

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation AMERICANS FOR TAX REFORM			3. FEC Identification Number C C90011289
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 722 12TH STREET NW, 4TH FLOOR			
(c) City, State and ZIP Code WASHINGTON DC 20005			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD: FROM / / THROUGH / /

6. TOTAL CONTRIBUTIONS..... 85000.00

7. TOTAL INDEPENDENT EXPENDITURES 85000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Christopher Butler	<i>Christopher Butler</i>	01/19/2015

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

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
AMERICANS FOR TAX REFORM

A. Full Name (Last, First, Middle Initial) Americans For Tax Reform (General Treasury Funds)			Date of Receipt 10 / 23 / 2014 Transaction ID : F56.4767		
Mailing Address 722 12th Street NW 4th Floor					
City Washington	State DC	Zip Code 20005			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 85000.00		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	85000.00
TOTAL This Period (last page carry total to Line 6)	85000.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee Capitol Alliances		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address PO Box 100		Amount 85000.00	
City Clifton	State VA	Zip Code 20124	Transaction ID : F57.4765
Purpose of Expenditure Creative, Copy, Printing, Mail, postage & Freight, 'Ernst- Pledge 1'	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: JONI K ERNST		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 85000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

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

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

(a) SUBTOTAL of Itemized Independent Expenditures.....	85000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	85000.00