

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

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| | | | | |

5. COVERING PERIOD:

FROM

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 01 | | 2018 |

THROUGH

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 30 | | 2018 |

| | |
|---|--------|
| 6. TOTAL CONTRIBUTIONS..... | 818.33 |
| 7. TOTAL INDEPENDENT EXPENDITURES | 818.33 |

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

[Electronically Filed]

Butler, Christopher, , ,

Butler, Christopher, , ,

07/10/2018

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 06 / 11 / 2018 Transaction ID : F56.4778 | | |
| 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 818.33 | | |
| 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) | 818.33 |
| TOTAL This Period (last page carry total to Line 6) | 818.33 |

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
AMERICANS FOR TAX REFORM

| | | | |
|--|--------------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Campaign Marketing Strategies | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 11 / 2018 | |
| Mailing Address 3240 Wilson Blvd, Suite 202 | | Amount 818.33 | |
| City Arlington | State VA | Zip Code 22201 | Transaction ID : F57.4775 |
| Purpose of Expenditure Automated Calls | Category/ Type 004 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: VA District: 10 |
| Name of Federal Candidate Supported or Opposed by Expenditure: COMSTOCK, BARBARA, , , | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 818.33 | | Disbursement For: <input checked="" 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | 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..... | 818.33 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 0.00 |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 818.33 |