

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

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

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 State Zip Code <b>NEW YORK NY 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 <input type="checkbox"/>
Name of Federal Candidate <b>TOM GRAVES</b>	<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 <input type="checkbox"/> President <input type="checkbox"/> Other (specify) <b>District: 14 State: GA</b>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>▶</b>

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 State Zip Code <b>NEW YORK NY 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 <input type="checkbox"/>
Name of Federal Candidate <b>JEB HENSARLING</b>	<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 <input type="checkbox"/> President <input type="checkbox"/> Other (specify) <b>District: 05 State: TX</b>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>▶</b>

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>3772</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<b>—</b>
(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**