

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

| | | |
|---|---|--|
| 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. Corporate filers only | Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Individual filers only | Name of Employer | Occupation |

4. TYPE OF REPORT (check appropriate boxes):

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

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 41211.78

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. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

| | | |
|---|---------------------------|-------------|
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM | SIGNATURE | DATE |
| Christopher Butler | <i>Christopher Butler</i> | 10/25/2012 |

[Electronically Filed]

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

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
AMERICANS FOR TAX REFORM

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) of Payee Olsen + Company, LP | | Date MM / DD / YYYY 10 / 24 / 2012 |
| Mailing Address 1609 Shoal Creek Boulevard #203 | | Amount 10333.22 Transaction ID : F57.4696 |
| City Austin | State TX | |
| Zip Code 78701 | Purpose of Expenditure Mail Design/Layout, Printing, Production/Mail Service & Postage | Category/Type 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: HEIDI HEITKAMP | | Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 159725.91 | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) of Payee Olsen + Company, LP | | Date MM / DD / YYYY 10 / 24 / 2012 |
| Mailing Address 1609 Shoal Creek Boulevard #203 | | Amount 10750.19 Transaction ID : F57.4697 |
| City Austin | State TX | |
| Zip Code 78701 | Purpose of Expenditure Mail Design/Layout, Printing, Production/Mail Service & Postage | Category/Type 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: HEIDI HEITKAMP | | Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 170476.10 | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) of Payee Olsen + Company, LP | | Date MM / DD / YYYY 10 / 24 / 2012 |
| Mailing Address 1609 Shoal Creek Boulevard #203 | | Amount 16150.09 Transaction ID : F57.4698 |
| City Austin | State TX | |
| Zip Code 78701 | Purpose of Expenditure Mail Design/Layout, Printing, Production/Mail Service & Postage | Category/Type 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: HEIDI HEITKAMP | | Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 186626.19 | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |

| | | |
|--|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 37233.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | ▶ | |

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
AMERICANS FOR TAX REFORM

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Olsen + Company, LP | | Date MM / DD / YYYY 10 / 24 / 2012 |
| Mailing Address 1609 Shoal Creek Boulevard #203 | | Amount 3978.28 Transaction ID : F57.4699 |
| City Austin | State TX | |
| Zip Code 78701 | | |
| Purpose of Expenditure Mail Design/Layout, Printing, Production/Mail Service & Postage | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: HEIDI HEITKAMP | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 190604.47 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | | |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| Mailing Address | | MM / DD / YYYY |
| City | | State |
| Zip Code | | |
| Purpose of Expenditure | Category/ Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| 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 |
| Mailing Address | | MM / DD / YYYY |
| City | | State |
| Zip Code | | |
| Purpose of Expenditure | Category/ Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| 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..... | 3978.28 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | 41211.78 |