

# 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 <b>AMERICANS FOR TAX REFORM</b>		3. FEC Identification Number <b>C C90011289</b>
(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. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	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

M M / D D / Y Y Y Y Y Y  
 THROUGH  
 M M / D D / Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS ..... **0.00**

7. TOTAL INDEPENDENT EXPENDITURES ..... **625000.00**

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. 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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Christopher Butler	<i>Christopher Butler</i> <i>[Electronically Filed]</i>	10/16/2012

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 Capitol Alliances		Date MM / DD / YYYY 10 / 15 / 2012
Mailing Address PO Box 100		Amount 130000.00 <b>Transaction ID : F57.4588</b>
City Clifton	State VA	
Zip Code 20124	Purpose of Expenditure TV, DIRECT MAIL, PHONES, ONLINE	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: LEE I ANDERSON		Office Sought: <input checked="" type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 266349.85		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Capitol Alliances		Date MM / DD / YYYY 10 / 15 / 2012
Mailing Address PO Box 100		Amount 495000.00 <b>Transaction ID : F57.4589</b>
City Clifton	State VA	
Zip Code 20124	Purpose of Expenditure TV, DIRECT MAIL, PHONES, ONLINE	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH J ROTHFUS		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1174511.60		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose 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 MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Purpose of Expenditure	Category/ Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	625000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	▶	625000.00