAMPAIGN FUND</b>		FEC IDENTIFICATION NUMBER <b>C00298141</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>		Date of Public Distribution/Dissemination <b>10/31/2014</b>
Mailing Address <b>G.P.O. BOX 5897</b>		Amount <b>2358</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>		Date of Disbursement or Obligation <b>10/31/2014</b>
Name of Federal Candidate <b>BRUCE POLIQUIN</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>02</b> State: <b>ME</b>
Calendar Year-To-Date Per Election for Office Sought <b>2358</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>P-R NEWSWIRE ASSOCIATION, LLC</b>		Date of Public Distribution/Dissemination <b>10/31/2014</b>
Mailing Address <b>G.P.O. BOX 5897</b>		Amount <b>2358</b>
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10087-5897</b>
Purpose of Expenditure <b>PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES)</b>		Date of Disbursement or Obligation <b>10/31/2014</b>
Name of Federal Candidate <b>ELISE STEFANIK</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>21</b> State: <b>NY</b>
Calendar Year-To-Date Per Election for Office Sought <b>2358</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>4716</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<b>—</b>
(c) TOTAL Independent Expenditures.....	<b>4716</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 **12/01/2014**

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 30  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) **NATIONAL TAXPAYERS UNION CAMPAIGN FUND** FEC IDENTIFICATION NUMBER **000298141**

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

**1**

Name of Federal Candidate

**DAVID YOUNG**

☒ Support  
☐ Oppose

Office Sought:

☒ House  
☐ Senate

District: **03**  
State: **IA**

Calendar Year-To-Date  
Per Election for Office Sought

**2358**

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

Date of Public Distribution/Dissemination

**10/31/2014**

Amount

**2358**

Date of Disbursement or Obligation

**10/31/2014**

Full Name of Payee

**P-R NEWSWIRE ASSOCIATION, LLC**

Mailing Address

**G.P.O. BOX 5897**

City

**NEW YORK**

State

**NY**

Zip Code

**10087-5897**

Purpose of Expenditure

**PRESS RELEASE ANNOUNCING  
ENDORSEMENTS (MULTIPLE CANDIDATES)**

Category/  
Type

**1**

Name of Federal Candidate

**LEE ZELDEN**

☒ Support  
☐ Oppose

Office Sought:

☒ House  
☐ Senate

District: **01**  
State: **NY**

Calendar Year-To-Date  
Per Election for Office Sought

**2358**

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

Date of Public Distribution/Dissemination

**10/31/2014**

Amount

**2358**

Date of Disbursement or Obligation

**10/31/2014**

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

**4716**

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

**—**

(c) TOTAL Independent Expenditures.....▶

**4716**

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

*[Signature]*

Date

**12/01/2014**

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RIA, VA 22314



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(8/2013)