1403 - 135 - 1274

FEC FORM 3X

Only

FE7AN014

REPORT OF RECEIPTS

For Other Than An Authorized Committee

-5 AH II: 39

Office Use Only

Rev. 12/2004

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		nple: If typin the lines.	g, type	12FE4M	5	
NATIONALIT	AXPAYERS	LUNTO	N C P	MPAI	6N F	JINID I	
						111	
ADDRESS (number and street)	L10181 NOR	TH AL	FRED	SITIR	EET		
▼ Check if different				<u> </u>			
than previously reported. (ACC)	ALEXIAND	PRITA			VA	2314	-1310131AI
2. FEC IDENTIFICATION N	UMBER ▼	CITY ▲		S	TATE A	ZIP CC	DDE A
COO,7,9,8,1	4.1	3. IS THIS REPORT	8\ /d	EW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	N	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	J	un 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	J	ul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Report (0	Q1) (c) 12-Day	F	Primary (12P)		General (12G)	Runoff (12R)
July 15 Quarterly Report ((Q2) PRE-Electi Report for	F-73	Convention (1	2C)	Special (12S)	
Quarterly Report (0	Q3) ,		_M 0 M /	<u> </u>	<u>~~~~~~~~~~</u>	in the	
Year-End Report (YE)	Election on				State	of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Elect Report for	1,X=X;	General (30G).'	Runoff (3	0R)	Special (30S)
Termination Report (TER)		Election on	/		· · · · · · · · · · · · · · · · · · ·	in the State	of .
# ·	o o i d) 1.4	through		12.9	à.o.1.4	Page vegation.
I certify that I have examined the	/ /.	_	ledge and b				
Type or Print Name of Treasure	PETE SE	PP A	CI+N	6 18	LEASU	IKER	
Signature of Treasurer	1 Ho. J.	Seys		Da	ate I d		à.01.4
NOTE: Submission of false, error	neous, or incomplete info	rmation may sub	ject the pers	on signing thi	s Report to th	e penalties of 52	2 U.S.C. § 30109.
Office Use						FEC FOR	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	·	Page 2
Write or Type Committee Name		
NATIONAL TAXPATE	LS UNION CAMPA	IGN FUND (CO0298
		•
Report Covering the Period: From:	0 0 1 20 1.4 TO	o: 111/24/2014
	COLUMN A	OOLUMN B
•	This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2.014		1.7,5.9.7.4.0
(b) Cash on Hand at Beginning of Reporting Period	1.7,651.2.7	
(c) Total Receipts (from Line 19)	1.1.5.9	6.5:4.6
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1.7.6.6.3.8.6	1.7,6,6,7.8,6
7. Total Disbursements (from Line 31)	1,5,5,7,50	1,,5,5,7.5.0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1.6.1.0.5.3.6	1.6.1.0.5.3.6
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a multicate	andidate 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

FE6AN026

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

1	DATIONAL TAXPATERS	UNTON CAMPATEN	FUND (CO0298141)
. R	eport Covering the Period: From:	0 0 1 2 0 1 4 TO	o: [1] 2-4 2014
	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)	The state of the s	
	Lines 11(a)(i) and (ii)	And the second of the second o	and the second s
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received		
	Loan Repayments Received Offsets To Operating Expenditures	0.00	2000
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other		0.0,0
17.	Political Committees Other Federal Receipts (Dividends, Interest, etc.)	0.0.0	0.0.0
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)		manufactured on will be added to the state of the state o
. •	(b) Levin Funds (from Schedule H5)	10.00	and the second s
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶		gamengi sanaga an ayaran ga sa
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	landa di salaman di sa	6.5.4.6

1403 135 1276

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total This Period	Calendar Year-to-Date
	(i) Federal Share	2-4-57-4-672-4-672-4	
	(ii) New Federal Chair		
	(ii) Non-Federal Share	<u> </u>	<u> </u>
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		
00	(add 21(a)(i), (a)(ii), and (b))▶	<u> </u>	<u> </u>
22.	Transfers to Affiliated/Other Party	8 0 0	
23.	CommitteesContributions to	<u> La agraga de C.O.O.</u>	L 1
_	Federal Candidates/Committees		200
24	and Other Political Committees	<u> </u>	<u> </u>
	Independent Expenditures	1	
25.	(use Schedule E)Coordinated Party Expenditures	<u> </u>	<u> </u>
	(52 U.S.C. § 30116(d)) (use Schedule F)		200
	(use scriedule F)	<u> </u>	
26	Loan Repayments Made	200	^ ^ ^ ^ ^ ^ ^ ^ ^ ^
20.	Loan riepayments wade		<u> </u>
27	Loans Made	200	777
	Refunds of Contributions To:		<u> </u>
	(a) Individuals/Persons Other Than Political Committees		-
	Than I smoot committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	,		5 P. 1 C/2 P. 2 C/2 A S C/2 A S
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	# n 212 n 212 n 10220n0	B # 613 # # 413 # # \$2.0.0
29.	Other Disbursements	0.00	$O_{1}O_{2}O_{3}O_{4}O_{5}O_{5}O_{5}O_{5}O_{5}O_{5}O_{5}O_{5$
30.	Federal Election Activity (52 U.S.C. § 30101	(20))	
	(a) Allocated Federal Election Activity	•	
	(from Schedule H6)		
	(i) Federal Share		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add		222
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0:0.0	<u> </u>
21	Total Disbursements (add Lines 21(c), 22,		
51.			
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	L	1.5.5.7.5.0
32	Total Federal Disbursements		
UZ.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		155750
		1225 517 25 O	1.5.5.7.5.0°
			•

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B

Page 5

_	penditures	Total This Period	Calendar Year-to-Date
33.	Total Contributions (other than loans)	ในของระบิ การ เลย ์ รางจากในราชเหมือนของเรื่องและเราียกและระเบิดและเกเนียก เล ะโดยเวลโ นการเราี้	hman han salten endlen end
	(from Line 11(d), page 3)		
34.	Total Contribution Refunds		The state of the s
	(from Line 28(d))	0.00	
35.	Net Contributions (other than loans)		
	(subtract Line 34 from Line 33)	0.00	0.00
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)	1.000	0.00

1403 135 1279

TE	MIZED INDEPENDENT EXPENDITURES	PAGE / OF 30 FOR LINE 24 OF FORM 3X
NΑ	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
	11) + ONLE 11) (EL) O 10+00 (MAPITED OND)	COO.23.9.8.1.4.1
_	Full Name of Payee Date of	f Public Distribution/Dissemination
	P-R NEWSWIRE ASSOCIATION, LLC Mailing Address Amoun	0 27 2014
	G.P.O. 130× 589 + City State Zip Code	,3,3,6.00
	NEW YORK NY 10087-5897 Date of	of Disbursement or Obligation
	Purpose of Expenditure Category/	6 23 2014
	Name of Federal Candidate Support Office Sought	Lacard _
	JONI ERNST Oppose Presiden	ent Senate State: IA
	Per Election for Office Sought	t For: Primary General ther (specify) ▶
	Full Name of Payee Date of	of Public Distribution/Dissemination
	P-R NEWSWIRE ASSOCIATION, LLC	0 30 2014
ļ	Mailing Address Amour	
	6-P-O. BOX 5897 City State Zip Code	
	NEW YORK NY 10087-5897 Date of	of Disbursement or Obligation
	Purpose of Expenditure (PRESS RELEASE ANNOUNCING Type	2014
	Name of Federal Candidate Candidate C	t: House District:
	JAMES INHOFE Oppose Preside	ent Senate State: OK
	Calendar Year-To-Date Per Election for Office Sought	t For: Primary General
Γ		
	(a) SUBTOTAL of Itemized Independent Expenditures	<u> </u>
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	3.5.4-8.7
	Under penalty of perjury I certify that the independent expenditures reported herein were not made in committee or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
1	Signature	

TEMIZED INDEPENDENT EXPENDITURES	PAGE 2 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATRAS UNFON CAMPAION FL	ND COO.29.8.1.4.1
Check if 24-hour report 48-hour report New report Amends report fil	ed on Man / Date / YYYYYY
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION, LLC Mailing Address	- [0'3.0'a01.4
G. P. O. BOX 5897 City State Zip Code	Amount
	1.8.8.7
Purpose of Expenditure	Date of Disbursement or Obligation
PRESS RELEASE ANNOUNCING Category/ Type FNDONSEMENTS (MULTIPLE CANDIDATES) Name of Federal Candidate Name of Federal Candidate	1.0 3.0 12.01.4
TTU DICCG	fice Sought: House District:
	President Senate State: 40
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address	- [0'30'2014
G.P.O. BOX 5897	Amount
City State Zip Code	
NEW YORK NY 10087-5897 Purpose of Expenditure	Date of Disbursement or Obligation
PRESS RELEASE ANNOUNCING Category/ Type ENDORSEMENTS (MULTIPLE CANDEDATES)	7.0 3.0 à.o.1.4
Name of Federal Candidate Support Off Oppose	fice Sought: House District:
	President Senate State: Senate State: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3.7.7.4
(b) CURTOTAL of Heitemized Independent Europaditures	handelen en handelen er handel
(b) SUBTOTAL of Unitemized Independent Expenditures	and and have linearly and linear linear land and have
(c) TOTAL Independent Expenditures	3.7.7.7
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Signature	12 O1 2014

TEMIZED INDEPENDENT EXPENDITURES	PAGE 3 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATRAS UNION CAMPAIGN FUI	OD COO298141
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	10 30 2014
G.P.O. BOX 5897	Amount
City State Zip Code	1.8.8.7
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELLASE ANNOUNCING Category/ FNDOLSE MENTS (MULTIPLE CANDIDATES) Name of Federal Candidate	10'30'2014
Name of Federal Candidate Support Office	e Sought: House District: 03
DOST+N AMASH Doppose	President Senate State: M 1
Calendar Year-To-Date Per Election for Office Sought Disb	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LIC	7.0 3.0 7.37.9
G. P. O. BOX 5897	Amount
City State Zip Code	
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Type ENDORSEMENTS (MULTIPLE CANDIDATES)	, O D / Y Y Y Y
Nome of Endoral Condidata	e Sought: House District: OI President Senate State: OK
	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3773
(b) SUBTOTAL of Unitemized Independent Expenditures	Andrew Property and the Control of t
(c) TOTAL Independent Expenditures	3.7.7.3
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Signature Date ,	2 O.L. 2 O.L.4

SCHEDULE E (F ITEMIZED INDEPEND

Signature

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 4 OF 30
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
	CIAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
NATIONAL TAXPATRAS UNFON CAMPAIGN FUN	10 100.0.4.8.1.4.11
Check if 24-hour report 48-hour report New report Amends report filed	on My M / DYD / YYYYYY
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	10'30'2014
G.P.O. BOX 5897	Amount
City State Zip Code	1.8.8.6
NEW LORK NY 10087-5897 Purpose of Expenditure	Date of Disbursement or Obligation
PRESS RELEASE ANNOUNCING Category/ Type ENDONSEMENTS (MULTIPLE CANDIDATE) Name of Federal Candidate X Support Office	10 3.0 2.014
Name of Federal Candidate Support Office	Sought: House District:
DIE UE CHABOT Oppose	President Senate State: Off
Calendar Year-To-Date Per Election for Office Sought Disbu	rsement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address	10/80/2014
C. P. O. D. O. V. E. Q. Z.	Amount
City State Zip Code	
NEW YORK NY 10087-5897	Date of Disbursement or <u>Obligation</u>
Purpose of Expenditure PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDIDATES) Category/ Type	10'30'2014
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sought: House District:
DOUG COLLINS DOPPOSE	President Senate State: 6A
Calendar Year-To-Date Per Election for Office Sought Disbu	ursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3.7.7.2
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3.7.7.2
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Signature Date	2 01 2014

SCHEDULE E	(FEC	Form	3X)	
ITEMIZED INDEPE	NDENT	EXPE	NDITUR	ES

TEMIZED INDEPENDENT EXPENDITURES	PAGE 5 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATERS UNFON CAMPAION FUN	$C \wedge \wedge \wedge \wedge \circ $
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	10 3.0 201.4
G.P.O. BOX 5897	Amount
City State Zip Code	1.8.8.6
NEW LORK NY 10087-5897 Purpose of Expenditure	Date of Disbursement or Obligation
PRESS RELEASE ANNOUNCING Category/ Type ENDONSEMENTS (MULTIPLE CANDIDATES) Name of Federal Candidate Visuance Confidence Visuance C	LO 30 AOLY
Support Since	Sought: House District: 66
RON DESANTES Oppose	President Senate State: L rsement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address	10'30'2014
G.P.O. BOX 5897	Amount
City State Zip Code	1.8.8.6
Purpose of Expenditure Pose of October ANALOGIAL CALE Category/ Category/ Category/	Date of Disbursement or Obligation
ENDORSEMENTS (MULTIPLE CANOZDATES) Type	10 30 à DIY
Name of Federal Candidate Support Office Oppose	Sought: House District: 03 President Senate State: 5
Calendar Year-To-Date Disbu	rsement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3777
(h) CUDTOTAL of Unitersized Independent Superality and	Company and Company and Company and Company
(b) SUBTOTAL of Unitemized Independent Expenditures	- Complement Commission of the
(c) TOTAL Independent Expenditures	37.73
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Signature Date Date	2 01 2014
· '	

SCHEDU	LE	E ((FEC	Form	3X)	
ITEMIZED	INDI	EPE	NDENT	EXPE	NDITURE	S

TEMIZED INDEPENDENT EXPENDITURES	PAGE 6 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATERS UNFOR CAMPAION FU	OND C10.0.29.8.1.4.1
Check if 24-hour report 48-hour report New report Amends report fil	建设理程设计 ,但实实是实现 , 建设实施设施建设
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	1.0 3.0 a.o.1.9
G.P.O. BOX 5897	Amount
City State Zip Code	1.8.8.6
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Type Type Type Type Type Type	Lo 30 ao 19
Name of Federal Candidate Manual Candidate Multiple CANDIDATE Support Off	fice Sought: House District:
JOHN J. DUNCAN JR. Oppose	President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought Dis	Sbursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC	- LÖ 3.0 2.01.4
Mailing Address	Amount
G. P. O. $BO \times 5894$ City State Zip Code	1886
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PASS DS 1 4 4 5 6 AN AD CLASS Category/ Category/	Man / Sold / YYYY
ENDORSEMENTS (MULTIPLE CANOZDATES)	1/01 13.01 (A.O.1.91
Support On	fice Sought: House District: 08 President Senate State: 12
TRENT FRANKS Oppose	President Senate State: 112 sbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2771
	Detait of
(b) SUBTOTAL of Unitermized Independent Expenditures	and the section of th
(c) TOTAL Independent Expenditures	3.7.7.2
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or enggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Signature Date	13/01/2014

TEMIZED INDEPENDENT EXPENDITURES	PAGE 7 OF 30
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATRAS UNION CAMPAION F	UND COO298141
Check if24-hour report48-hour report New report Amends report	
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	Lo'30'a'019
	Amount
G. P. O. BOX 5897 City State Zip Code	18086
NEW YORK NY 10087-589	
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Type	Jacob dispulsement of Obligation
Name of Federal Candidate K Support	Office Sought: House District: 55
SCOTT GARRETT Oppose	President Senate State:
	Disbursement For: Primary General
Per Election for Office Sought	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address	-10'30'30'3019
1 -	Amount
G. P. O. BOX 5897 City State Zip Code	1.8.8.6
NEW YORK NY 10087-589	
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Type	Date of Disoursement of Obligation
ENDORSEMENTS (MULTIPLE CANDIDATES)	
	Office Sought: House District: 54 President Senate State: 5C
	President Senate State: School
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·
(b) SUBTOTAL of Unitemized Independent Expenditures	> And a The share the Things of the State of
(c) TOTAL Independent Expenditures	- 3.7.7.2
Under penalty of perjury I certify that the independent expenditures reported herein were no	of made in cooperation, consultation, or concert
with, or at the request or suggestion of, any candidate or authorized committee or agent of oparty committee) any political party committee or its agent.	·
Signature Date	12 01 2014
Gignature // -	• • • • • • • • • • • • • • • • • • • •

TEMIZED INDEPENDENT EXPENDITURES	PAGE 8 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER V
NATIONAL TAXPATRAS UNFON CAMPAIGN FUNI Check if 24-hour report 48-hour report New report Amends report filed on	AND PROPERTY AND PROPERTY AND SAFETY CO. AND PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF T
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	nate of Public Distribution/Dissemination
	late of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING ENDONSEMENTS (MULTIPLE CANDIDATE) Name of Federal Candidate Support Office Signment	[LO 3.8 2014]
TOM GRAVES Oppose Pr	esident Senate State: A General
Per Election for Office Sought	Other (specify) Oate of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address	Mount
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Type ENDORSEMENTS (MULTIPLE CANDIDATES)	Date of Disbursement or Obligation 1.0 3.0 2.2 4
JEBHENSARLING Oppose Pr	resident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	ement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3.7.7.7
(b) SUBTOTAL of Unitemized Independent Expenditures	and the second s
(c) TOTAL Independent Expenditures	3.7.7.7
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	•
Signature Date Jag	01 20.14

TEMIZED INDEPENDENT EXPENDITURES	PAGE 9 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATERS UNTON CAMPAION F	UND COO298141
Check if 24-hour report 48-hour report New report Amends report	医花型医花科 , 医大型医皮料 , 医艾利斯尔利耳尔斯里尔科
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	- 10 30 2014
G. P. O. BOX 5897 City State Zip Code	Amount
1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18.8.6
NEW YORK NY 10087-589	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Type FNDONSEMENTS (MULTIPLE CANDIDATES) Name of Federal Candidate Visuanost	10'30'a014
Support	Office Sought: House District: 13
GEORGE HOLDING DOPPOSE	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, L'IC	— Do'3.8' 2.27.4
G.P.O. BOX 5897	Amount
City State Zip Code	, 18.86
NEW YORK NY 10087-589	7 Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Type ENDORSEMENTS (MULTIPLE CANDEDATES)	10 30 2014
	Office Sought: House District: O I
TIM HUELSKAMP Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1 7 7 7
(a) SOBTOTAL OF REFINZED INDEPENDENT EXPENDITURES	3 atiented
(b) SUBTOTAL of Uniternized Independent Expenditures	>
(c) TOTAL Independent Expenditures	· 3.7.7.2
Under penalty of perjury certify that the independent expenditures reported herein were new with, or at the request or eaggestion of, any candidate or authorized committee or agent of	
party committee) any political party committee or its agent.	, , ,
note.	13 01 2014
Signature	419.2 CALA 10O. 1

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF 30 FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
NATIONAL TAXPATRAS UNFON CAMPAION FUI	ND C00748141			
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / DRD / YTYTY			
Full Name of Payee	Date of Public Distribution/Dissemination			
P-R NEWSWIRE ASSOCIATION, LLC Mailing Address	10/30/2014			
G.P.O. BOX 5897	Amount			
City State Zip Code	18.8.6			
NEW YORK NY 10087-5897 Purpose of Expenditure	Date of Disbursement or Obligation			
PRESS RELEASE ANNOUNCING Category/ Type FNOOLSE MENTS (MULTIPLE CANDIDATES) Name of Federal Candidate Support Office	10/30/2019			
Support Sind	te Sought: House District: 04			
JIM JORDAN DOPPOSE	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address				
G.P.O. BOX 5897	Amount			
City State Zip Code	8.86			
NEW YORK NY 10087-5897	Date of Disbursement or Obligation			
Purpose of Expenditure PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANDEDATES) Name of Federal Candidate X Support Office	10/30/2014			
Name of Federal Candidate RAUL ABRADOR Oppose Oppose	the Sought: House District: O			
	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	3.7.7.2			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	3.7.7.2			
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 J	a 0.1.4			

TEMIZED INDEPENDENT EXPENDITURES	PAGE 1 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (IN FUII) NATIONAL TAXPATRAS UNTON CAMPAION FUN	FEC IDENTIFICATION NUMBER ▼
Check if 24-hour report 48-hour report New report Amends report filed or	
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	Date of Public Distribution/Dissemination 10 20 20 20 20 20 20 20 20 20 20 20 20 20
NEW LORK NY 10087-5897 Purpose of Expenditure PRESS RELLASE ANNOUNCING Category/ Type FNDONSEMENTS (MULTIPLE CANDIDATES) Name of Federal Candidate X Support Office S	Date of Disbursement or Obligation 10 / 30 / 20 / 4
Calendar Year-To-Date Per Election for Office Sought Disburse Disburse	resident Senate State: 4 ement For: Primary General Other (specify) Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address	Amount
NEW YORK NY LOOST-5007	Date of Disbursement or Obligation Date of Disbursement or Obligation Date of
TOMMCCLINTOCK Oppose Oppose	resident Senate State: CA ement For: Primary General Other (specify) •
(a) SUBTOTAL of Itemized Independent Expenditures	3.7.7.7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3.7.7.9
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent. Date	

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES	PAGE 17 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATRAS UNION CAMPAION FU	ND CO0298141
Check if 24-hour report 48-hour report New report Amends report file	MAN / PERD / YYYYY
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	10 30 à019
G.P.O. BOX 5897	Amount
City State Zip Code	1886
NEW YORK NY 10087-5897	Date of Disbursement or Obligation_
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Type	LO 3.0 2.01.4
Name of Federal Candidate Support Office	ce Sought: House District: 04
THOMAS MASSIE DOPPOSE	President Senate State:
	pursement For: Primary General
	Other (specify) -
P-R NEWS WITE ASSOCIATION, LLC	Date of Public Distribution/Dissemination
Mailing Address	
G.P.O. BOX 5897	Amount
City State Zip Code	1.8.8.6
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Type FNOORSEMENTS (MULTIPLE CANOZDATES)	[0 30 2514
	ce Sought: House District:
MARKMEADOWS DOPPOSE	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	bursement For: Primary General
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3.7.7.7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7-1-1
(,	Landamen Cina Cina Satrica Tools
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either	· · · · · · · · · · · · · · · · · · ·
party committee) any political party committee or its agent.	
Date in	3 01 2014
Signatur	entre description (A), and a supply (A)

EMIZED INDEPENDENT EXPENDITURES	PAGE 3 OF 30 FOR LINE 24 OF FORM 3X		
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
NATIONAL TAXPATRAS UNFON CAMPAION FUN	1D C00298141		
theck if 24-hour report 48-hour report New report Amends report filed			
Full Name of Payee	Date of Public Distribution/Dissemination		
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	[0] 30 2014		
G.P.O. BOX 5897	Amount		
City State Zip Code	1.8.8.6		
NEW LORK NY 10087-5897 Purpose of Expenditure	Date of Disbursement or Obligation		
PRESS RELEASE ANNOUNCING Calegory/ Type FNDONSEMENTS (MULTIPLE CANDIDATES) Name of Federal Candidate X Support Office	1.0 3.0 2.01.4		
Composit Common	e Sought: House District: 05		
MICK MULLANET Oppose	President Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought Disbl	ursement For: Primary General Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address	10/30/2014		
G.P.O. BOX 5897	Amount		
City State Zip Code	L		
NEW YORK NY 10087-5897 Purpose of Expenditure Category/ Category/	Date of Disbursement or Obligation		
ENDORSEMENTS (MULTIPLE CANDIDATES) Type	[0] 3.0 2.0.1.9		
I D a A = A = D = A Support	e Sought: . X House District: \(\frac{1}{2} \) President \(\text{Senate} \) Senate State: \(\frac{1}{2} \)		
	ursement For: Primary General Other (specify) ▶		
	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	3.7.7.2		
(b) SUBTOTAL of Unitemized Independent Expenditures			
	marken street street and and street and and street		
(c) TOTAL Independent Expenditures	3.7:7.2		
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 siggestion 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.			
Will Sun and S	3 01 2014		
Signature	a: W.1. & O. 1.4.		

TEMIZED INDEPENDENT EXPENDITURES	PAGE 14 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATERS UNFON CAMPAION FO	COO298141
Check if 24-hour report 48-hour report New report Amends report fi	経済を設置し、表示を表示す。 (をひんきのなかな表示なる)
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	- 10'3.0'2.01.4
G.P.O. BOX 5897	Amount
City State Zip Code	1.8.8.6
Purpose of Expenditure	7 Date of Disbursement or Obligation
PRESS RELLASE ANNOUNCING Category/ Type FNOOLSEMENTS (MULTIPLE CANDIDATES) Name of Federal Candidate	70/30/2014
DO NO NO DE DESCRIPTION DE SUPPORT DE	House District: 54 President Senate State: 55
	President Senate State: 1 Senate State
Per Election for Office Sought	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC	- 10'30'ZO14
Mailing Address G. P. O. BOX 5897	Amount
$6.P.O.BO \times 5894$ City State Zip Code	1.8.8.6
NEW YORK NY 10087-589=	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Type ENDORSEMENTS (MULTIPLE CANDEDATES)	10'38'2014
Nome of Codesol Considers	Office Sought: House District: 06
TOM PRICE DOPPOSE	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	isbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3.7.7.2
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	37.72
	The state of the s
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eiparty committee) any political party committee or its agent.	
Date Specific Date	12 01 2014
Signal fre //	THE PARTY OF THE P

SCHEDU	LE	E ((FEC	Form	3X)
ITEMIZED	INDI	EPEN	NDENT	EXPE	NDITURES

TEMIZED INDEFERDENT EXTENDITORIES	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NOTALLA TAKAR (ACCUATA) AND ACCUATA	C0.0.2.9.8.1.4.1
NATIONAL TAXPATERS UNTON CAMPAION FUN	A Company (
Check if 24-hour report 48-hour report New report Amends report filed	on The state of th
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	[0'30'2014
G.P.O. BOX 5897	Amount
City State Zip Code	18.86
NEW LORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Type FNDONSEMENTS (MULTIPLE CANDIDATES)	10/30/2014
	e Sought: X House District: 08
REID RIBBLE Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbu	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address	18 ' 38 ' 2019
	Amount
G. P. O. BOX 5897 City State Zip Code	1886
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Type	70/38/8079
Name of Federal Candidate	
Name of Federal Candidate Support Office Oppose	e Sought: House District: 04 President Senate State: 4
Calendar Year-To-Date Disb	ursement For: Primary K General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	0.7.7.0
(a) SUBTOTAL OF RETRIZED RIDEPERIORILES	3. Tintad
(b) SUBTOTAL of Unitemized Independent Expenditures	as and have red come? Discreption and have the Committee of the Committee
(c) TOTAL Independent Expenditures	3772
Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Signature Date Date	2 OU 2014

SCHEDULE E (FEC Form 3X)

CHEDOLL E (FECTORIII 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 16 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATERS UNFON CAMPAION F	CO.O. J. 9. 8. 1.4.1
Check if 24-hour report 48-hour report New report Amends report	
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	<u> </u>
G.P.O. BOX 5897	Amount
City State Zip Code	<u> </u>
Purpose of Expenditure	Date of Disbursement or Obligation
PRESS RELEASE ANNOUNCING Category/ Type FNDONSEMENTS (MULTIPLE CANDIDATES) Name of Federal Candidate	1 10 30 80.19
DANA ROM RASACITED Support Oppose	Office Sought: House District: 48 President Senate State:
Calendar Year-To-Date Per Florting for Office Sought	Disbursement For: Primary General
Per Election for Office Sought	Other (specify)
P-R NEWS WIRE ASSOCIATION, LLC	Date of Public Distribution/Dissemination
Mailing Address	
G.P.O. BOX 5897	Amount
City State Zip Code	
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Tyne	Date of Disbursement or Obligation
ENDORSEMENTS (MULTIPLE CANDEDATES)	1 LO BO B.O.1.9
Name of Federal Candidate Support	Office Sought: House District: 05 President Senate State: A2
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) CURTOTAL of the size of Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	- Stated
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	· 37.7.2
Under penalty of perjury I certify that the independent expenditures reported herein were	
with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	f either, or (if the reporting entity is not a political
	A WANT I LOUGHED IN THE SAME ASSESSED.
Signature	12/01/2014

EMIZED INDEPENDENT EXPENDITURES	PAGE 77 OF 30 FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATRAS UNFON CAMPAION FUN	D C0.0.2.9.8.1.4.1
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	10 30 2014
G. P. O. BOX 5897 City State Zip Code	Amount
115 1006	18.8.6
NEW LORK NY 10087-5897 Purpose of Expenditure	Date of Disbursement or Obligation
PRESS RELEASE ANNOUNCING Category/ Type FNOOLSE MENTS (MULTIPLE CANDIDATE) Name of Federal Candidate Name of Federal Candidate	10'30'2019
Support One	e Sought: House District:
MA(2K SAN FORD Oppose D	President Senate State: ursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought Disbl	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address	10'30'2019
G.P.O. BOX 5897	Amount
City State Zip Code	1.8.86
NEW YORK NY 10087-5897 Purpose of Expenditure	Date of Disbursement or Obligation
PRESS RELEASE ANNOUNCING Category/ Type Name of Federal Candidate V Support Office	10/30/2014
Support	e Sought: House District: 06
DAVID SCHWEIKERT Oppose	President Senate State: #12
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	0.7.7.6
(a) SUBTOTAL OF HEILIZED INDEPENDENT EXPENDITURES	3 tinted
(b) SUBTOTAL of Unitemized Independent Expenditures	and and and the other days the state of the
(c) TOTAL Independent Expenditures	3.7.7.2
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Signature Date Date	a 61 a 0.14

PAGE 18 OF 30 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATRAS UNFON CAMPAIGN FUND COO. 29.8.1.4.1	
Check if 24-hour report 48-hour report New report Amends report file	
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	La Ba Baly
G.P.O. BOX 5897	Amount
City State Zip Code	1886
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Type ENDORSEMENTS (MULTIPLE CANDIDATES)	75 38 BOLY
I Name of Control Constitutes \	e Sought: House District: 05
JEM SENSEN BRENNER Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought Dist	ursement For: Primary General
	Other (specify) -
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address	10 30 2019
G.P.O. BOX 5897	Amount
City State Zip Code	1886
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Type	10 30 20.14
Name of Federal Candidate Name of Federal Candidate X Support Office	te Sought: House District: 03
MARLIN STUTZMAN Oppose	President Senate State: IN
Calendar Year-To-Date Dist	oursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	37.72
(b) SUBTOTAL of Unitemized Independent Expenditures	
, ,	and the second s
(c) TOTAL Independent Expenditures	3.7.7.2
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request of suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	er, or (if the reporting entity is not a political
Signature Date	3 6012014
# //	

TEMIZED INDEPENDENT EXPENDITURES	PAGE 19 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATERS UNFON CAMPAION FUI	UD COO298141
Check if 24-hour report 48-hour report New report Amends report filed	**************************************
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	10/30/2014
G. P. O. BOX 5897 City State Zip Code	Amount
1115 1 1006	1.8.86
Purpose of Expenditure	Date of Disbursement or Obligation
PRESS RELLASE ANNOUNCING Category/ Type FNOOLSEMENTS (MULTIPLE CANDIDATES) Name of Federal Candidate V Support Office	LO BO BOLY
Support	te Sought: House District: 07
1405 WOODALL Oppose Dish	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Other (specify) >
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC	10 31 2014
G.P.O. BOX 5897	Amount
City State Zip Code	7.3.59
NEW YORK NY 10087-5897 Purpose of Expenditure	Date of Disbursement or Obligation
PRESS RELEASE ANNOUNCING Category/ Type ENDORSEMENTS (MULTIPLE CANDIDATES) Name of Federal Candidate Support Office	
Support One	President Senate State:
Calendar Year-To-Date Dist	President Senate State: The pursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	4748
(b) SUBTOTAL of Unitemized Independent Expenditures	and the arterial literaline allowed literature the section of the
(c) TOTAL Independent Expenditures	42.45
Under penalty of perjury certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Signature Date J	2 ON 2014

TEMIZED INDEPENDENT EXPENDITURES	PAGE 20 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXABALLAL MATCH FIR	C00298141
NATIONAL TAXPATRAS UNION CAMPAIGN FUR	
Check if 24-hour report 48-hour report New report Amends report filed	d on
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	10/31/2019
G.P.O. BOX 5897	Amount
City State Zip Code	2.3.59
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Type FNOOLSE MENTS (MULTIPLE CANDIDATES)	[0'31' 7019
At Tadami Candidata	e Sought: House District:
JONJ ERNST Doppose	President Senate State: Th
Per Election for Office Sowaht 259 5 9	ursement For: Primary General
SEE ENNST P	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC	
Mailing Address	Amount
G.P.O. BOX 5897	7.110011
City State Zip Code	Leon M.S.S.Y
Purpose of Expenditure Purpose of Expenditure Category/ Categor	Date of Disbursement or Obligation
PRESS RELEASE ANNOUNCING Category/ ENDORSEMENTS (MULTIPLE (MOZDATES)	10 31 2014
	e Sought: House District:
	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	47.18
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	47.18
(DOES NOT INCLUDE ERNST TOTAL P. 1	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
1H1 /	rymaging , genigragoryjano , zarymo to bi provincio od
Signature Date Date	a O1 2014
<u> </u>	

TEMIZED INDEFENDENT EXPENDITORES	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
110	C00298141
NATIONAL TAXPATERS UNTON CAMPATON FO	UND LINE OF THE PROPERTY OF TH
Check if 24-hour report 48-hour report New report Amends report	filed on
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	10'31'à019
G.P.O. BOX 5897	Amount
City State Zip Code	7.3.5.9
NEW YORK NY 10087-589	7 Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/	10'31'2014
Name of Federal Candidate X Support Candidate	Office Sought: House District:
MITCH MCCONNELL DOPPOSE	President State: KY
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address	[O'3] AOJ9
G. P. O. BOX 5897	Amount
City State Zip Code	73.59
NEW YORK NY 10087-589	7 Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Type ENDORSEMENTS (MULTIPLE CANOZDATES)	10'31'2014
Name of Federal Candidate Support	Office Sought: House District:
MIKE MCFADDEN Oppose	President Senate State: M.N.
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures	+ 47.1.8
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Signature Date	12 01 2014

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 2 OF 3 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATRAS UNFON CAMPAION FUN	COO298141
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dad / Yavavav
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	10 31 2014
G.P.O. BOX 5897	Amount
City State Zip Code	23.5.9
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING ENDOLS MENTS (MULTIPLE CANDIDATE) Name of Federal Candidate V Support Office	MÖ BI AOLY
a composit conce	Sought: House District:
DAVID PERDUE Oppose	President Senate State: 6H
Calendar Year-To-Date Per Election for Office Sought Disbut	rsement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address	10'31'2019
G. P. O. BOX 5897	Amount
City State Zip Code	3.5.9
NEW YORK NY 10087-5897 Purpose of Expenditure	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING ENDORSEMENTS (MULTIPLE CANOTDATES) Name of Federal Candidate Category/ Type Support Office	10 31 2014
BEN SASSE Support Office	President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought Disbu	rsement For: Primary General Other (specify) ▶
	Cirie (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	9.7.18
(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 may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Signature Date J	2 61 2014

TEMIZED INDEPENDENT EXPENDITURES	PAGE 3 OF 3 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATRAS UNFON CAMPAIGN FUN	OO.29.8.4.1
Check if 24-hour report 48-hour report New report Amends report filed	on MTM / DTD / YTYTY
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	10 31 aoi4
G.P.O. BOX 5897	Amount
City State Zip Code	7.3.5.9
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Type ENDONSEMENTS (MULTIPLE CANDIDATE)	10/31/2014
	e Sought: House District:
DAN SULLTVAN Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbu	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address	10'31'a019
G.P.O. BOX 5897	Amount
City State Zip Code	23.5.9
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Type ENDORSEMENTS (MULTIPLE CANOIDATES)	10'31'2019
	e Sought: House District:
IHOM TILLIS Oppose	President Senate State: NC Ursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	4718
	honotherestandonestherestherestherestherestherestherest posterprinapping greenpermymaging property (new York)
(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 may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
Signature Date Date	2 01 2014

TEMIZED INDEPENDENT EXPENDITURES	PAGE 2 4 OF 3 O FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATRAS UNFON CAMPAIGN FUN	D C0.0.2,9.8.1.4.1
Check if 24-hour report 48-hour report New report Amends report filed	on Marm / Darb / Yarvary
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	[0/3] 2019
G.P.O. BOX 5897	Amount
City State Zip Code	7.3.5.9
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Calegory/ Type FNOOLSE MENTS (MULTIPLE CANDIDATES)	70 31 2019
Name of Federal Candidate Name of Federal Candidate Support Office	Sought: X House District:
RICK W. ALCEN DOppose	President Senate State: 6A
Calendar Year-To-Date Per Election for Office Sought Disbu	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address	10'31'2014
GPO BOX 5897	Amount
City State Zip Code	<u>3.59</u>
NEW YORK NY 10087-5897 Purpose of Expenditure	Date of Disbursement or Obligation
PRESS RELEASE ANNOUNCING Type ENDORSEMENTS MULTIPLE CANDEDATES	10 3.1 B.O.1.4
Name of Federal Candidate Support Oppose	e Sought: X House District: 4
	ursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	47.18
(b) SUBTOTAL of Unitemized Independent Expenditures	220-00-20-00-00-00-00-00-00-00-00-00-00-
(c) TOTAL Independent Expenditures	47.1.8
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Signature Date Date	2 O.1 2 O.1 4

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 25 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATERS UNTON CAMPAIGN FUR	C0.0.29.8.1.4.1
Check if 24-hour report 48-hour report New report Amends report filed	医双角性皮肤 ,是这种有效的,是这种形式的现在分词
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	LO' 31 2019
G.P.O. BOX 5897	Amount
City State Zip Code	L
NEW LORK NY 10087-5897 Purpose of Expenditure	Date of Disbursement or Obligation
PRESS RELEASE ANNOUNCING Calegory/ Type ENDONSEMENTS (MULTIPLE CANDIDATES)	(LO) 31 AOLA
O = N N	e Sought: House District:
PEDRO CELIS Dipose	President Senate State: W// ursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WITE ASSOCIATION, LLC Mailing Address	10 31 2019
G.P.O. BOX 5897	Amount
City State Zip Code	23.59
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCIAG Category/ ENDORSEMENTS (MULTIPLE CANOTDATES) Name of Federal Candidate	10/37/2014
TO A A SOCIAL SO	e Sought: House District: 26
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	4.7.1.8
(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 mittensively a suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Signature Date J	3 62 2014

EMIZED INDEPENDENT EXPENDITURES	PAGE 76 OF 30 FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATRAS UNFON CAMPAION FUN	10 Cloo29.81.4.1
Check if 24-hour report 48-hour report New report Amends report filed	ምጃቸውሽ / ምስሜምስሽ / ሙያ ሥናሚናቸውም
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	10 31 2014
G. P. O. BOX 5897 City State Zip Code	Amount
115.3.0006	2.3.5.9
NEW LORK NY 10087-5897 Purpose of Expenditure	Date of Disbursement or Obligation
PRESS RELEASE ANNOUNCING Category/ Type FNDONSEMENTS (MULTIPLE CANDIDATES) Name of Federal Candidate VI Support Office	
Support Cince	e Sought: House District:
MARLINDA GARCIA Oppose	President Senate State: NH Jursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought Disbu	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WITE ASSOCIATION, LLC Mailing Address	[31 2019]
G.P.O. BOX 5897	Amount
City State Zip Code NEW YORK NY 10087-5897	<u> </u>
Purpose of Expenditure	Date of Disbursement or Obligation
ENDORSEMENTS (MULTIPLE CANDIDATES)	10 31 2019
Name of Federal Candidate Support Office Oppose	e Sought: House District: OF P
Calendar Year-To-Date Disbu	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	4.7.1.8
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	47.2
	and the state of t
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request of suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee of its agent.	
A Comment of the Comm	hawai i kagangga i kakamananana kari
Signature Date	2 01 2014

TEMIZED INDEPENDENT EXPENDITURES	PAGE 77 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATRAS UNFON CAMPAION FUN	
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	[0' 3.1' 2.01.9
G. P. O. BOX 5897 City State Zip Code	Amount
115 1 150/5	2.3.5.9
Purpose of Expenditure PD F C C D F F A C F A N N O C N C T N G Category/	Date of Disbursement or Obligation Disbursement or Obligation Disburs
ENDONSEMENTS (MULTIPLE CANDIDATES	
STEVE KING Support Oppose	e Sought: X House District: 04 President Senate State: 1
Calendar Year-To-Date Disbu	ursement For: Primary General
Per Election for Office Sought Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC	10'31'2019
Mailing Address	Amount
G. P. O. $BO \times 5897$ City State Zip Code	7.3.5.8
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Type Category/ Type	10'31'2014
	e Sought: House District: 0 4
	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	4.7.1.7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	4 Tale Ti
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Date V	3 01 2014
Signature //	

ITEMIZED INDEPENDENT EXPENDITURES	PAGE A 5 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATERS UNFOR CAMPAION FUL	C100298141
Check if 24-hour report 48-hour report New report Amends report file	SALESTANDO CARROLLES DE LA CAR
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION, LLC Mailing Address	70 31 2019
G.P.O. BOX 5897	Amount
City State Zip Code	7.3.5.8
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Type FNOOLSE MENTS (MULTIPLE CANDIDATES)	10 37 2014
Name of Federal Candidate Name of Federal Candidate Support Office Support Offic	e Sought: House District: 02
MARIANNETTE MILLER-MEEKS Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary X General
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address	10'31'2014
G.P.O. BOX 5897	Amount
City State Zip Code	1.3.5.8
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Category/ Type ENDORSEMENTS (MULTIPLE CANOTDATES)	[0] 31 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 0 2
TLEX MOONEY Dopose	President Senate State: WV
Calendar Year-To-Date Per Election for Office Sought	oursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	4716
	handra de la company de la com
(b) SUBTOTAL of Unitemized Independent Expenditures	and market in the robes and mark the robes and the robes a
(c) TOTAL Independent Expenditures	4.7.1.6
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request of Suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Signardire Date	2 O1 2014

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NOTE ON ALL TA COLOR (10 COLOR) ALL AND END CO. 2.9.8.1.4.1	
NET I DNIL I HXPITTELS UNION CHAPITION FUND	
Check if 24-hour report 48-hour report New report Amends report filed	on My M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	7.0.1.4
G.P.O. BOX 5897	Amount
City State Zip Code	2258
NEW YORK NY 10087-5897	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Purpose of Expenditure	Date of Disbursement or Obligation
ENDONS MENTS MULTIPLE CANDIDATES	1.0 3.1 2.01.4
Name of Federal Candidate BRUCE POLI QUIN Oppose	President Senate State:
	rsement For: Primary X General
Per Election for Office Sought	Other (specify) >
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address	10 31 7.01.4
G.P.O. BOX 5897	Amount
City State Zip Code	
NEW YORK NY 10087-5897	Date of Disbursement or Obligation
Purpose of Expenditure PRESS RELEASE ANNOUNCING Type Type	1.0 3.1 2.0.1.4
Name of Federal Candidate Name of Federal Candidate X Support Office	Sought: X House District: 2/
FLISE STEFANTA Oppose	President Senate State:
Outerloar four to Date	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	4716
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	4216
· · · · · · · · · · · · · · · · · · ·	- manualina de la como trisla de la
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.	
1 1 S	M . / \$00000 / 4540 44004 44
Signature Date	3 01 2014

PAGE 79 OF 30

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 3 OF 30 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL TAXPATERS UNION CAMPAION FUN	COO29814.1
Check if 24-hour report 48-hour report New report Amends report filed	ምለምለ ግ / ምስማውን / ምንጭንጭንማን
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWSWIRE ASSOCIATION LLC Mailing Address	[10] [3.1] [2.0.1.4]
G.P.O. BOX 5897	Amount
City State Zip Code	<u></u>
NEW LORK NY 10087-5897 Purpose of Expenditure	Date of Disbursement or Obligation
PRESS RELLASE ANNOUNCING Calegory/ Type FNOOLSE MENTS (MULTIPLE CANDIDATES) Name of Federal Candidate V Support Office	10 31 2014
Support Since	e Sought: House District: 03
DAJID YOUNG Oppose	President Senate State: LA ursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
P-R NEWS WIRE ASSOCIATION, LLC Mailing Address	[0'31'2019
G.P.O. BOX 5897	Amount
City State Zip Code	3.5.8
NEW YORK NY 10087-5897 Purpose of Expenditure	Date of Disbursement or Obligation
PRESS RELEASE ANNOUNCING Category/ Type ENDORSEMENTS (MULTIPLE CANOTDATES) Name of Federal Candidate A Support Office	1.0 3.1 2.07.4
A cappent of the	e Sought: House District: O I
CEE ZELDIN Oppose	President Senate State: N 7 ursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	4.7.1.6
(b) SUBTOTAL of Unitemized Independent Expenditures	
	procedure and the report of th
(c) TOTAL Independent Expenditures	4.75.1.6
Under penalty of perjury Jeertify 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 Date	2. Ol 2014





FEDERAL ELECTION COMMISSION
ATTN: FORM 3X FILLING
999 E ST. NW

TPATEN FUND LFRED ST. PIA VA RA319

(8/2013)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED