CREW citizens for responsibility and ethics in washington

March 14, 2012

Douglas H. Shulman Commissioner Internal Revenue Service 1111 Constitution Ave., N.W. Washington, DC 20224

Re: Complaint Against Americans for Tax Reform

Dear Commissioner Shulman:

Citizens for Responsibility and Ethics in Washington ("CREW") respectfully requests the Internal Revenue Service ("IRS") March 14, 2012 investigate whether Americans for Tax Reform ("ATR") and its president, Grover Norquist, violated federal law by filing a tax return that left out more than half the political activity ATR conducted in 2010.¹ ATR disclosed to the Federal Election Commission ("FEC") it spent \$4,218,364 in 2010 on independent expenditures expressly advocating the election or defeat of candidates for federal office, but asserted on its 2010 Form 990 tax return that it spent only \$1,859,239 on political activities.

Americans for Tax Reform's Political Activity

The Federal Election Campaign Act and FEC regulations require any person making an independent expenditure to disclose the expenditure to the FEC on periodic reports.² Independent expenditures are defined as expenditures "expressly advocating the election or defeat of a clearly identified candidate."³ In reports signed under penalty of perjury by ATR Chief of Staff Christopher Butler, ATR disclosed to the FEC it made \$4,218,364 in independent expenditures in 2010.⁴

Most of ATR's independent expenditures were spent on producing and broadcasting a series of television advertisements opposing the election of Democrats to Congress. Among these expenditures was \$523,284 ATR spent on October 13, 2010 producing and broadcasting an advertisement against Rep. Gary Peters (D-MI) that told voters "this November, Gary Peters

¹ CREW submits this letter in lieu of Form 13909; a copy is being sent to the Dallas office.

² 2 U.S.C. § 434(c), (g); 11 C.F.R. §§ 104.4(e)-(f), 109.10(b)-(d).

³ 2 U.S.C. § 431(17); 11 C.F.R. § 100.16.

⁴ Americans for Tax Reform, <u>FEC Form 5, 24 Hour Notice Report</u>, May 16, 2010 (attached as Exhibit A); Americans for Tax Reform, <u>FEC Form 5, October Quarterly Report</u>, October 11, 2010 ("October Quarterly Report") (attached as Exhibit B); Americans for Tax Reform, <u>FEC Form 5, Year-End Report</u>, January 31, 2011 ("Year-End Report") (attached as Exhibit C).

should lose his job," and to "vote against Gary Peters."⁵ On that same date, ATR spent \$308,382 on a similar advertisement telling voters "to send" Rep. Nick Rahall (D-WV) "home for good,"⁶ \$230,184 on an advertisement telling voters to "vote no on" Rep. Raul Grijalva (D-AZ),⁷ and \$328,392 on a different advertisement telling voters to "vote no on" Rep. Joe Sestak (D-PA), then running for a Senate seat.⁸ ATR also spent \$622,323 on September 14, 2010 to produce and broadcast two advertisements opposing Rep. Dina Titus (D-NV), one telling voters "this November, send Dina Titus home for good" and to "vote against" her, and the other telling voters "Dina Titus does not deserve re-election."⁹ That same day, ATR also spent \$293,288 on an advertisement telling voters Rep. Ben Chandler (D-AK) "doesn't deserve re-election,"¹⁰ and another \$207,098 on an advertisement telling voters to "say no to" Julie Lassa, the Democratic candidate for a House seat from Wisconsin.¹¹

Americans for Tax Reform's Representations to the IRS

As a non-profit organization exempt from taxation pursuant to section 501(c)(4) of the Internal Revenue Code ("Code"), ATR is required to file annual Form 990 tax returns. ATR

⁷ See Year-End Report at 46; <u>http://www.youtube.com/watch?v=oYFFANA34Uo&feature=</u>relmfu.

⁸ See Year-End Report at 50-51; <u>http://www.youtube.com/watch?v=OPEJulQyeeI&feature=</u>relmfu.

⁹ See October Quarterly Report at 6; <u>http://www.youtube.com/watch?v=FfdMNrvhd5w&feature=relmfu; http://www.youtube.com/watch?v=eXJiI9wZY_k&feature=relmfu.</u>

⁵ See Year-End Report at 47; <u>http://www.youtube.com/watch?v=7M_1dVHgxig&feature=</u> <u>relmfu</u>. Most of ATR's independent expenditure advertisements are available on its YouTube channel. See <u>http://www.youtube.com/user/taxreformer?feature=watch</u>.

⁶ See Year-End Report at 49; <u>http://www.youtube.com/watch?v=z8ZaTFljc2w&feature=plcp&</u> context=C47d6192VDvjVQa1PpcFOEaA6jUcO-hHVxZlWVrESXY_ud0IgTcoM%3D.

¹⁰ See October Quarterly Report at 5-6; <u>http://www.youtube.com/watch?v=fkg2toz7dr8&feature=plcp&context=C493599bVDvjVQa1PpcFOEaA6jUcO-hLNDy-rDrwhy_HPGnt5IFS8%3D</u>.

¹¹ See October Quarterly Report at 5; <u>http://www.youtube.com/watch?v=0OAlU8h_9uo&feature</u> <u>=relmfu</u>.

filed its 2010 Form 990 tax return, covering calendar year 2010, in October 2011.¹² Mr. Norquist signed the tax return on October 24, 2011 under penalty of perjury.¹³

ATR acknowledged on the tax return it engaged in "direct or indirect political activities on behalf of or in opposition to candidates for public office,"¹⁴ and thus filed a Schedule C regarding its political campaign activities.¹⁵ Schedule C requires tax-exempt organizations to declare the amount they spent for "section 527 exempt function activities"¹⁶ - spending to influence "the selection, nomination, election, or appointment of any individual to any Federal, State, or local public office or office in a political organization, or the election of Presidential or Vice-Presidential electors."¹⁷ When an advertisement explicitly advocates the election or defeat of an individual to public office, the expenditure unquestionably is for a section 527 exemption function activity.¹⁸

On its Schedule C, ATR declared it spent a total of \$1,859,239 on section 527 exempt function activities in 2010.¹⁹ This amount is \$2,359,125 less than the amount of independent expenditures ATR disclosed to the FEC, or approximately 44 percent of its admitted political spending.

Schedule C also requires tax-exempt organizations to provide a description of the organization's direct and indirect political campaign activities and the amount of its political expenditures.²⁰ Political campaign activities are defined as "all activities that support or oppose candidates for elective federal, state or local public office,"²¹ and section 527 exemption function

¹⁵ Id., Schedule C.

¹⁶ 2010 Instructions for Schedule C, at 1, 3.

¹⁷ 26 U.S.C. § 527(e)(2).

¹⁸ Rev. Rul. 2004-06.

¹⁹ ATR 2010 Form 990, Schedule C, Part I-C.

²⁰ 2010 Instructions for Schedule C, at 3.

²¹ 2010 Instructions for Form 990, at 58.

¹² ATR 2010 Form 990 (attached as Exhibit D).

¹³ Id., Part II.

¹⁴ Id., Part IV, Question 3.

activities normally are the same as political campaign activities.²² Oddly, ATR failed to provide any amount on the line for political expenditures,²³ yet described its political campaign activities as: "engaged solely in the making of independent expenditures supporting and opposing candidates for federal office."²⁴ It is not clear if ATR meant to assert it had no political expenditures in 2010, or spent \$1,859,239 on independent expenditures in 2010. Neither claim, however, would comport with the amount of political spending ATR reported to the FEC.²⁵

The amount of political expenditures and section 527 exempt function activities a taxexempt organization reports to the IRS on its Schedule C is material for several reasons. First, the amounts reported can be used in determining whether the organization is complying with or violating its tax-exempt status. Section 501(c)(4) organizations such as ATR must be primarily engaged in the promotion of social welfare,²⁶ which does not include "direct or indirect participation or intervention in political campaigns on behalf of or in opposition to any candidate for public office."²⁷ While the IRS has not established what amount of activity that does not promote social welfare a section 501(c)(4) organization may engage in before it is no longer primarily engaged in social welfare, the amount the organization spent on political activity or section 527 exempt function activities is used in making this determination. Second, the amount an organization expended on section 527 exemption activities is material because may be used in determining exempt function taxes the organization must pay: a tax-exempt organization that is not a political organization is taxed on the lesser of the organization's net investment income or the amount it spent on section 527 exemption function activities.²⁸ Third, accurate public

²³ ATR 2010 Form 990, Schedule C, Part I-A, Line 2.

²⁴ *Id.*, Part IV.

²⁵ Even more confusingly, ATR asserted in a separate section of its 2010 Form 990 it spent "over \$8 million in election related advertisements" in 2010, and that "over \$4 million of the advertisements supported specific legislation or candidates." ATR 2010 Form 990, Schedule O. ATR added "the remaining advertisements were program related advertisements." *Id.* It is difficult to reconcile these declarations with ATR's assertion that it spent \$1,859,239 on section 527 exempt function activities in 2010.

²⁶ 26 U.S.C. § 501(c)(4); Treas. Reg. § 1.501(c)(4)-1(a)(2)(i).

²⁷ Treas. Reg. § 1.501(c)(4)-1(a)(2)(ii).

²⁸ 26 U.S.C. § 527(f)(1).

²² Elizabeth Kingsley and John Pomeranz, A Crash at the Crossroads: Tax and Campaign Finance Laws Collide in Regulation of Political Activities of Tax-Exempt Organizations, 31 Wm. Mitchell L. Rev. 55, 84-91 (2004).

disclosure the amount of political activity conducted by tax exempt organizations is critical to the objective of transparency that underlies the reporting required on Form 990.²⁹

Violations

<u>26 U.S.C. § 6652</u>

Under the Code, a tax-exempt organization that, without reasonable cause, fails to include any of the information required to be shown on a Form 990 tax return or fails to show the correct information is liable for civil penalties.³⁰ ATR appears to be subject to these penalties because (1) the amount of section 527 exemption function activities shown on its 2010 Form 990 was incorrect, and (2) it failed to include any amount for political expenditures on its 2010 return.

<u>26 U.S.C. § 7206</u>

Under the Code, any person who "[w]illfully makes and subscribes any return, statement, or other document, which contains or is verified by a written declaration that it is made under the penalties of perjury, and which he does not believe to be true and correct as to every material matter," is guilty of a felony and subject to up to three years in prison and a fine of up to \$100,000.³¹ ATR's 2010 Form 990 tax return was signed by Mr. Norquist under a written declaration that it was made under penalty of perjury, and that Mr. Norquist had examined the return and it was true, correct, and complete to the best of his knowledge.³² The tax return, however, appears not to be true and correct as to the material matter of ATR's section 527 exemption function activities and its political expenditures.

It is difficult to imagine Mr. Norquist believed the amounts of section 527 exempt function activities and political expenditure declared on ATR's 2010 Form 990 tax return were true and correct. The independent expenditure spending ATR disclosed to the FEC was, by definition, for expressly advocating the election or defeat of political candidates, and thus fits squarely within the IRS definitions of section 527 exempt function activities and political expenditures.³³ The amounts at issue also were a large enough portion of ATR's overall budget that it is hard to believe Mr. Norquist did not taken notice of them: the \$4,218,364 of

³¹ 26 U.S.C. § 7206(1).

³² ATR Form 990, Part II.

²⁹ IRS, <u>Background Paper, Summary of Form 990 Redesign Process</u>, August 19, 2008, at 1.

³⁰ 26 U.S.C. §§ 6652(c)(1)(A)(ii), 6652(c)(4); see also 2011 Instructions for Form 990, at 6-7.

³³ Rev. Rul. 2004-06; <u>Election Year Issues</u>, 2002 EO CPE Text at 349, 388.

independent expenditures ATR declared to the FEC represents more than 37 percent of ATR's total expenditures for 2010, and even the \$1,859,239 ATR declared on its 2010 tax return represents more than 16 percent of its total expenditures. Nor was there any uncertainty about the amount of independent expenditures ATR disclosed to the FEC. ATR filed the last of the FEC disclosures on January 31, 2011, more than nine months before it filed its 2010 tax return.³⁴ Accordingly, Mr. Norquist's and ATR's failure to report more than half of ATR's political spending may have been willful.³⁵

<u>18 U.S.C. § 1001</u>

Federal law further prohibits anyone from "knowingly and willfully" making "any materially false, fictitious, or fraudulent statement or representation" in any matter within the jurisdiction of the executive, legislative, or judicial branch.³⁶ Violations are punishable by up to five years in prison.³⁷ By falsely stating on ATR's Form 990 tax return the organization's amounts of section 527 exempt function activities and political expenditures, Mr. Norquist and ATR may have violated 18 U.S.C. § 1001.

Conclusion

It appears ATR and Mr. Norquist declared less than half of the political activity it conducted in 2010 on its tax return. Therefore, the IRS should investigate ATR and Mr. Norquist and, should it find they violated federal law, take appropriate action, including but not limited to referring this matter to the Department of Justice for prosecution.

The amount of political spending declared on Form 990 tax returns is critical to establishing whether the activities of section 501(c) organizations comport with their tax-exempt status, the transparency required of tax-exempt groups, and their tax liability. Based on the representations of tax-exempt organizations to the IRS, in recent years CREW and others have filed complaints against groups that have engaged in impermissible political activity in violation of their tax-exempt status.³⁸ Only vigorous enforcement by the IRS will deter these and other

³⁵ United States v. Pomponio, 429 U.S. 10, 12 (1976) ("willfulness in this context simply means a voluntary, intentional violation of a known legal duty").

³⁶ 18 U.S.C. § 1001(a)(2).

³⁷ Id.

³⁸ See, e.g., Letter from CREW to the IRS, March 8, 2012 (requesting investigation of the Americans for Job Security for violating its 501(c)(6) status); Letter from CREW to the IRS,

³⁴ Year-End Report; ATR Form 990, at 1.

organizations from misrepresenting the extent of their political activities, and provide the transparency and accountability necessary to ensure our nation's tax laws are not being abused for political gain.

Thank you for your prompt attention to this matter.

Sincerely,

Melanie Sloan Executive Director Citizens for Responsibility and Ethics in Washington

Encls.

cc: IRS-EO Classification

March 8, 2011 (requesting investigation of the American Action Network, Inc. For violating its 501(c)(4) status); Letter from CREW to the IRS, February 1, 2011 (requesting investigation of the American Future Fund, Inc. for violating its 501(c)(4) status); Letter from Campaign Legal Center and Democracy 21 to the IRS, October 5, 2010 (requesting investigation of Crossroads GPS for violating its 501(c)(4) status).

EXHIBIT A

PAGE 1/2 05/16/2010 21:49

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEI

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

1. (a) Name of Individual, O	importantion	6
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(b) Address (number and	street) Check if different than previously reported	
722 12th Street NW		
4th Floor		
(c) City, State and ZIP C		3. FEC Identification Number
Washington	DC 20005	0
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	Is the filer a qualified nonprofit corporation? Yes X No	
Individual filers only	Name of Employer	Occupation
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🗌 July 15	6 Quarterly Report	
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•	ration, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.	
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Christopher Butler		05/16/2010
NOTE: Submission	n of false, erroneous or incomplete information may subject the person signing this report	t to the penalties of 2 U.S.C. 437g.

5PG021

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20483 Toll Free 800-424-9530, Local 202-894-1100

CHEDULE 5-E				PAGE 2/2
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Americans for Tax Reform				
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FEC Schedule 5 ( Rev. 02/2003)

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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
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(3/2005)	

## EXHIBIT B

## image# 10931411629 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				
AMERICANS FOR TAX REFOR				
(b) Address (number and street)	check if different than prev	iously reported		
722 12TH STREET NW				
(c) City, State and ZIP Code				
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Christopher Butler				10/11/2010
NOTE: Submission of false, er	roneous or incomplete information	on may subject the person si	gning this report to	o 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

## image# 10931411630 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

## Image# 10931411631 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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Name of Federal Candidate Supported or Oppo STEPHANIE M HERSETH SANDLIN	sed by Expenditure:			Check One:	President	X Oppose
				Disbursement		
Calendar Year-To-Date Per Election for Office Sought	กระบบการและการการการการการการการการการการการการการก	411	2.38	20 Other (spec	10	X General
Full Name (Last, First, Middle initiai) of Payee						
Direct Response				Date	M / D D 9 24	' žoio
Mailing Address				Summer	3	2010
2340 E. Beardsley Rd				Amount	2/1 Tabatan Barana ang ang ang ang ang ang ang ang ang	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Suite 100 City	State	Zip Code				625.00
Phoenix	AZ	85024	•			
Purpose of Expenditure	·			Office Sought:		
Direct Mail Piece 1 - Design		Category/		-		State: SD
Direct Mail Flece 1 - Design		Туре	Mercanness and a second s	Senate	X Senate	District: 00
Name of Federal Candidate Supported or Oppo	sed by Expenditure:				President	
STEPHANIE M HERSETH SANDLIN				Check One:	Support	X Oppose
Calendar Year-To-Date Per Election	nan sama di sama na sa	and a state of the state of the state of the state of the	INTER STATE OF STATE OF STATE OF STATE	Disbursement		X General
for Office Sought	aaraalaanaa dheemaalaanaa ah marada	473	7.38	20 Other (spec		
(a) SUBTOTAL of Itemized Independent Expendent	ditures			•••	างการแล้วและการเราะสายการการการการการการการการการการการการการก	1032.22
(b) SUBTOTAL of Unitemized Independent Exp	enditures			••		
(c) TOTAL independent Expenditures						

lmage# 10931411632	
SCHEDULE 5-E	
<b>ITEMIZED INDEPENDENT</b>	<b>EXPENDITURES</b>

NAME OF FILER (In Full)

PAGE 4	6
FOR LINE	7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			0 9 / 2 4 / 2 0 1 0
Mailing Address			200400000000000 Representation of the second s
2340 E. Beardsley Rd Suite 100			Amount 1250.00
City	State	Zip Code	
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: House State: WI
Direct Mail Piece 1 - Design		Туре	Senate X Senate District: 07
Name of Federal Candidate Supported or Opposed	by Expenditure		President
JULIE LASSA			Check One: Support X Oppose
graceau	11,0 ⁻¹ 21,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,00) (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,00) (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,00) (10,000 (10,000 (10,00) (10,000 (10,000 (10,00) (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000 (10,000) (10,000 (10,000) (10,000)(10,000)(10,000) (10,000) (10,000) (10,000) (10,000) (10,000		Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	after and a subsection of the	5987.38	2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			
	·		
Mailing Address 2340 E. Beardsley Rd			Amount
Suite 100			1005.00
City	State	Zip Code	รี้ รายการเสียงและส่วนแรงสร้างแรงสร้างการสร้างการสร้างการสร้างการสร้างสายสร้างและส่วนแรงสร้างการสร้างสร้างสร้างสร้า 
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: House State: WI
Direct Mail Piece 1 - Printing		Туре	Senate X Senate District: 07
Name of Federal Candidate Supported or Opposed JULIE LASSA	by Expenditure	:	Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought		6992.38	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle initial) of Payee			Date
Direct Response			
Mailing Address			
2340 E. Beardsley Rd Suite 100			
City	State	Zip Code	722.00 <b>722.00</b>
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: House State: W1
Direct Mail Piece 1 - Postage		Туре	Sonato X Sonato
Name of Federal Candidate Supported or Opposed	by Expenditure	<u> </u>	President District: 07
JULIE LASSA		•	Check One: Support X Oppose
Calendar Year-To-Date Per Election		NAN ANDAL ALTA MANANGKANAN MANANGKANAN MANANGKANAN MANANANAN MANANGKANAN MANANGKANAN MANANGKANAN MANANGKANAN M	Disbursement For: Primary X General
for Office Sought	เสียมแรวเป็นของเคลื่อและออกสี่ออกรรร	7714.38	Other (specify)
		علا _{هو الم} ر	2977.00
(a) SUBTOTAL of Itemized Independent Expenditu	nes		have not a second a s
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		
(c) TOTAL Independent Expenditures			••

image# 10931411633	
SCHEDULE 5-E	
<b>ITEMIZED INDEPENDENT</b>	EXPENDITURES

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee			Date
Mentzer Media Services Inc.			The second secon
Mailing Address			<u> </u>
600 Fairmount Avenue, Ste. 306			
City	State	Zip Code	198765.00
Towson	MD	21286	
Purpose of Expenditure			Office Sought: Y House Otates WI
Media Buy		Category/ Type	
-		•••	House Senate District: 07
Name of Federal Candidate Supported or Opposed by JULIE LASSA	/ Expenditure	e:	
			Check One: Support X Oppose
Calendar Year-To-Date Per Election	anaans stor in soorse ve norse oo oolgebeler indek		Disbursement For: Primary X General
for Office Sought		198765.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services Inc.			Date
Menizer Media Services inc.			<u> </u>
Mailing Address			Amount
600 Fairmount Avenue, Ste. 306			
City	State	Zip Code	8333.33
Towson	MD	21286	
Purpose of Expenditure		Category/	Office Sought: X House State: W1
Media Production		Туре	House
Name of Federal Candidate Supported or Opposed by	Expenditure	e:	President District: 07
JULIE LASSA	•		Check One: Support X Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election		207098.33	2010
for Office Sought	undraamerkaanseerikaanse	มาร้องพระเป็นพระเป็นและเป็นและเป็นและเป็นและเป็นและเป็น	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Mentzer Media Services Inc.			
Mailing Address		·	<u> </u>
600 Fairmount Avenue, Ste. 306			
City	State	Zip Code	284955.00
Towson	MD	21286	
Purpose of Expenditure			Office Sought: V House Over KY
Media Buy		Category/ Type	A riodse State: <u>11</u>
· · · · · · · · · · · · · · · · · · ·			House Senate District: 06
Name of Federal Candidate Supported or Opposed by A.B. III CHANDLER	Expenditure	9:	
			Check One: Support X Oppose
Calendar Year-To-Date Per Election	an I. s of the state of the space space	THE REPORT OF THE	Disbursement For: Primary X General
for Office Sought	างสี่ขณะหมายสี่งและการเสียงราก	492053.33	Other (specify)
(a) SUBTOTAL of Itomized Independent Exponditures			492053.33
(a) SUBTOTAL of Itemized Independent Expenditures	• •••••		รังและจากสีมหารางสร้างอาจารสร้างอาจารสร้างสามารถสามารถอาจารสรายอาจารสร้างสามารถสร้างสามารถสร้างสามารถสมับ สูงสรายสามารถสร้างสามารถสามารถอาจารรรมสมมรรณการการการการการการการการการการการการการก
(b) SUBTOTALof Unitemized Independent Expenditure	'es		
(b) 505101 MEM Officer independent Experiorut			มี
(c) TOTAL Independent Expenditures			
(carry total from last page forward to Line 7			אין איז

## Image# 10931411634 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

PAGE 6/6
FOR LINE 7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee			Date
Mentzer Media Services Inc.			0,9 1,4 2,010
Mailing Address 600 Fairmount Avenue, Ste. 306			Amount
City	State	Zip Code	8333.33
Towson	MD	21286	
Purpose of Expenditure		Category/	Office Sought: X House State: KY
Media Production		Туре	House
Name of Federal Candidate Supported or Oppo	sed by Expenditure	:	President District: 06
A.B. III CHANDLER			Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	การการการการการการการการการการการการการก	500386.66	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee		<u>,</u>	Date
Mentzer Media Services Inc.			M M / D D / Y Y Y Y
Mailing Address			
600 Fairmount Avenue, Ste. 306			Amount
City	State	Zip Code	8333.34
Towson	MD	21286	
Purpose of Expenditure		Category/	Office Sought: X House State: NV
Media Production		Туре	House Senate District: 03
Name of Federal Candidate Supported or Oppo DINA TITUS	sed by Expenditure	:	Check One: Support X Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	างแรงแม่ในเวลารถ สินครองแล้งและการให้หาก	508720.00	2010 Cther (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Mentzer Media Services Inc.			09 / ^D / ^Y <u>Y</u> <u>Y</u> <u>Y</u> 09 14 2010
Mailing Address 600 Fairmount Avenue, Ste. 306			09 14 2010 Amount
City	State	Zip Code	613990.00
City Towson	MD	21286	
Purpose of Expenditure		Category/	Office Sought: X House State: NV
Media Buy		Туре	House Senate District: 03
Name of Federal Candidate Supported or Oppo	sed by Expenditure	:	President
DINA TITUS			Check One: Support X Oppose
Calendar Year-To-Date Per Election	y for the of hand and of hand block of the state of the		Disbursement For: Primary X General
for Office Sought	nanna airtean ann dan ann an dar a	1122710.00	Other (specify)
(a) SUBTOTAL of Itemized Independent Expen	ditures		630656.67
(b) SUBTOTALof Uniternized Independent Exp	enditures		алиналанан алан алан алан алан алан алан
(_,,,,,,,, _			
(c) TOTAL Independent Expenditures (carry total from last page forward to			1130424.38

# EXHIBIT C

## Image# 11990132844 FEC FORM 5

## **REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

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

		Drganization or Corporation			
4	AMERICANS FOR TA	X REFORM			
	(b) Address (number and 722 12TH STREET N	-	than previously reported		-
	4TH FLOOR (c) City, State and ZIP C	ode			1
ſ	WASHINGTON		DC 20005		3. FEC Identification Number
			DC 20005		<b>C</b> C90011289
2.	Corporate filers only	Is the filer a qualified nonprof	iit corporation?	/es 🗌 No	haarna harraa Sonare Sonare Sonara ka moo ta roca ka marahamada
	individual filers only	Name of Employer			Occupation
ł	4. TYPE OF RE	PORT (check appropriate boxes):	:		
	(a) 🗌 April 1	15 Quarterly Report	24-Hour No	otice 🗌 48-Hour	[/] Notice
	🗌 July 1	5 Quarteriy Report			
	Cctob	er Quarterly Report			
	🖌 Janua	ry 31 Year-End Report			
		, <b>, , , , , , , , , , , , , , , , , , </b>			
	(b) Is this Re	port an amendment? Yes	NoX		
	5. COVERING F	PERIOD: FROM		entropic to the second se	
			THROUGH		
		M M 1 2		Arthree Barton and Arthr	
	6. TOTAL CON	TRIBUTIONS		Sectors and pro-	0.00
	7. TOTAL INDE	PENDENT EXPENDITURES		Canado-Lunaureuru Manto-Lenardi-Lenardi Manto-Lenardi-Lenardi	3029940.37
rec	quest or suggestion of, a candidate	at the independent expenditures reported h ate or a candidate's agent or authorized cor	nmittee or a political party commi	tee or its agent. In addition, it	if the independent expenditures
		Propriation, I certify that the corporation is a orporation is a complexity of PERSON COMPLETING FOR		ATURE	DATE
С	hristopher Butler				01/31/2010
_		ion of false, erroneous or incomplete	information may subject the	person signing this repor	t to the penalties of 2 U.S.C 437g.
	11012.00011100			in a second s	

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

### Image# 11990132845 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

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FOR LINE 7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee	1			Date
Direct Response				10 / 12 / Y Y Y 10 12
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount
City	State	Zip Code		15099.49
Phoenix	AZ	85024		
Purpose of Expenditure		Category/		Office Sought: X House State: AZ
Postage - Kirkpatrick the Spendificent		Туре		House Senate District: 01
Name of Federal Candidate Supported or Op ANN KIRKPATRICK	posed by Expenditure:	:		Check One: Support X Oppose
				Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	ารรรงสมมาย เขาะสมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมมาย สมาย ส	15099	.49	2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
Direct Response				M M / D D / Y Y Y Y 10 12 2010
Mailing Address				Resources and an
2340 E. Beardsley Rd Suite 100				Amount
City	State	Zip Code		12772.14
Phoenix	AZ.	85024		
Purpose of Expenditure		Category/		Office Sought: X House State: AZ
Print & Production - Kirkpatrick the Sp	pendificent	Туре	halles y an a static static and a static static static	House Senate District: 01
Name of Federal Candidate Supported or Op ANN KIRKPATRICK	posed by Expenditure:			Check One: Support X Oppose
				Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	รี กลุ่มหาราชสร้างการเสร้างการเสรายารีการการเป็นการการเป็นการการการ	27871	.63	2010
Full Name (Last, First, Middle Initial) of Payee				Date
Direct Response				M M / D D / Y Y Y Y 10 12 2010
Mailing Address				Resolution file sector and a sector mode addition in Sector and Construction and Construction and Construction
2340 E. Beardsley Rd Suite 100				
City	State	Zip Code		250.00
Phoenix	AZ	85024		
Purpose of Expenditure		Category/		Office Sought: X House State: AZ
Design - Kirkpatrick the Spendificent		Туре		House Senate District: 01
Name of Federal Candidate Supported or Op	posed by Expenditure:			President
ANN KIRKPATRICK				Check One: Support X Oppose
Colorder Verr To Date Per Election	Zamataranan ana amin'ny amin'n	a per entre de la composition de la com	WAXATING MINING STREET, ST	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		28121	.63	2010 Cther (specify)
(a) SUBTOTAL of Itemized Independent Expe	enditures			28121.63
(b) SUBTOTALof Uniternized Independent E	xpenditures			
(c) TOTAL Independent Expenditures (carry total from last page forward			••••••	มี ของการและสาราง 1 ก.ศ. 2011 กระบบสารางการสาราง สารางการสารา สารางสาราสาราง การการสารางการสารางการสารางการสารา

### Image# 11990132846 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM			
Full Name (Last, First, Middle Initial) of Payee Direct Response			Date
Mailing Address 2340 E. Beardsley Rd Suite 100			
City Phoenix	State AZ	Zip Code 85024	5177.04
Purpose of Expenditure		Category	Office Sought: X House State: GA
Postage - Bishop the Spendificent		Category/ Type	House Senate District: 02
Name of Federal Candidate Supported or Oppose SANFORD D JR. BISHOP	d by Expenditure	:	Check One: Support Suppose
Calendar Year-To-Date Per Election for Office Sought	ามหารีโอเสรองสมมีโอสสงจาก เรื่อมจากสาว มีจอสงสมมา สมหารีโอเสรองสมมีโอสสงจาก เรื่อมจากสาว มีจอสงสมมา	5177.04	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			M M / D D / Y Y Y Y Y 10 12 / 2010
Mailing Address 2340 E. Beardsley Rd Suite 100			Amount 4209.39
City	State	Zip Code	and the second second second reaction of the second s
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: GA
Printing - Bishop the Spendificent		Туре	House
Name of Federal Candidate Supported or Oppose SANFORD D JR. BISHOP	d by Expenditure	· · · · · · · · · · · · · · · · · · ·	Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	แนรแนกแรกเราะเราะเราะเราะเราะเราะเราะ	9386.43	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Direct Response			Date
Mailing Address 2340 E. Beardsley Rd Suite 100	•		10         12         2010           Amount         250.00
City Phoenix	State AZ	Zip Code 85024	
Purpose of Expenditure		Category/	Office Sought: X House State: GA
Design - Bishop the Spendificent Name of Federal Candidate Supported or Oppose	d by Expanditure	Туре	House Senate District: 02
SANFORD D JR. BISHOP	o by Experiordie	·	Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	29 122022 222222222222222222222222222222	9636.43	Disbursement For: 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expendit	ures		9636.43
(b) SUBTOTALof Uniternized Independent Expen	ditures		
(c) TOTAL Independent Expenditures (carry total from last page forward to Li			• •

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FOR LINE 7 FOR FORM 5

### Image# 11990132847 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

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FOR LINE 7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response				1 ^M _1 ^M	/ ^D D /	2010
Mailing Address 2340 E. Beardsley Rd Suite 100					รับสายและสมาระหน่าน มี 11 มี 12	אר איז
City	State	Zip Code		anna murida maradi maradi	dermacheren de mermelen voe	250.00
Phoenix	AZ	85024	i-			
Purpose of Expenditure		Category/		Office Sought:	X House	State: <u>IL</u>
Design - Donnelley the Spendificent		Туре		House	Senate	District: 02
Name of Federal Candidate Supported or Oppo	sed by Expenditure:				President	·
JOSEPH SIMON MR. DONNELLY				Check One:	Support	X Oppose
Calendar Year-To-Date Per Election for Office Sought	รามแรงกระบบคระบบคระบบคระบบคระบบคระบบคระบบคระบบ	250.00		Disbursement For 2010 Other (specify)		X General
Full Name (Last, First, Middle Initial) of Payee				Date		<u>_</u>
Direct Response				MM	DD	² 2010
Mailing Address				10	12	2010
2340 E. Beardsley Rd Suite 100				Amount		
City	State	Zip Code			of we we officially a set of the	3978.58
Phoenix	AZ	85024				
Purpose of Expenditure		Category/	ala 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Office Sought:	X House	State: <u>IL</u>
Printing - Donnelley the Spendificent		Туре		House	Senate	District: 02
Name of Federal Candidate Supported or Oppo JOSEPH SIMON MR. DONNELLY	sed by Expenditure:			Check One:	President     Support	X Oppose
				Disbursement Fo	r: Primary	X General
Calendar Year-To-Date Per Election for Office Sought	* 	4228.58	Summer:	2010 Other (specify)		
Full Name (Last, First, Middle Initial) of Payee				Date		
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Mailing Address				Amount	12	2010
2340 E. Beardsley Rd Suite 100				Allodin	ee annae an annae am teannae am annae ann an tar annae a' air annae ann an tar annae a' air a' air a' air a' a	4943.42
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Phoenix	AZ	85024				
Purpose of Expenditure		Category/		Office Sought:	X House	State: IL
Postage - Donnelley the Spendificent		Туре	Sourcementania	House	Senate	District: 02
Name of Federal Candidate Supported or Oppo JOSEPH SIMON MR. DONNELLY	sed by Expenditure:				President	
JOSEPH SIMON MR. DONNELLT				Check One:	Support	
Calendar Year-To-Date Per Election				Disbursement Fo 2010	r: Primary	X General
for Office Sought	ขึ้ง สามารถแนะเป็นเป็า-ามาการเป็นของจากเรื่องการการเป็น	9172.00	itananal	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expen	ditures				nimenen anteres	9172.00
					******	
(b) SUBTOTAL of Unitemized Independent Exp	enditures	•••••				
(c) TOTAL Independent Expenditures	Line 7)			รี เพลงอาการการการการการการการการการการการการการ	นสำนานของเพื่อง	alan man Amanana kanan seberai seb

## Image# 11990132848 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

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FOR L	NE 7 FOR FORM	5

Postage - Heinreich the Spendificent       Type         Name of Federal Candidate Supported or Opposed by Expenditure:       MARTIN HEINRICH         Calendar Year-To-Date Per Election for Office Sought       12167.74         Full Name (Last, First, Middle Initial) of Payee       12167.74         Direct Response       2340 E. Beardsley Rd         Suite 100       State       Zip Code         Phoenix       AZ       85024         Purpose of Expenditure       Category/ Type       Type         Name of Federal Candidate Supported or Opposed by Expenditure:       MAZ         Marting - Heinreich the Spendificent       Category/ Type       Type         Name of Federal Candidate Supported or Opposed by Expenditure:       MARTIN HEINRICH       22479.39         Calendar Year-To-Date Per Election for Office Sought       22479.39       [         Full Name (Last, First, Middle Initial) of Payee       Direct Response       22479.39       [         Malling Address       2340 E. Beardsley Rd	M       M       M       M       P       P       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y
2340 E. Beardsley Rd         Suite 100         City       State       Zip Code         Phoenix       AZ       85024         Purpose of Expenditure       Category/       Type         Postage - Heinreich the Spendificent       Type       Type         Name of Federal Candidate Supported or Opposed by Expenditure:       MARTIN HEINRICH       Category/         Calendar Year-To-Date Per Election for Office Sought       12167.74       [         Full Name (Last, First, Middle Initial) of Payee       Direct Response       Zip Code         Mailing Address       2340 E. Beardsley Rd       State       Zip Code         Phoenix       AZ       85024       Purpose of Expenditure       Category/         Printing - Heinreich the Spendificent       Xize       Zip Code       Phoenix         Name of Federal Candidate Supported or Opposed by Expenditure:       MARTIN HEINRICH       Category/       Type	Amount       12167.74         Office Sought:       X       House       State:       NM         House       Senate       District:       01         President       District:       01         Check One:       Support       X       Oppose         Disbursement For:       Primary       X       General         Other (specify)
City     State     Zip Code       Phoenix     AZ     85024       Purpose of Expenditure     Category/ Type     Category/ Type       Postage - Heinreich the Spendificent     Category/ Type       Name of Federal Candidate Supported or Opposed by Expenditure:       MARTIN HEINRICH       Calendar Year-To-Date Per Election for Office Sought     12167.74       Full Name (Last, First, Middle Initial) of Payee       Direct Response       Mailing Address       2340 E. Beardsley Rd       Suite 100       City       Phoenix       AZ       Name of Expenditure       Phoenix       AZ       85024       Purpose of Expenditure       Phoenix       AZ       85024       Purpose of Expenditure       Martin HEINRICH       Calegory/       Name of Federal Candidate Supported or Opposed by Expenditure:       MARTIN HEINRICH       Calendar Year-To-Date Per Election for Office Sought       Calendar Year-To-Date Per Election for Office Sought       Late 100       Full Name (Last, First, Middle Initial) of Payee       Direct Response       Mailing Address       2340 E. Beardsley Rd       Suite 100       City       State       Zip Cod	Office Sought:       X       House       State:       NM         House       Senate       District:       01         President       District:       01         Check One:       Support       X       Oppose         Disbursement For:       Primary       X       General         2010       Other (specify)
Postage - Heinreich the Spendificent       Type         Name of Federal Candidate Supported or Opposed by Expenditure:       MARTIN HEINRICH         Calendar Year-To-Date Per Election for Office Sought       12167.74         Full Name (Last, First, Middle Initial) of Payee       12167.74         Direct Response       State         Mailing Address       2340 E. Beardsley Rd         Suite 100       State       Zip Code         Phoenix       AZ       85024         Purpose of Expenditure       Category/       Type         Name of Federal Candidate Supported or Opposed by Expenditure:       MARTIN HEINRICH       Category/         Name of Federal Candidate Supported or Opposed by Expenditure:       MARTIN HEINRICH       22479.39         Name of Federal Candidate Supported or Opposed by Expenditure:       MARTIN HEINRICH       22479.39         Full Name (Last, First, Middle Initial) of Payee       Direct Response       22479.39       [         Full Name (Last, First, Middle Initial) of Payee       Direct Response       2340 E. Beardsley Rd       State       Zip Code         Mailing Address       2340 E. Beardsley Rd       State       Zip Code       85024         Purpose of Expenditure       AZ       85024       240       85024	House       Senate       District:       01         President       District:       01         Check One:       Support       X       Oppose         Disbursement For:       Primary       X       General         Other (specify)
MARTIN HEINRICH       Calendar Year-To-Date Per Election for Office Sought       12167.74         Full Name (Last, First, Middle Initial) of Payee       Direct Response         Mailing Address       2340 E. Beardsley Rd         Suite 100       State       Zip Code         Phoenix       AZ       85024         Purpose of Expenditure       Category/ Type       Type         Name of Federal Candidate Supported or Opposed by Expenditure: MARTIN HEINRICH       22479.39         Full Name (Last, First, Middle Initial) of Payee Direct Response       22479.39         Full Name (Last, First, Middle Initial) of Payee Direct Response       22479.39         Full Name (Last, First, Middle Initial) of Payee Direct Response       Zip Code         Mailing Address 2340 E. Beardsley Rd Suite 100       State       Zip Code         Phoenix       AZ       85024	Check One: Support X Oppose Disbursement For: Primary X General 2010 Other (specify) Date M M / D D / Y Y Y Y Y Amount 10311.65 Office Sought: X House State: NM House Senate District: 01 President District: 01 Check One: Support X Oppose Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought       12167.74         Full Name (Last, First, Middle Initial) of Payee Direct Response       12167.74         Mailing Address 2340 E. Beardsley Rd Suite 100       State       Zip Code         City       State       Zip Code         Phoenix       AZ       85024         Purpose of Expenditure       Category/ Type       Type         Name of Federal Candidate Supported or Opposed by Expenditure: MARTIN HEINRICH       22479.39       [         Calendar Year-To-Date Per Election for Office Sought       22479.39       [         Full Name (Last, First, Middle Initial) of Payee       Direct Response       [         Mailing Address 2340 E. Beardsley Rd Suite 100       State       Zip Code         City       State       Zip Code         Phoenix       AZ       85024	2010       Other (specify)         Date       M_M_M / D_12 / Y Y Y Y         Amount       10311.65         Office Sought:       X         House       Senate         District:       01         President       District:         Check One:       Support         Disbursement For:       Primary         X       General
Direct Response          Mailing Address         2340 E. Beardsley Rd         Suite 100         City       State       Zip Code         Phoenix       AZ       85024         Purpose of Expenditure       Category/       Type         Printing - Heinreich the Spendificent       Category/       Type         Name of Federal Candidate Supported or Opposed by Expenditure:       MARTIN HEINRICH         Calendar Year-To-Date Per Election for Office Sought       22479.39         Full Name (Last, First, Middle Initial) of Payee       Direct Response         Mailing Address       2340 E. Beardsley Rd         Suite 100       State       Zip Code         City       State       Zip Code         Phoenix       AZ       85024         Purpose of Expenditure       Category/       State         Phoenix       AZ       85024	M       M       /       D       D       /       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y
2340 E. Beardsley Rd         Suite 100         City       State       Zip Code         Phoenix       AZ       85024         Purpose of Expenditure       Category/ Type       Type         Printing - Heinreich the Spendificent       Category/ Type       Type         Name of Federal Candidate Supported or Opposed by Expenditure:       MARTIN HEINRICH         Calendar Year-To-Date Per Election for Office Sought       22479.39         Full Name (Last, First, Middle Initial) of Payee       22479.39         Direct Response	Amount       10311.65         Office Sought:       X       House       State:       NM         House       Senate       District:       01         President       Check One:       Support       X       Oppose         Disbursement For:       Primary       X       General
Phoenix     AZ     85024       Purpose of Expenditure     Category/ Type     Category/ Type       Printing - Heinreich the Spendificent     Category/ Type       Name of Federal Candidate Supported or Opposed by Expenditure: MARTIN HEINRICH     Calendar Year-To-Date Per Election for Office Sought       Calendar Year-To-Date Per Election for Office Sought     22479.39       Full Name (Last, First, Middle Initial) of Payee Direct Response     22479.39       Mailing Address 2340 E. Beardsley Rd Suite 100     State     Zip Code       City     State     Zip Code       Phoenix     AZ     85024	Office Sought: X House State: NM House Senate District: 01 Check One: Support X Oppose Disbursement For: Primary X General
Printing - Heinreich the Spendificent     Calegory/ Type       Name of Federal Candidate Supported or Opposed by Expenditure: MARTIN HEINRICH     MARTIN HEINRICH       Calendar Year-To-Date Per Election for Office Sought     22479.39       Full Name (Last, First, Middle Initial) of Payee Direct Response     22479.39       Mailing Address 2340 E. Beardsley Rd Suite 100     State     Zip Code       City     State     Zip Code       Phoenix     AZ     85024	House Senate District: 01 Check One: Support X Oppose Disbursement For: Primary X General
MARTIN HEINRICH Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Direct Response Mailing Address 2340 E. Beardsley Rd Suite 100 City Phoenix AZ 85024 Purpose of Expenditure Category/	Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Direct Response Mailing Address 2340 E. Beardsley Rd Suite 100 City State Zip Code Phoenix AZ 85024 Purpose of Expenditure Category/	
Direct Response Mailing Address 2340 E. Beardsley Rd Suite 100 City Phoenix AZ 85024  Category/ Category/	2010 Other (specify)
2340 E. Beardsley Rd       Suite 100       City     State       Phoenix     AZ       85024	Date
City     State     Zip Code       Phoenix     AZ     85024       Purpose of Expenditure     Category/	Amount 250.00
Calegory	230.000 Constraints and the second
	Office Sought: X House State: NM House Senate District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: MARTIN HEINRICH	Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	22729.39

## Image# 11990132849 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

FOR LINE 7 FOR FORM 5

			Date		
			Jamman	******	
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			Amount	popoponenno popopo po	
State	Zip Code		and the second product of the second	iarconalitara sociedaricana	250.00
AZ	85024				
	Category/	MARKA DA LA	Office Sought: X	House	State: OH
	Туре		House	Senate	Diama 10
by Expenditure	ə:			President	District: 18
			Check One:	Support	X Oppose
ng sanggana ang ini na kalaning binaniranakan aranganikaranan s	1. In such as a fight of the state of the processing of a such as the state of the	RAPPACE STREET	Disbursement For:	Primary	X General
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State	Zip Code				12240.03
AZ	85024				
	Category/		Office Sought: X	House	State: OH
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res			• รายของเหตุอาณาระจัยกระบาทได้แรงการเชื่อง เกิดการเหตุอาณาระจัดการเรื่องการเชื่องการเชื่องการเรื่อง	โลกระบาทสามีกระบาท เราสี่ไประวาณสาม	22950.27
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litures				ขณะของหม่ได้กระบาทเปลี่ยวออกเล ขณะของรายการคองคายเราะสมเราะค โรงการคองคายในสายการการคอย โรงการคองคายเสียงสายคายการการคอย	
	AZ	AZ       85024         Category/ Type	AZ       85024         Category/ Type	State       Zip Code         AZ       85024         Category/ Type       Office Sought:         by Expenditure:       Check One:         250.00       Disbursement For:         2010       Other (specify)         Date       M.M.M.//         Mouse       M.M.M.//         Z       Z50.00         Other (specify)       Date         M.M.M.//       M.M.M.//         AZ       85024         Category/       Office Sought:         Type       Other (specify)         Date       M.M.M.///         M.M.M.//       M.M.M.///         State       Zip Code         AZ       85024         Disbursement For:       2010         Other (specify)       Date         M.M.M.//       M.M.///         State       Zip Code         AZ       85024         Other (specify)       Date         M.M.M.//       Mouse         M.M.M.///       Mouse         M.M.M.///       Mouse         Date       M.M.///         Mouse       M.M.///         Mouse       M.M.///         Mouse       Mouse	State       Zip Code         AZ       85024         Category/       Office Sought:         Type       Office Sought:         by Expenditure:       Check One:         State       Zip Code         AZ       Senate         President         Check One:       Support         Disbursement For:       Primary         250.00       Other (specify)         Date       10         Minditure:       Other (specify)         Category/       Office Sought:         Type       Other (specify)         Date       President         Minditure:       Category/         Type       Office Sought:         K House       Senate         President       Check One:         State       Zip Code         AZ       85024         Disbursement For:       Primary         210710.24       Date         Minditure:       Category/         10710.24       Date         Minditure:       Category/         Type       Office Sought:         K House       Senate         President       President         Mouse

#### Image# 11990132850 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

PAGE	7	1	51	

FOR LINE 7 FOR FORM 5

AMERICANS FOR TAX REFORM Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** 12 žoio ™1 0 Mailing Address Amount 2340 E. Beardsley Rd Suite 100 12587.37 Zip Code State City 85024 Phoenix AZ Office Sought: Purpose of Expenditure State: AZ X House Category/ Additional Postage - Kirkpatrick the Spendificent Type House Senate District: 01 President Name of Federal Candidate Supported or Opposed by Expenditure: ANN KIRKPATRICK Check One: Support X Oppose **Disbursement For:** X General Primary Calendar Year-To-Date Per Election 2010 40709.00 Other (specify) for Office Sought Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** 12 žoio 10 D Mailing Address Amount 2340 E. Beardsley Rd Suite 100 17412.62 Zip Code State City 85024 AZ Phoenix Office Sought: Purpose of Expenditure X House State: VA Category/ Postage - Boucher the Spendificent Type Senate House District: 09 President Name of Federal Candidate Supported or Opposed by Expenditure: FREDERICK C BOUCHER Check One: Support X Oppose **Disbursement For:** Primary X General Calendar Year-To-Date Per Election 2010 17412.62 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** Μ D 12 2010 10 Mailing Address Amount 2340 E. Beardsley Rd Suite 100 14107.63 Zip Code State City 85024 AZ Phoenix Purpose of Expenditure Office Sought: State: VA X House Category/ Printing - Boucher the Spendificent Туре Senate House District: 09 President Name of Federal Candidate Supported or Opposed by Expenditure: FREDERICK C BOUCHER Check One: Support X Oppose **Disbursement For:** X General Primary Calendar Year-To-Date Per Election 2010 31520.25 Other (specify) for Office Sought 44107.62 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTALof Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)

## Image# 11990132851 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response						′ <u> </u>
Mailing Address 2340 E. Beardsley Rd				Amount		
Suite 100	State	Zip Cod	9	and the second s	and manufacture and mound a sour	250.00
Phoenix	AZ	85024				
Purpose of Expenditure		Category/	A WARREN HIM MARKEN MAN AND AND AND	Office Sought:	X House	State: VA
Design - Boucher the Spendificent		Туре		House	Senate	District: 09
Name of Federal Candidate Supported or Oppo FREDERICK C BOUCHER	sed by Expenditure:	:		Check One:	President Support	X Oppose
				Disbursement Fo		X General
Calendar Year-To-Date Per Election for Office Sought	personal and a second	3177	70.25	2010 Other (specify	)	C General
Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response					12	2010 [°]
Mailing Address				Amount		2010
2340 E. Beardsley Rd Suite 100					++++++++++++++++++++++++++++++++++++++	050.00
City	State	Zip Cod	e		undannan dermandaren erdanne	250.00
Phoenix	AZ	85024				
Purpose of Expenditure		Category/		Office Sought:	X House	State: VA
Design - Connolly the Spendificent		Туре		House	Senate	District: 11
Name of Federal Candidate Supported or Oppo GERRY CONNOLLY	sed by Expenditure:	•		Check One:	President	X Oppose
			14 400-1100-100-100-100-100-100-100-100-100	Disbursement Fo		X General
Calendar Year-To-Date Per Election for Office Sought		25 Constantion of the constantion	50.00	2010 Other (specify	-	
Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response				M 1		/ Y Y Y Y
Mailing Address				<b>1</b> 0	) / ^D D 12	′ <u>2010</u>
2340 E. Beardsley Rd Suite 100				Amount	name and the analysis of the second secon	
City	State	Zip Cod	e		mainen fannalen en intern	13822.17
Phoenix	AZ	85024				
Purpose of Expenditure		Category/		Office Sought:	X House	State: VA
Printing - Connolly the Spendificent		Туре		House	Senate	District: 11
Name of Federal Candidate Supported or Oppo	sed by Expenditure:	:			President	District:
GERRY CONNOLLY				Check One:	Support	X Oppose
Out of the Verse To Date Day Floation	Search Anna -	NEW TOTAL AND A DESCRIPTION OF A	101110-10110-10110-10110-1012	Disbursement Fo		X General
Calendar Year-To-Date Per Election for Office Sought		1407	72.17	2010 Other (specify		
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a) SUBTOTAL of Itemized Independent Expen	ditures	••••••	•••••	••• Bernand Same of Same	andaa aa adaan ah ara mahaana	and a second assessment as a second as a second
					แรงเป็นการการการการการการการการการการการการการก	ที่ของอองสารของสารที่สารของสารที่สารของสารที่ 
<ul> <li>(a) SUBTOTAL of Itemized Independent Expen</li> <li>(b) SUBTOTAL of Unitemized Independent Expenditures</li></ul>	enditures			••• ••• •••	สถานใหม่สามหารถางสืบ สามารถางสามารถการสาม สามารถ สามารถสามารถการสามารถการสามารถการสาม สามารถ สามารถสามารถการสามารถการสามารถการสามารถการสามารถการสามารถการส	

### Image# 11990132852 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

PAGE 9/51
FOR LINE 7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee				Date
Direct Response				$\begin{array}{c c} M & M \\ 1 \\ 0 \\ \end{array} $
Mailing Address 2340 E. Beardsley Rd Suite 100				
City	State	Zip Code		16775.56
Phoenix	AZ	85024		
Purpose of Expenditure		Category/		Office Sought: X House State: VA
Postage - Connolly the Spendificent		Туре	49999 70 4994999 84 8 4 8 4 8 4 8 4 8 4 8 4 8 4	House Senate District:
Name of Federal Candidate Supported or Opposed by E GERRY CONNOLLY	Expenditure:			Check One: Support X Oppose
			-	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	ana	30847.	73	2010
Full Name (Last, First, Middle Initial) of Payee				Date
Direct Response				
Mailing Address 2340 E. Beardsley Rd				10 12 2010 Amount
Suite 100	State	Zip Code		250.00
City Phoenix	AZ	85024		รางการแก่งสืบและการสับเทศสรรรมและสามีขณะสามสุขภาพสรรรมสรรมสรรมสรรมสรรมสรรมสรรมสรรมสรรมสร
Purpose of Expenditure		0	07-10000121-00-00013-100-00000000000	Office Sought: X House State: WI
Design - Kind the Spendificent		Category/ Type		House Senate
Name of Federal Candidate Supported or Opposed by E	-voenditure:			President District: 03
RON KIND	-xpenditure.			Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	ารรรรมสาวาน 	250. mmm.Somm.in.iteration		Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
Direct Response				M M / D D / Y Y Y Y 10 / 12 / 2010
Mailing Address 2340 E. Beardsley Rd				
Suite 100 City	State	Zip Code		1659.59
Phoenix	AZ	85024		
Purpose of Expenditure		Category/		Office Sought: X House State: WI
Printing - Kind the Spendificent		Туре		House Senate District: 03
Name of Federal Candidate Supported or Opposed by E RON KIND	-xpenditure:			Check One: Support X Oppose
general statements	ar manananan tamanan martananan se 11 at	AND ALM A VALUE AND A VALUE A	MARK AND HIS INCOME.	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		1909.	59	2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTALof Uniternized Independent Expenditure	s			••
(c) TOTAL Independent Expenditures				יייין איגעער איז
(carry total from last page forward to Line 7)				

### Image# 11990132853 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

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FOR LINE 7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response				^M 10		′ <u>2010</u>
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount	аббалыланаты алтарыла алалы ул	ในแสงและสามารถเงาสามารถสามารถเสาย 
City	State	Zip Code			and the second	2083.96
Phoenix	AZ	85024				
Purpose of Expenditure		Category/	AN ATHOUGH STREET, STRE	Office Sought:	X House	State: WI
Postage - Kind the Spendificent		Туре		House	Senate	District: 03
Name of Federal Candidate Supported or Opposed RON KIND	by Expenditure	:		Check One:	President     Support	X Oppose
				Disbursement Fo		X General
Calendar Year-To-Date Per Election for Office Sought	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - Danayanan anal fan ananan di ana ananan di anan ananan di anan anan	3993 14	3.55	2010 Other (specify		General
Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response				M		2010
Mailing Address				Amount		2010
2340 E. Beardsley Rd Suite 100					011 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	250.00
City	State	Zip Code		l	ะเร็กและเ <i>ส้างเกิดการ</i> สารสารสร้างและ	250.00
Phoenix	AZ	85024				
Purpose of Expenditure		Category/		Office Sought:	X House	State: WI
Design - Kagen the Spendificent		Туре	AND	House	Senate	District: 08
Name of Federal Candidate Supported or Opposed STEVEN L KAGEN	by Expenditure	:		Check One:	President Support	X Oppose
				Disbursement Fo	r: Primary	X General
Calendar Year-To-Date Per Election for Office Sought	annen den ander annen den anne	25 พร้านแนนเลือนหมายเสียงเหมายสี	0.00	2010 Other (specify		
Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response					/ D D	/ <b>Y Y Y Y</b>
Mailing Address 2340 E. Beardsley Rd				<u>10</u> Amount	12	′ <u>`</u> 2010`
Suite 100					an ang ang ang ang ang ang ang ang ang a	1753.03
City Phoenix	State AZ	Zip Code 85024		Louise and the second second	างสี่งการการสนับการการสี่งสามารถสติดสามาร	
Purpose of Expenditure		Category/		Office Sought:	X House	State: WI
Printing - Kagen the Spendificent		Туре		House	Senate	District: 08
Name of Federal Candidate Supported or Opposed	by Expenditure	:			President	
STEVEN L KAGEN				Check One:	Support	X Oppose
Calendar Year-To-Date Per Election	NAMAN KA MANAN KANAN TAN  NAMA MANAN		essense for the state of the second state of the	Disbursement Fo 2010		X General
for Office Sought	สี่องระดองสี่สองสารเสี่ยมมาตามเป็นสารการเสี่ยมทางกา	200	3.03	Other (specify		
(a) SUBTOTAL of Itemized Independent Expenditu	res				างกับรายและเป็นและเลาเป็นเราะเลา แต่ไรการเลา	4086.99
	1 A				nesces yables yable of factors, boundered as see one and	97.9.7.900000097.2019.0000000000000000000000000000000000
(b) SUBTOTALof Uniternized Independent Expend	IITUres	•••••		••• E	องได้ของระเวลาสี่ของระการสมัครกรรรรครั้งการกร และสุดรูปหมายและ หารสราสสารสรรรรรกรรรกรัฐการสารส	ระเสร็จแรงแรงเหตุ แรงแรงเหตุ และและสุดารแรงเราะ เหตุ
(c) TOTAL Independent Expenditures				Lunadamarita	กสี่สายครามโรงการเป็นสาราสส์สานส	n An anna an An

Image# 11990132854 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPEND	ITURES		PAGE 11 / 51 FOR LINE 7 FOR FORM 5
NAME OF FILER (In Full)			
AMERICANS FOR TAX REFORM			
Full Name (Last, First, Middle Initial) of Pay Direct Response	/ee		Date
Mailing Address 2340 E. Beardsley Rd Suite 100 City	State	Zip Code	Amount 2206.07
	A 7	05004	

Direct Response				м м 10	/ ^D D /	² 2010
Mailing Address 2340 E. Beardsley Rd Suite 100			Amo	ในการหนังสัมเมืองหายไ	***************************************	⁹ ระเทศตารรรมสายสุดสายสายสายสายสาย (1997)
City Phoenix	State AZ	Zip Code 85024		และแรกเป็นกระจากเป็น แล	สารเทศเป็น และเขต ปู่แกรงการประกอบเลย	2206.07
Purpose of Expenditure Postage - Kagen the Spendificent Name of Federal Candidate Supported or Opposed by	/ Expenditure:	Category/ Type	Office Sou House	ght:	X House Senate President	State: <u>WI</u> District: <u>08</u>
STEVEN L KAGEN	, <u></u>		Check On	э:	Support	X Oppose
Calendar Year-To-Date Per Election for Office Sought	1999-1999 - 1999-1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 199 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	4209.10	Disbursem	2010	Primary	X General
Full Name (Last, First, Middle Initial) of Payee Direct Response			Dat	е М М 11	D D 01	2010 [°]
Mailing Address 2340 E. Beardsley Rd Suite 100			Amo	winter and a second sec		241.50
City Phoenix	State AZ	Zip Code 85024	I	งและเสียงรายาร์สาย		แป้น::รองสังและอาณีตสองรองสังเดรายะสั
Purpose of Expenditure Election Phone Banks		Category/ Type	Office Sou House	ght:	X House Senate	State: <u>AL</u> District: <u>02</u>
Name of Federal Candidate Supported or Opposed by MARTHA ROBY	y Expenditure:	:	Check On	e: [	President	Oppose
Calendar Year-To-Date Per Election for Office Sought		241.50	Disbursem	2010	Primary	X General
Full Name (Last, First, Middle Initial) of Payee Direct Response			Dat	е м м 1 1		2010
Mailing Address 2340 E. Beardsley Rd Suite 100			Amo	unt	8. g s an d a s an d	

Fulpose of Experiolitie		Category/		Oniou Obugini.	X House	State: <u>VVI</u>
Postage - Kagen the Spendificent		Туре		House	Senate	District: 08
Name of Federal Candidate Supported or Oppose STEVEN L KAGEN	d by Expenditure:	:		Check One:	Support	X Oppose
				Disbursement Fo	r: Primary	X General
Calendar Year-To-Date Per Election for Office Sought	an and a second second second and a second	4209	9.10	2010 Other (specify		
Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response				M		2010
Mailing Address				Amount		
2340 E. Beardsley Rd Suite 100					******	044 50
City	State	Zip Code				241.50
Phoenix	AZ	85024				
Purpose of Expenditure		Category/	The second se	Office Sought:	X House	State: AL
Election Phone Banks		Type		House	Senate	
Name of Federal Candidate Supported or Oppose	d by Exponditure			House	President	District: 02
MARTHA ROBY	o by Experiorate	•		Check One:	X Support	Oppose
				Disbursement Fo	r: Primary	X General
Calendar Year-To-Date Per Election for Office Sought	แรงสังเทพและเสมินสารเหตุสารเหตุสารเหตุสารเหตุสารเสรา เป็นสีมาณาสารเสมินสารเหตุสารเหตุสารเหตุสารเหตุสารเป็นเป็นเป็นเป็นเป็นเป็นเป็นเป็นเป็นเป็น	24 ⁻	1.50	2010 Other (specify		
Full Name (Last, First, Middle Initial) of Payee				Data		
Direct Response				Date	0339972 246944 H MALANA MORENTE	groot water the second statement that his his his his holds
•				^M 1 1	01 / D D	Ź010
Mailing Address				Amount	Bastandorstein (2004)	70000000000000000000000000000000000000
2340 E. Beardsley Rd Suite 100					n na se n Na se na s	2236.50
City	State	Zip Code			สหนังวามสามาร์โลการสามาร์สาวารสามาร์สาวารสา	2230.30
Phoenix	AZ	85024				
Purpose of Expenditure		Category/	The second secon	Office Sought:	X House	State: IN
Election Phone Banks		Туре		House	Senate	
Name of Federal Candidate Supported or Oppose	d by Expenditure	:			President	District: 08
LARRY D BUCSHON	,	•		Check One:	X Support	Oppose
				Disbursement Fo		
Calendar Year-To-Date Per Election	NAR MANNAR MENERIK DE	0000	0.50	2010		X General
for Office Sought	andaaaaadharaa saha saxadaa saa		0.00	Other (specify	)	
						4684.07
(a) SUBTOTAL of Itemized Independent Expendit	ures	••••••		•••	- Konsekersterenderenderen	siement and a second
(b) SUBTOTAL of Unitemized Independent Expen	ditures	•••••				udmanaadaamaadaannaadaanaadaa
						ราม 2. การการสารสารการการสารการสารสารการสารสารการสารสารสารสารสารสารสารสารสารสารสารสารสา
<ul> <li>(b) SUBTOTAL of Uniternized Independent Expendent</li> <li>(c) TOTAL Independent Expenditures</li></ul>					และสิ่ง และของเมืองของของสิ่งและสองสารการสร้างเราจะสร้าง สารการการการการการการการการสร้างสารการสร้างสารการสร้าง สารสร้างสารการการการการสารการสร้างการสารการสร้างสารการสร้าง	งสุวารระเอาสมัย เกมาะสามารถ (การระเอาส แปลเมษณของการระเอารถสมุรระเอาสา หนึ่งและและสามารถเหลายาก (การระเอาสามารถ)

### Image# 11990132855 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee	)		Date
Direct Response			
Mailing Address 2340 E. Beardsley Rd Suite 100			Amount
City	State	Zip Code	2871.75
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: IN
Election Phone Banks		Туре	House Senate District: 09
Name of Federal Candidate Supported or Op	posed by Expenditure		President
TODD CHRISTOPHER YOUNG			Check One: X Support Oppose
Calendar Year-To-Date Per Election	Burden and a second and a second states of a second states and the second second second second second second se		Disbursement For: Primary X General
for Office Sought	เป็นของของการเป็นขางของระบบที่จะมาย คระจะปูกการเกมต์เป็นการเกมต์เป็นการเกมต์เป็นการเกมต์เป็นการเกมต์เป็นของการ	2871.75	Other (specify)
Full Name (Last, First, Middle Initiai) of Payee	)		Date
Direct Response			
Mailing Address			
2340 E. Beardsley Rd Suite 100			Amount
City	State	Zip Code	6330.10
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: KY
Election Phone Banks		Туре	House Senate District: 03
Name of Federal Candidate Supported or Op TODD LALLY	posed by Expenditure		Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	ร รัณแมนเหลียนหลางเหล่าในกลางเหล่าใจการหลายชื่อมหมายหย	6330.10	2010
Full Name (Last, First, Middle Initial) of Payee	)		Date
Direct Response			
Mailing Address			Amount
2340 E. Beardsley Rd Suite 100			
City	State	Zip Code	5208.00
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: KY
Election Phone Banks		Туре	House Senate District: 06
Name of Federal Candidate Supported or Op	posed by Expenditure	:	
GARLAND "ANDY" BARR			Check One: X Support Oppose
Calendar Year-To-Date Per Election		KINA MILINA MANUNA MANA MANA ANTA ANTA MILINA MI	Disbursement For: Primary X General
for Office Sought		298496.33	Other (specify)
(a) SUBTOTAL of Itemized Independent Exp	enditures		14409.85
	Griatul 60		รับและรางปฏาเวลาเจ้าสองระดังและเหลือมออนส์ต่องและเป็นและสามารถจากจากสามารถจากจากสามารถจากสามารถจากสามารถจากสาม เกิดสามารถสามารถจากสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสา 
(b) SUBTOTAL of Uniternized Independent E	xpenditures		
(c) TOTAL Independent Expenditures			

## Image# 11990132856 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

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FOR LINE 7 FOR FORM	5

Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			M M / D D / Y Y Y Y 1,1 01 2010
Mailing Address 2340 E. Beardsley Rd			1 1 0 1 2 0 1 0 Amount
Suite 100	State	Zip Code	3557.05
City Phoenix	AZ	85024	Baseneesd successed because discussion discussion discussion discussion discussion discussion discussion discuss
Purpose of Expenditure		Category/	Office Sought: X House State: MA
Election Phone Banks		Туре	House Senate District: 06
Name of Federal Candidate Supported or Oppose WILLIAM JOHN JR HUDAK	sed by Expenditure:	:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	มหมะและมีการการและการการการการการการการการการการการการการก	3557.05	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			M M / D D / Y Y Y Y
Mailing Address 2340 E. Beardsley Rd Suite 100			
City	State	Zip Code	5908.70
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: MA
Election Phone Banks		Туре	House Senate District: 10
Name of Federal Candidate Supported or Oppos JEFFREY DAVIS PERRY	sed by Expenditure:	:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		5908.70	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Direct Response			Date
Mailing Address			<u> </u>
2340 E. Beardsley Rd Suite 100			Amount
City Phoenix	State AZ	Zip Code 85024	5031.60
		1	
Purpose of Expenditure Election Phone Banks		Category/ Type	Office Sought: X House State: MD House Senate
Name of Federal Candidate Supported or Oppos	sed by Expenditure:	<u>I</u>	President District: 01
ANDREW P HARRIS			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	www.formernikennersbergerdamme	5031.60	2010 Cther (specify)
(a) SUBTOTAL of Itemized Independent Expendent	Jitures		
(b) SUBTOTALof Uniternized Independent Expe	anditures		prominaries execution transmission in many processing and a second provided and the second prominary and the second provided and t
(c) TOTAL Independent Expenditures (carry total from last page forward to			

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SCHEDULE 5-E	
ITEMIZED INDEPENDENT EXPENDITURES	

NAME OF FILER (In Full)

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FOR LINE 7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response					/ D D 01	2010
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount		
City Phoenix	State AZ	Zip Cod 85024	e	anoneous forestarad stars	undernameter an energier and being and	2.45
Purpose of Expenditure		Category/		Office Sought:	X House	State: ME
Election Phone Banks		Туре		House	Senate	District: _01
Name of Federal Candidate Supported or Oppo DEAN P SCONTRAS	osed by Expenditure:			Check One:	President     X Support	
Calendar Year-To-Date Per Election for Office Sought	อาการการการการการการการการการการการการการ	an, sur an ag an ar an	2.45	Disbursement Fo 2010	)	X General
Full Name (Last, First, Middle Initial) of Payee Direct Response				Date		2010 [°]
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount		
City Phoenix	State AZ	Zip Cod 85024	e		แหน่งการครับและครับและครับเมา	2.45
Purpose of Expenditure		Category/	Alexended 1.1.101/11.001/11.001/11.001	Office Sought:	X House	State: ME
Election Phone Banks		Туре		House	Senate	District: 02
Name of Federal Candidate Supported or Oppo JASON JOHN LEVESQUE	osed by Expenditure:			Check One:	President	Oppose
Calendar Year-To-Date Per Election for Office Sought	ารแกรงออกเหตุการจะสาวารการการการการการการการการการการการการกา	กระจากการเกาะการการการการการการการการการการการการการก	2.45	Disbursement Fo 2010 Other (specify	)	X General
Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response				M /	/ D D 01	Ź010 [°]
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount	and the second state of the se	4282.60
City Phoenix	State AZ	Zip Cod 85024	e		และสำหรุดการสาวิธรรรมสาวอาหารสาวอาหาร	
Purpose of Expenditure		Category/		Office Sought:	X House	State: MI
Election Phone Banks		Туре		House	Senate	District: 01
Name of Federal Candidate Supported or Oppo DANIEL J BENISHER	osed by Expenditure:			Check One:	President	Oppose
Calendar Year-To-Date Per Election for Office Sought	ารการการการการการการการการการการการการกา	428	32.60	Disbursement Fo 2010 Other (specify	)	X General
a) SUBTOTAL of Itemized Independent Exper	nditures			••		4287.50
				*****	44994 94944 9494 9494 944 944 944 944 9	

## Image# 11990132858 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

PAG	e 15	<b>i /</b>	51		
FOR	LINE	7	FOR	FORM	5

			•
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			
Mailing Address 2340 E. Beardsley Rd			Amount
Suite 100 City	State	Zip Code	3762.85
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: MI
Election Phone Banks		Туре	House Senate District: 07
Name of Federal Candidate Supported or Oppose TIMOTHY L. WALBERG	d by Expenditure	ð:	Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		3762.85	2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			M M / D D / Y Y Y Y
Mailing Address 2340 E. Beardsley Rd			11 01 2010
Suite 100			3555.30
City Phoenix	State AZ	Zip Code 85024	มี มหายเหม่ามการสุดและของสองการสุดและสองการสุดและสองการสุดเมตรรมส์การสารสุดเมตรรมส์การสารสารสารสารสารสารสารสาร
Purpose of Expenditure		Category/	Office Sought: X House State: MI
Election Phone Banks		Туре	House Senate District: 00
Name of Federal Candidate Supported or Oppose ANDREW EDWARD RACZKOWSKI	d by Expenditure	2:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	งงการระดงการสาวสาวการระการระการสาวสาว พระติรารระการสาวสาวสาวสาวสาวสาวสาวสาวสาว	3555.30	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			$\frac{M_{M}}{1.1} \begin{pmatrix} D & D \\ 0 & 1 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 \end{pmatrix}$
Mailing Address 2340 E. Beardsley Rd			Amount
Suite 100	State	Zip Code	2228.10
City Phoenix	State AZ	85024	Baryon on the canonal traces are discovered in the second rest of the second second second second second second
Purpose of Expenditure		Category/	Office Sought: X House State: MI
Election Phone Banks		Туре	House Senate District: 15
Name of Federal Candidate Supported or Oppose	d by Expenditure	9:	
ROBERT L STEELE			Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	หมายสาขางของ การสาขางสาขางสาขาง เปลี่ และสาขางสาขาง การสร้างสาขางสาขางสาขางสาขางสาขางสาขางสาขางสา	2228.10	Disbursement For: Primary X General 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expendit	ures		9546.25
(b) SUBTOTAL of Uniternized Independent Expen	ditures		
(c) TOTAL Independent Expenditures (carry total from last page forward to Li			•••

#### Image# 11990132859 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

FOR LINE 7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** ́м 1 01 D žoio Mailing Address Amount 2340 E. Beardsley Rd Suite 100 3728.20 Zip Code State City 85024 Phoenix AZ Office Sought: Purpose of Expenditure House Category/ x State: MN **Election Phone Banks** Type House Senate District: 01 President Name of Federal Candidate Supported or Opposed by Expenditure: RANDY LEE DEMMER Check One: х Support Oppose **Disbursement For:** X General Primary Calendar Year-To-Date Per Election 2010 3728.20 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** M11 01 D žoio Mailing Address Amount 2340 E. Beardsley Rd Suite 100 3966.20 State Zip Code City 85024 AZ Phoenix Office Sought: Purpose of Expenditure X House State: MN Category/ **Election Phone Banks** Type House Senate District: 08 President Name of Federal Candidate Supported or Opposed by Expenditure: CHIP CRAVAACK Check One: х Support Oppose **Disbursement For:** Primary X General Calendar Year-To-Date Per Election 2010 3966.20 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** м 1 01 žoio D Mailing Address Amount 2340 E. Beardsley Rd Suite 100 1419.25 State Zip Code City AZ 85024 Phoenix Purpose of Expenditure Office Sought: State: MO X House Category/ **Election Phone Banks** Туре House Senate District: 03 President Name of Federal Candidate Supported or Opposed by Expenditure: EDWARD R JR MARTIN Check One: X Support Oppose **Disbursement For:** X General Primary Calendar Year-To-Date Per Election 2010 1419.25 Other (specify) for Office Sought 9113.65 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Uniternized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)

## Image# 11990132860 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

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FOR LINE 7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee				Date
Direct Response				
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount 180.25
City Phoenix	State AZ	Zip Code 85024		
Purpose of Expenditure		Category/		Office Sought: X House State: MO
Election Phone Banks		Туре		House Senate District: 04
Name of Federal Candidate Supported or Oppose	ed by Expenditure	): ):		President
VICKY HARTZLER				Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	ขมายรายสารเหตุการการการการการการการการการการการการการก		0.25	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
Direct Response				
Mailing Address				<u>11</u> <u>01</u> <u>2010</u> Amount
2340 E. Beardsley Rd Suite 100				2299.15
City	State	Zip Code		ระบบคนสามารถเป็นสามารถในการสามารถในการสามารถในการสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถส เป็นการสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสา
Phoenix	AZ	85024		
Purpose of Expenditure Election Phone Banks		Category/		Office Sought: X House State: MS
		Туре	Logonorometerstation	House Senate District: 01
Name of Federal Candidate Supported or Oppose PATRICK ALAN NUNNELEE	ed by Expenditure	9:		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		229 11.200	9.15	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
Direct Response				M M / D D / Y Y Y Y 1,1 / 01 / 2010
Mailing Address 2340 E. Beardsley Rd Suite 100				
City	State	Zip Code	)	2440.55
Phoenix	AZ	85024		
Purpose of Expenditure		Category/		Office Sought: X House State: MS
Election Phone Banks		Туре		House Senate District: 04
Name of Federal Candidate Supported or Oppose STEVEN MCCARTY PALAZZO	ed by Expenditure	ə:		
STEVEN MOOART IT ALAZZO				Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		244	0.55	Disbursement For: Primary X General 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expendit	tures			4919.95
(b) SUBTOTALof Uniternized Independent Exper	nditures			
(c) TOTAL Independent Expenditures (carry total from last page forward to L				
#### Image# 11990132861 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

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FOR L	NE 7 FO	OR FORM 5

Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** 01 žoio ^м 1 Mailing Address 2340 E. Beardsley Rd Suite 100 Amount 3011.05 Zip Code State City 85024 Phoenix AZ Purpose of Expenditure Office Sought: x House Category/ State: NC **Election Phone Banks** Type House Senate District: _02 President Name of Federal Candidate Supported or Opposed by Expenditure: RENEE JACISIN ELLMERS Support Check One: х Oppose **Disbursement For:** X General Primary Calendar Year-To-Date Per Election 2010 3011.05 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** ^M 1 1 01 D 2010 Mailing Address Amount 2340 E. Beardsley Rd Suite 100 4120.55 Zip Code State City 85024 AZ Phoenix Office Sought: Purpose of Expenditure X House State: NC Category/ **Election Phone Banks** Type Senate House District: 07 President Name of Federal Candidate Supported or Opposed by Expenditure: **ILARIO GREGORY PANTANO** Check One: x Support Oppose **Disbursement For:** Primary X General Calendar Year-To-Date Per Election 2010 4120.55 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Direct Response D 01 М 2010° 11 Mailing Address 2340 E. Beardsley Rd Suite 100 Amount 3106.60 State Zip Code City 85024 AZ Phoenix Purpose of Expenditure Office Sought: State: NC х House Category/ **Election Phone Banks** Туре House Senate District: 08 President Name of Federal Candidate Supported or Opposed by Expenditure: HAROLD NELSON JOHNSON Check One: X Support Oppose **Disbursement For:** X General Primary Calendar Year-To-Date Per Election 2010 3106.60 Other (specify) for Office Sought 10238.20 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTALof Uniternized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)

# Image# 11990132862 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

l	PAGE 19 / 51
	FOR LINE 7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee				1		
Direct Response				Date	1 / D D	/ <u>Y Y Y Y</u>
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount		′ <u>² 2010</u> ′
City Phoenix	State AZ	Zip Code 85024		รี่มีของของครู้ 54 4 ค.ศ.ช.ร.สร้าง เปลี่ยง เปลี่ยง	องประการแห่งการเป็นการเป็นแรงคว	584.50
Purpose of Expenditure		Category/	·····	Office Sought:	X House	State: ND
Election Phone Banks		Туре		House	Senate	District: 00
Name of Federal Candidate Supported or Oppose RICHARD A BERG	ed by Expenditure	:		Check One:	President     X     Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	anserver en ander en ander de en ander en a	584.50		Disbursement Fo 2010 Other (specify		X General
Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response		<u>_</u>		M_M	/ D D .	2010
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount	anal Service excitorional	
City	State	Zip Code		kurnuðurnaturn	ซึ่งมหาแนะสันเขาจากเซ็มและการเซ็มและกา	5677.00
Phoenix	AZ	85024				
Purpose of Expenditure		Category/		Office Sought:	X House	State: NH
Election Phone Banks		Туре		House	Senate	District: 01
Name of Federal Candidate Supported or Oppose FRANK GUINTA	ed by Expenditure	:	0	Check One:	X Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	าการเรือบบรรณาในบรรณาสังการเหตุลาย	5677.00		isbursement Fo 2010 Other (specify		X General
Full Name (Last, First, Middle Initial) of Payee Direct Response				Date		2010
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount		
City Phoenix	State AZ	Zip Code 85024			างทั้งหลางการสำรางการสมัทรางการสมัทรางการ	5310.55
Purpose of Expenditure Election Phone Banks		Category/ Type		Office Sought: House	X House Senate	State: <u>NH</u>
Name of Federal Candidate Supported or Oppose CHARLES F. BASS	ed by Expenditure			Check One:	President           X         Support	District: <u>02</u>
				···· ····		
Calendar Year-To-Date Per Election for Office Sought	พระหนึ่งเราะระบบเป็นการเหตุโตกรรมเหติดการเหตุ และเหตุโตระระบบเป็นการเหตุโตกรรมเหติดการเหตุ	5310.55		isbursement Fo 2010 Other (specify)		X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			รางเขารังเขาสามารถ รังสองของ สามาร์ไม่เป็นประสาท เป็นการและการเป็นสามารถเป็นสามารถเป็นสามารถเป	ารการการการการการการการการการการการการกา	11572.05
(b) SUBTOTALof Uniternized Independent Exper	nditures		•••••	annan an an Annan an	างร้องของสาวใจของสาวไป เรื่องสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป เป็นชื่อเขียงสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป็นสาวเป็นส	
(c) TOTAL Independent Expenditures (carry total from last page forward to L					a dina mandharan a darar mahamana	- "" เพื่อของสระสมาร์ไหก เหมาะเป็นการรับการเหมืองการราชสาย

# Image# 11990132863 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

PAGE	20	I	51	
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FOR LINE 7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee		Date
Direct Response		
Mailing Address		$ \begin{pmatrix} M & M \\ 1 & 1 \end{pmatrix} \begin{pmatrix} P & D \\ 0 & 1 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 \end{pmatrix}$
2340 E. Beardsley Rd Suite 100		
City State	Zip Code	3717.70 3717.70
Phoenix AZ	85024	
Purpose of Expenditure	Category/	Office Sought: X House State: NJ
Election Phone Banks	Type	House
Name of Federal Candidate Supported or Opposed by Expenditure:		President District: _04
CHRISTOPHER H. SMITH		Check One: X Support Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	3717.70	2010
	รายมา แมะโรครออกเหร็จไหมดอากเหล่าให้เหมดางหม่ในแหลดหมายใหมดและและให้เหมดอากเส	
Full Name (Last, First, Middle Initial) of Payee Direct Response		Date
Mailing Address		Amount
2340 E. Beardsley Rd Suite 100		2450.00
City State	Zip Code	โมงระบาที่เหลามาสีการและสาวารการการการการการการการการการการการการกา
Phoenix AZ	85024	
Purpose of Expenditure	Category/	Office Sought: X House State: NJ
Election Phone Banks	Туре	House Senate District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: ANNA C LITTLE		
		Check One: X Support Oppose
Calendar Year-To-Date Per Election	1.201.000/04.001.001.000.000.000.000.000.000.000.0	Disbursement For: Primary X General
for Office Sought	2450.00	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Direct Response		Annuments moders from a free and a
Mailing Address		<u> </u>
2340 E. Beardsley Rd		
Suite 100 City State	Zip Code	2537.85
Phoenix AZ	85024	
Purpose of Expenditure	Category/	Office Sought: X House State: NM
Election Phone Banks	Type	House Senate
Name of Federal Candidate Supported or Opposed by Expenditure:		President District: 01
JON BARELA		Check One: X Support Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	25267.24	2010
for Office Sought	euesandrenomedanaennikeerannikeerannikeerannik	Other (specify)
		8705.55
(a) SUBTOTAL of Itemized Independent Expenditures		••• มี <u>และและสามารถสามารถสามารถสามารถสา</u> นสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามาร
(b) SUBTOTALof Uniternized Independent Expenditures		
(c) TOTAL Independent Expenditures		$\int_{0}^{0} dx  dx  dx  dx  dx  dx  dx  dx $
(carry total from last page forward to Line 7)		

#### Image# 11990132864 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Fuil)

AMERICANS FOR TAX REFORM

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FOR LINE 7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** M 1 01 žoio D Mailing Address Amount 2340 E. Beardsley Rd Suite 100 2009.00 Zip Code State City 85024 Phoenix AZ Office Sought: Purpose of Expenditure Category/ х House State: <u>NM</u> **Election Phone Banks** Type House Senate District: 02 President Name of Federal Candidate Supported or Opposed by Expenditure: STEVAN E. PEARCE Check One: Support Oppose х **Disbursement For:** X General Primary Calendar Year-To-Date Per Election 2010 2009.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** M. 1 01 D žoio Mailing Address Amount 2340 E. Beardsley Rd Suite 100 1451.80 State Zip Code City 85024 AZ Phoenix Purpose of Expenditure Office Sought: х House State: NV Category/ **Election Phone Banks** Type House Senate District: 03 President Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK Check One: x Support Oppose **Disbursement For:** Primary X General Calendar Year-To-Date Per Election 2010 623775.14 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** м 1 01 žoio D Mailing Address 2340 E. Beardsley Rd Suite 100 Amount 4192.65 State Zip Code City 85024 AZ Phoenix Purpose of Expenditure Office Sought: State: NY House x Category/ **Election Phone Banks** Туре House Senate District: 01 President Name of Federal Candidate Supported or Opposed by Expenditure: RANDOLPH MR. ALTSCHULER x Support Check One: Oppose **Disbursement For:** X General Primary Calendar Year-To-Date Per Election 2010 4192.65 Other (specify) for Office Sought 7653.45 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTALof Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)

Image# 11990132865	
SCHEDULE 5-E	
<b>ITEMIZED INDEPENDENT</b>	<b>EXPENDITURES</b>

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NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response				- ^M ^M ^M	/ ^D D / 01	× × × × ×
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount		
City Phoenix	State AZ	Zip Code 85024		hanna dann na harranach e	รรษณะพุธีแสงระรงสาย ผู้สุขามสาขางสะปังหลวงคมสา	3412.15
Purpose of Expenditure		Category/	0	ffice Sought:	X House	State: NY
Election Phone Banks		Туре		House	Senate	District: <u>13</u>
Name of Federal Candidate Supported or Oppose MICHAEL GRIMM	sed by Expenditure:		с	heck One:	_ President	Oppose
Calendar Year-To-Date Per Election for Office Sought	zzenzen ferrer na dien en anderzen errendezen errendezen errendezen errendezen errendezen errendezen errendezen	3412.15		sbursement For: 2010 Other (specify)	Primary	X General
Full Name (Last, First, Middle Initial) of Payee Direct Response			•	Date	/ D D /	ž 2010
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount	1388849494944444444444444444444444444444	5474.70
City Phoenix	State AZ	Zip Code 85024		housenall ane mailtane ender	ารราสังหมายหลังการสาวอยุ	สารการสารสารสารสารสารการสารสารสารสารสารส
Purpose of Expenditure		Category/	0	ffice Sought:	X House	State: NY
Election Phone Banks		Туре		House	Senate	District: 20
Name of Federal Candidate Supported or Oppos	sed by Expenditure:				President	
CHRIS P GIBSON					X Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	ระหรายเรื่องเหตุการที่สายสายสาย สายสายเรื่องเหตุการสายสายสายสายสายสายสายสายสายสายสายสายสายส	5474.70	alsonana P	sbursement For: 2010 Other (specify)	Primary	X General
Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response				M_M	/ D D /	2010 [°]
Mailing Address 2340 E. Beardsley Rd Suite 100					Desenvoire opposite o	1682.45
City Phoenix	State AZ	Zip Code 85024			maantaa waadaxaa wabaxaa	
Purpose of Expenditure		Category/	0	ffice Sought:	X House	State: NY
Election Phone Banks		Туре	New York Contraction of the Cont	House	Senate	District: 22
Name of Federal Candidate Supported or Oppor GEORGE K PHILLIPS	sed by Expenditure:		с	heck One:	President     X   Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	กระแบบสามารถ ๆ การ 1600 หรือเมติด และเหตุการการการการการการการการการการการการการก	1682.45	U-MARANAN	sbursement For: 2010 Other (specify)	Primary	X General
(a) SUBTOTAL of Itemized Independent Expendent	ditures			and an and an and a second	การและสาวาร เราะสาวาร	10569.30
(b) SUBTOTALof Uniternized Independent Expe	enditures				1991,2199,2199,2199,2199,2199,2199,2199	ากเกษรรมสารสารสารสารสารสารสารสารสารสาร
(c) TOTAL Independent Expenditures				รางของสามารถการสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามาร สามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามา		กระ รางของอาจสายสาย (1999) เป็นของอาจกระ กระ กระ กระ เป็นของอาจสีย

# Image# 11990132866 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

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FOR LINE 7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			
Mailing Address 2340 E. Beardsley Rd Suite 100			Security of the second
City Phoenix	State AZ	Zip Code 85024	4971.40
Purpose of Expenditure		Category/	Office Sought: X House State: NY
Election Phone Banks		Туре	House Senate District: 23
Name of Federal Candidate Supported or Oppo MATT DOHENY	sed by Expenditure	:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	การการการการการการการการการการการการการก	4971.40	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			
Mailing Address 2340 E. Beardsley Rd Suite 100			Amount 5920.25
City	State	Zip Code	he mace dimension of the manufacture and the manufacture of the mace of the ma
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: NY
Election Phone Banks	1.4 per 11.	Туре	House Senate District: 25
Name of Federal Candidate Supported or Oppo ANN MARIE BUERKLE	sed by Expenditure		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	รสมสรรรณสรรณสรรณสรรมราชการการการการการการการการการการการการการก	5920.25	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Direct Response			Date 11' 01' 2010
Mailing Address 2340 E. Beardsley Rd Suite 100			American Andrew Construction and American Andrew
City Phoenix	State AZ	Zip Code 85024	5419.75
Purpose of Expenditure Election Phone Banks		Category/ Type	Office Sought: X House State: NY House Senate
Name of Federal Candidate Supported or Opport THOMAS W II REED	osed by Expenditure	:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	ราย เกาะเอก	5419.75	Disbursement For: Primary X General 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Exper	ditures		16311.40
(b) SUBTOTALof Uniternized Independent Exp	penditures		
(c) TOTAL Independent Expenditures (carry total from last page forward to			

#### Image# 11990132867 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

PAGE	24	1	51	

FOR LINE 7 FOR FORM 5

			1 -
Full Name (Last, First, Middle Initial) of Payee Direct Response			Date
Direct Response			
Mailing Address 2340 E. Beardsley Rd			Suuminikuunna kaanaa Suuminikuunna Suuminikuunnaa Amount
Suite 100			3651.90
City Phoenix	State AZ	Zip Code 85024	รี้อวมหมายใหม่เหมงร์มงารมาร์ว่า แบบมหรือหมดแห่งหรายาง ใหกหมดร์ดางจากเป็น และแก่ไหมด และมีของหมดที่ 
Purpose of Expenditure		1001 0 L000 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Office Sought: V House OH
Election Phone Banks		Category/ Type	House Senate
Name of Federal Candidate Supported or Opposed	hy Expenditure		President District: 01
STEVE CHABOT			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	นปีโปรงแนน 19.4 ปีสุรรณและสามปีสมรรณสายสมโครงรายสายจ	3651.90	2010 Conter (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			
Mailing Address			Amount
2340 E. Beardsley Rd Suite 100			4461.45
City Phoenix	State AZ	Zip Code 85024	รี้ _{มหมาย} าสังหมารมจำเวลมเสราสมอนสมอนสมอน และกรุ่มรายการรักษาของสมอรณสมอรมแสดงานหลัง 
			Office Sought: V House OH
Purpose of Expenditure Election Phone Banks		Category/ Type	Office Sought: X House State: OH House Senate
Name of Federal Candidate Supported or Opposed	hy Expanditure		President District: 06
BILL JOHNSON	oy Expenditure		Check One: X Support Oppose
Calendar Year-To-Date Per Election	X1100000000000000000000000000000000000		Disbursement For: Primary X General 2010
for Office Sought	หรือหารแหล่งหารเหตุดลูกสามารถ	4461.45	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			
Mailing Address			Jamman Contention of Account of Account Accoun
2340 E. Beardsley Rd Suite 100			
City	State	Zip Code	
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: OH
Election Phone Banks		Туре	House Senate District: 09
Name of Federal Candidate Supported or Oppose RICHARD BRADLEY IOTT	J by Expenditure	:	
			Check One: X Support Oppose
Calendar Year-To-Date Per Election	na doch ar fan anna a fan ar a' far ar an	2632.70	Disbursement For: Primary X General
for Office Sought	แต่มีครามสามารถสารสารสารสารสารสารสารสารสารสารสารสารสารส	2002.70	Other (specify)
			10746.05
a) SUBTOTAL of Itemized Independent Expenditu	Jres		
(b) SUBTOTAL of Uniternized Independent Expendent	ditures		
• • •			
(c) TOTAL Independent Expenditures (carry total from last page forward to Lin			
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# Image# 11990132868 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

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FOR LINE 7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee				Date
Direct Response				
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount
City	State	Zip Code		3626.35
Phoenix	AZ	85024		
Purpose of Expenditure		Category/		Office Sought: X House State: OH
Election Phone Banks		Туре		House Senate District: 13
Name of Federal Candidate Supported or Opport THOMAS D GANLEY	osed by Expenditure:			Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	สารารของรากการทุกแรกครองการและการและการของการการการ อาการการการการการการการการการการการการการ	362	клацининссегинксег 6.35 инфончинасто и нист	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			•	Date
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City	State	Zip Code		มาการการการการการการการการการการการการการ
Phoenix	AZ	85024		
Purpose of Expenditure		Category/	T	Office Sought: X House State: OH
Election Phone Banks		Туре		House State District: 15
Name of Federal Candidate Supported or Oppo STEVE MR. STIVERS	osed by Expenditure:	•	÷ .	Check One: X Support Oppose
				Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	มากระบบของสมารรณากระบบของสมารรณากระบบของสมารรณากระบบของสมารรณากระบบของสมารรณากระบบของสมารรณากระบบของสมารรณากระบ การการการการการการการการการการการการการก	353:	5.35	2010 Cther (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
Direct Response				M M / D D / Y Y Y Y 1,1 01 2010
Mailing Address 2340 E. Beardsley Rd				Since and developed and the second se
Suite 100 City	State	Zip Code		4937.10
Phoenix	AZ	85024		
Purpose of Expenditure		Category/		Office Sought: X House State: OH
Election Phone Banks		Туре		House Senate District: 16
Name of Federal Candidate Supported or Opp	osed by Expenditure:			President
JAMES B RENACCI	_			Check One: X Support Oppose
Calendar Year-To-Date Per Election	A CHIMAN AND A MARKIN BULL WITCH FOR THE PARTY OF MARKING MARKING THE PARTY OF T	NAMES AND DESCRIPTION OF THE OWNER AND ADDRESS OF THE OWNER ADDRESS		Disbursement For: Primary X General
for Office Sought	le omen 6mmmherrenet armentherren ihr	493	7.10	Other (specify)
· · · ·				
(a) SUBTOTAL of Itemized Independent Exper	nditures			12098.80
(b) SUBTOTALof Uniternized Independent Exp	penditures			••• מאור איז
(c) TOTAL Independent Expenditures				

# Image# 11990132869 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response				M_M	/ ^D D / 01	2010 [°]
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount		
City Phoenix	State AZ	Zip Code 85024		Сортанистик (макрология) (макрология)	adamanaha wasa dinama dinama	4224.15
Purpose of Expenditure		Category/	NATION, IN A STREET, STATE AND ADDRESS.	Office Sought:	X House	State: OH
Election Phone Banks		Туре		House	Senate	District: <u>18</u>
Name of Federal Candidate Supported or Opp ROBERT BRIAN MR. GIBBS	osed by Expenditure:			Check One:	President	Oppose
Calendar Year-To-Date Per Election for Office Sought	and a second sec	27174	.42	Disbursement Fo 2010 Other (specify)		X General
Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response				M M 11		2010 [°]
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount		
City	State	Zip Code			,	901.25
Phoenix	AZ	85024				
Purpose of Expenditure		Category/		Office Sought:	X House	State: WA
Election Phone Banks		Туре		House	Senate	District: 03
Name of Federal Candidate Supported or Opp JAIME HERRERA BEUTLER	osed by Expenditure:			Check One:	President     X     Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	รายและเรามาและและและเราะรายการและและและเล 	901	.25	Disbursement Fo 2010 Other (specify	,	X General
Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response				M N		, , , , , , , , , , , , , , , , , , ,
Mailing Address 2340 E. Beardsley Rd				Amount	2010-00-00 2010-00-00-00-00-00-00-00-00-00-00-00-00-	
Suite 100	State	Zip Code				1119.65
Phoenix	AZ	85024				
Purpose of Expenditure		Category/		Office Sought:	X House	State: OR
Election Phone Banks		Туре		House	Senate	District: 05
Name of Federal Candidate Supported or Opp	osed by Expenditure:				President	
LORENTZ 'SCOTT' BRUUN				Check One:	X Support	Oppose
Calendar Year-To-Date Per Election		NATIONAL AND A STREET	the instance of the second support of the second	Disbursement Fo 2010		X General
for Office Sought	leggegetermaliserentermetermeter	1119	9.65	Other (specify		
(a) SUBTOTAL of Itemized Independent Expe	nditures				างการการการการการการการการการการการการการก	6245.05
(b) SUBTOTAL of Uniternized Independent Ex	penditures				ระสะสิวารระรรม ระติสารรรมระสิวารรรมระสิวารรรมระ เวลาสิวารรรมระวาณ หางครามการการการการการการการการการการการการก	
(c) TOTAL Independent Expenditures				ราย กระคร ระสาชีระการการการที่สุดการกา	อองสีของของอาร์โลกรรรงจะหลังอากรองออสมีอสรรสด	สนับสมาราชสาวาร ครามสีนสมมรรมแข้งสมาราชสาว

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Image# 11990132870			PAGE 27 / 51
CHEDULE 5-E TEMIZED INDEPENDENT EXPENDITURES	ì		FOR LINE 7 FOR FORM 5
NAME OF FILER (In Full)			
AMERICANS FOR TAX REFORM			
Full Name (Last, First, Middle Initial) of Payee		<u></u>	Data
Direct Response			
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Mailing Address 2340 E. Beardsley Rd			Хинтина бонство об Аланинии Социнский Беллении Бел Беллении Беллении Бел
Suite 100			
City	State	Zip Code	มีของขณะสำหรัดแรงสร้างการสารสร้างการสารสร้างการสารสร้างการสารสร้างการสร้างการสร้างการสารสารสารสารสร้างการสารสร้
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: PA
Election Phone Banks		Туре	House Senate District: 03
Name of Federal Candidate Supported or Opposed b	y Expenditure	:	President
MIKE KELLY			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election	NAKONAN KETU DI MINANGKONI KANUN KANUN KETU KETUKTI MIN	5873.00	2010
for Office Sought	ana fan an de ser a de ser a		Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			
Mailing Address			
2340 E. Beardslev Rd			
Suite 100 City	State	Zip Code	5567.45
Phoenix	AZ	85024	
Purpose of Expenditure			Office Sought: X House State: PA
Election Phone Banks		Category/ Type	
			President District: 04
Name of Federal Candidate Supported or Opposed t KEITH J ROTHFUS	by Experiature	•	Check One: X Support Oppose
Calendar Year-To-Date Per Election	908.244994254.594644444-945399998.5653484449999999991391		Disbursement For: Primary X General
for Office Sought	anabaaadaarmianaa	5567.45	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			
-			<u> </u>
Mailing Address 2340 E. Beardsley Rd			
Suite 100		71- 0 - d-	7214.90
City Phoenix	State AZ	Zip Code 85024	Bezzanten die zwenden zu der Bennen verlanden ein General auf von eine Bezzanten bei der Bezzanten weber von verlanden werden.
	~~ <u>~</u>		Office Sought: Y House State: PA
Purpose of Expenditure		Category/	
Election Phone Banks		Туре	House Senate District: 07
Name of Federal Candidate Supported or Opposed I	oy Expenditure	:	
PATRICK L MEEHAN			Check One: X Support Oppose
Calendar Year-To-Date Per Election	COMPANY OF COMPANY OF FEMALES STATE		Disbursement For: Primary X General
for Office Sought		7214.90	Other (specify)
		· · · · · · · · · · · · · · · · · · ·	
			18655.35
(a) SUBTOTAL of Itemized Independent Expenditure			มากการสายสายสายสายสายสายสายสายสายสายสายสายสายส
(b) SUBTOTAL of Uniternized Independent Expendit	ures		· · · · · · · · · · · · · · · · · · ·
	ur ug		
(c) TOTAL Independent Expenditures			
(carry total from last page forward to Line			

Image# 11990132871	
SCHEDULE 5-E	
<b>ITEMIZED INDEPENDENT</b>	<b>EXPENDITURES</b>

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NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			1,1 ^D D ^Y ^Y ^Y ^Y ^Y ^Y
Mailing Address 2340 E. Beardsley Rd	<u></u>		Amount
Suite 100 City	State	Zip Code	7166.95
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: PA
Election Phone Banks		Туре	House Senate District: 08
Name of Federal Candidate Supported or Oppo MICHAEL G. FITZPATRICK	osed by Expenditure:		Check One: X Support Oppose
	Constant of the state of the st		Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	รา สามารถสารเสราะเป็นสารกรรมสารที่สารกรรมสารที่ได้สารกรรมสารที่ได้สารกรรมสารที่ได้สารกรรมสารที่ได้สารกรรมสารที่	7166.95	2010
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			M M / D D / Y Y Y Y 11 01 2010
Mailing Address 2340 E. Beardsley Rd Suite 100			
City	State	Zip Code	5217.35
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: PA
Election Phone Banks		Туре	House Senate District: 10
Name of Federal Candidate Supported or Opport THOMAS ANTHONY MARINO	osed by Expenditure:		Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	รงกระทุกกระรงสมายสามสามสามสามสามสามสามสามสามสามสามสามสามส	5217.35	2010 Cther (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			M M / D D / Y Y Y Y 11 01 / 2010
Mailing Address 2340 E. Beardsley Rd Suite 100			
City Phoenix	State AZ	Zip Code 85024	4517.45
Purpose of Expenditure		Category/	Office Sought: X House State: PA
Election Phone Banks		Туре	House Senate District: 11
Name of Federal Candidate Supported or Oppo	sed by Expenditure:		President
LOU BARLETTA			Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		4517.45	Disbursement For: Primary X General 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Exper	ditures		
(b) SUBTOTALof Uniternized Independent Exp	penditures		
(c) TOTAL Independent Expenditures (carry total from last page forward to			

#### Image# 11990132872 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

PAGE	29 / 51	
FOR L	NE 7 FO	R FORM 5

Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** D 01 žoio Mailing Address 2340 E. Beardsley Rd Suite 100 Amount 4390.75 Zip Code State City 85024 Phoenix AZ Purpose of Expenditure Office Sought: Category/ Х House State: PA **Election Phone Banks** Type House Senate District: 12 President Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY RAYMOND BURNS Check One: Support х Oppose **Disbursement For:** X General Primary Calendar Year-To-Date Per Election 2010 4390.75 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** ^M11^M 01 D žoio Mailing Address Amount 2340 E. Beardsley Rd Suite 100 5684.70 State Zip Code City 85024 AZ Phoenix Purpose of Expenditure Office Sought: x House State: PA Category/ **Election Phone Banks** Type House Senate District: 17 President Name of Federal Candidate Supported or Opposed by Expenditure: DAVID G ARGALL Check One: x Support Oppose X General **Disbursement For:** Primary Calendar Year-To-Date Per Election 2010 5684.70 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** 01 м D 2010 Mailing Address Amount 2340 E. Beardsley Rd Suite 100 4265.10 State Zip Code City AZ 85024 Phoenix Purpose of Expenditure Office Sought: Х House State: NY Category/ **Election Phone Banks** Type House Senate District: 19 President Name of Federal Candidate Supported or Opposed by Expenditure: NAN HAYWORTH Check One: X Support Oppose **Disbursement For:** Primary X General Calendar Year-To-Date Per Election 2010 4265.10 for Office Sought Other (specify) 14340.55 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTALof Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)

# Image# 11990132873 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

PAGE 30 / 51
FOR LINE 7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee				Date
Direct Response				
Mailing Address 2340 E. Beardsley Rd Suite 100				Ammundemmend Annu Annu Annu Annu Annu Annu Annu An
City	State	Zip Code		2539.25
Phoenix	AZ	85024		
Purpose of Expenditure		Category/	AND A MARKAGE AN	Office Sought: X House State: RI
Election Phone Banks		Туре		House Senate District: 01
Name of Federal Candidate Supported or Opp	osed by Expenditure:			President
JOHN J II LOUGHLIN				Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	รางการเป็นของเป็นของเป็นจากเป็นสาวานรายในสาวานรายในสาวานราย เรื่องการเป็นสาวานการเป็น เอาการเป็นสาวานรายในสาวานราย เรื่องการเป็นสาวานการเป็น เอาการเป็นสาวานรายในสาวานรายไป	253	9.25	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
Direct Response				
Mailing Address 2340 E. Beardsley Rd				Amount
Suite 100				4043.55
City	State AZ	Zip Code 85024		ขึ้นและแหล้างและสวานและสวาร์การระบบริการระบบริการระบบริการการสวารสวารสวารสวารสวารสวารสวารสวารสวารสว
Phoenix	AZ	00024		
Purpose of Expenditure		Category/		Office Sought: X House State: SC
Election Phone Banks		Туре	Provension and the second	House Senate District: 05
Name of Federal Candidate Supported or Opp JOHN MICHAEL 'MICK' MULVANEY	osed by Expenditure:			Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	า มาการเขาสารการเขาการเขาการเขาการเขาการเขาการเขาการเขาการเขาการเขาการเขาการเขาการเขาการเขาการเขาการเขาการเขาการ	404:	3.55	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee				Date
Direct Response				
Mailing Address 2340 E. Beardsley Rd Suite 100				Anomening and a second a seco
City	State	Zip Code		1473.50
Phoenix	AZ	85024		
Purpose of Expenditure		Category/		Office Sought: X House State: SD
Election Phone Banks		Туре		House
Name of Federal Candidate Supported or Opp	osed by Expenditure:	1		President District: 00
KRISTI LYNN NOEM				Check One: X Support Oppose
				Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	1. การการการการการการการการการการการการการก	147:	3.50	2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expe	nditures			8056.30
(b) SUBTOTAL of Uniternized Independent Ex	penditures			
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#### image# 11990132874 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

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FOR	LINE	7	FOR	FORM	5

Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response				Process Process	мм/ ^{рр} 11 01	² 2010
Mailing Address 2340 E. Beardsley Rd				Amou		
Suite 100					apiente antide ar inny statije kan beljen patronek zeren kan jelen tar atronek antide statije kan berezen tar b	3866.80
City Phoenix	State AZ	Zip Co 85024		I and the second	ne dan waadam waa baaraa da waa nadoo	าม แ และประการการสะหรือสองสตรรรษฐรินอาจสตรสตร สร้างการสะสตรที่
Purpose of Expenditure	~~			Office Soual	h.t.	
Election Phone Banks		Category/ Type			X House	State: SD
	ed by Evenediture		Annale in a state of a	House	Senate President	District: 00
Name of Federal Candidate Supported or Oppos KRISTI LYNN NOEM	ea by Experialiture	<del>;</del> ;		Check One:	X Support	Oppose
				Disbursemer		
Calendar Year-To-Date Per Election for Office Sought	สระบรรณ์ผู้เหตุสระบรรณ์ สระบรรณ์สระบรรณ์ สระบรรณ์สระบรรณ์	53 • 0	40.30		2010	y X General
Full Name (Last, First, Middle Initial) of Payee	· · · · · · · · · · · · · · · · · · ·			Date		
Direct Response				4000	AM7 DD	7 <b>Y Y Y Y</b>
Mailing Address					11 01	ŹOÍO
2340 E. Beardsley Rd Suite 100				Amou	<b>nt</b>	
City	State	Zip Co	de		ากระสารแกรงสารแกรงสร้างการเสริงการเหตุลาย	3542.00
Phoenix	AZ	85024				
Purpose of Expenditure		Category/		Office Sougl	ht: 🗙 House	State: TN
Election Phone Banks		Туре		House	Senate	District: 04
Name of Federal Candidate Supported or Oppos SCOTT EUGENE DESJARLAIS	ed by Expenditure	e:		Check One:	Y Support	Oppose
			80888888877 3088888888888888999999999999	Disbursemer		y X General
Calendar Year-To-Date Per Election for Office Sought	anne Gaessandrassandiamaanadinama	4797	24.00	2 Other (sp	2010	
Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response				N	1,1 / D D 1,1	′ <u>2010</u>
Mailing Address				Amou	hannon manager Banana gibana	2010
2340 E. Beardsley Rd Suite 100						548.80
City	State	Zip Co			กละสำหารกระเพื่อการการประเทศสานไทย ระหารส์กาะ	540.00
Phoenix	AZ	85024	•			
Purpose of Expenditure Election Phone Banks		Category/		Office Sough		State: TN
		Туре	Luunaannaan	House	Senate	District: 06
Name of Federal Candidate Supported or Oppos DIANE L MRS. BLACK	ed by Expenditure					
				Check One:	X Support	Oppose
Calendar Year-To-Date Per Election	CENTRAL PROFILE OF THE PARTY OF T		40.00	Disbursemer 2	nt For: Primar 2010	y X General
for Office Sought	undamentan micerartaran	5	48.80	Other (sp	ecify)	
a) SUBTOTAL of Itemized Independent Expendi	tures				19 50 19 19 19 19 19 19 19 19 19 19 19 19 19	7957.60
					a party esta e se contratte se esta esta de la casa de una esta esta esta esta casa de la	Sussessment and a second of the second of th
(b) SUBTOTAL of Uniternized Independent Experience	nditures					
(c) TOTAL Independent Expenditures (carry total from last page forward to L					าหน้าจองสมาร์โลกระดากที่จะรากและส่วนระสามาร์โลกร	

# Image# 11990132875 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

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Full Name (Last, First, Middle Initial) of Payee				Data		
Direct Response				Date	/ ^D D / 01	2010
Mailing Address 2340 E. Beardsley Rd				Amount		
Suite 100 City Phoenix	State AZ	Zip Code 85024	1		nd mundurun daaraadamaa	2446.85
Purpose of Expenditure		Category/	Contract of the local distance of the local	Office Sought:	X House	State: TN
Election Phone Banks		Туре		House	Senate	District: _08
Name of Federal Candidate Supported or Opp STEVE FINCHER	osed by Expenditure	c		Check One:	President     X     Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	รากระการเหติการและคู่คนให้เกิดครู้และ 2004 คราม 2004 คราม 2004 - การเหตุการกระมาณาการกระมาณาการกระมาณาการกระมาณาการกระ 2004 - การเหตุการกระมาณาการกระมาณาการกระมาณาการกระ	244	6.85	Disbursement Fo 2010 Other (specify		X General
Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response				M N		2010
Mailing Address 2340 E. Beardsley Rd				Amount		10101000000000000000000000000000000000
Suite 100	State	Zip Code				1328.60
City Phoenix	AZ	85024				
Purpose of Expenditure		Category/		Office Sought:	X House	State: <u>TX</u>
Election Phone Banks		Туре	A CONTRACTOR OF A CONTRACTOR O	House	Senate	District: 17
Name of Federal Candidate Supported or Opp BILL FLORES	osed by Expenditure	9:		Check One:	President     X     Support	Oppose
Calendar Year-To-Date Per Election for Office Sought	า กา กา สายการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการ สายการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการ สายการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการเหลือการ		8.60	Disbursement Fo 2010 Other (specify		X General
Full Name (Last, First, Middle Initial) of Payee Direct Response				Date	4 / D D 0 1	, , , , , , , , , , , , , , , , , , ,
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount		
City Phoenix	State AZ	Zip Code 85024	)		างหน้าครองสารราชสารราชสารราชสารราชสารราชสารราชสารราชสารราชสารราชสารราชสารราชสารราชสารราชสารราชสารราชสารราชสารราช	2277.10
Purpose of Expenditure		Category/		Office Sought:	X House	State: TX
Election Phone Banks		Туре		House	Senate	District: 23
Name of Federal Candidate Supported or Op	posed by Expenditure	ə:			President	
FRANCISCO 'QUICO' CANSECO				Check One:	X Support	Oppose
Calendar Year-To-Date Per Election for Office Sought		227	7.10	Disbursement Fo 2010 Other (specify	)	X General
						6052.55
(a) SUBTOTAL of Itemized Independent Expe	anditures		•••••	••• Summanification reference	ang manang m Manang manang m	ng parana an
					21228-122222222222222222222222222222222	แม้สมมุณหมู มีรามมุณสมมาย เพราะเหตุการการการการการการการการการการการการการก
<ul> <li>(a) SUBTOTAL of Itemized Independent Experies</li> <li>(b) SUBTOTAL of Unitemized Independent Expenditures</li> <li>(c) TOTAL Independent Expenditures</li> </ul>	xpenditures				แระเป็นแระแรงเสมินแนนระ จันหมายและดัง และแรงแรงแรงแรงแรงแรงการการการการการการการการการการการการการก	หมู่ในของจากที่ (รามารมมาติสมมณฑามิสมมารภาพที่) และแนกสองสองการทางสามารถสามารถสามารถ หมู่ในสองสองการจึงการและผู้สองสามารถจาก สอมารณฑารณฑามารถสามารถสามารถสามารถสาม

#### Image# 11990132876 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

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 FOR LINE 7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee		Date
Direct Response		M M / D D / Y Y Y
Mailing Address		
2340 E. Beardsley Rd Suite 100		Amount
City State	e Zip Code	1067.85
Phoenix AZ	85024	
Purpose of Expenditure	Category/	Office Sought: X House State: TX
Election Phone Banks	Type	House
		President District: <u>30</u>
Name of Federal Candidate Supported or Opposed by Expen STEPHEN EDWARD BRODEN	unure:	
		Check One: X Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary X General
for Office Sought	1067.85	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		
Direct Response		Date
•		- 11 0 1 2010
Mailing Address		Amount
2340 E. Beardsley Rd Suite 100		5342.40
City State	e Zip Code	มี ของและสังงารแขนของการสังการแขนของการสารสารสารสารสารสารสารสารสารสารสารสารสา
Phoenix AZ	85024	
Purpose of Expenditure	Category/	Office Sought: X House State: UT
Election Phone Banks	Туре	House
Name of Federal Candidate Supported or Opposed by Expen	diture:	Prouse Senate District: 02
MORGAN PHILPOT		Check One: X Support Oppose
Calendar Year-To-Date Per Election	E040 40	2010
for Office Sought	5342.40	Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Direct Response		таничана. — — — — — — — — — — — — — — — — — — —
Mailing Address		
2340 E. Beardsley Rd		
Suite 100	e Zip Code	1338.40
City State Phoenix AZ	85024	2005/2012/2007/2009/P2009/2009/2009/2009/2009/2009/200
Purpose of Expenditure		Office Sought: X House State VA
Election Phone Banks	Category/ Type	
		House Senate District: 02
Name of Federal Candidate Supported or Opposed by Expen EDWARD SCOTT MR. RIGELL	diture:	
		Check One: X Support Oppose
Calendar Year-To-Date Per Election	THE REAL OF THE REAL PROPERTY AND A DESCRIPTION OF THE REAL PROPERTY AND A DESCRIPTION OF THE REAL PROPERTY AND	Disbursement For: Primary X General
for Office Sought	1338.40	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		7748.65
עמו ששוערות שב טרונפוזוצפט ווטפאפווטפוון באאפוטונטופג		
(b) SUBTOTALof Unitemized Independent Expenditures		·····
(b) GODTOTALS CRITERIZES INSEPTIMENT Experiations		
(c) TOTAL Independent Expenditures		
(carry total from last page forward to Line 7)		

# Image# 11990132877 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee		Date
Direct Response		
Mailing Address 2340 E. Beardsley Rd Suite 100		1.1 0.1 2.010 Amount
City State	Zip Code	2206.05
Phoenix AZ	85024	
Purpose of Expenditure	Category/	Office Sought: X House State: VA
Election Phone Banks	Туре	House
Name of Federal Candidate Supported or Opposed by Expenditure:	, <b></b>	President District: 05
ROBERT HURT		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	2206.05	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Direct Response		M M / D D / Y Y Y Y
Mailing Address 2340 E. Beardsley Rd		1 1 0 1 2 0 1 0 Amount
Suite 100 City State	Zip Code	3020.15
Phoenix AZ	85024	
Purpose of Expenditure	Category/	Office Sought: X House State: VA
Election Phone Banks	Туре	House
Name of Federal Candidate Supported or Opposed by Expenditure: H MORGAN GRIFFITH		Check One: X Support Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	34790.40	2010 Cher (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
Direct Response		M M / D D / Y Y Y Y
Mailing Address 2340 E. Beardsley Rd		Amount
Suite 100 City State	Zip Code	2039.45
Phoenix AZ	85024	
Purpose of Expenditure	Category/	Office Sought: X House State: VA
Election Phone Banks	Туре	House Senate District: 11
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH S. FIMIAN		Check One: X Support Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	32887.18	2010 Conter (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		7265.65
·····		
(b) SUBTOTALof Uniternized Independent Expenditures		···· Internet of the second descend framework and the second framework and the second framework and the second sec
(c) TOTAL Independent Expenditures		and and a second and a second

#### Image# 11990132878 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** D 01 žoio Mailing Address Amount 2340 E. Beardsley Rd Suite 100 401.10 State Zip Code City AZ 85024 Phoenix Purpose of Expenditure Office Sought: State: WI X House Category/ **Election Phone Banks** Type House Senate District: 03 President Name of Federal Candidate Supported or Opposed by Expenditure: DAN KAPANKE Check One: х Support Oppose X General **Disbursement For:** Primary Calendar Year-To-Date Per Election 2010 4394.65 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** м́_1 01 2010 D Mailing Address Amount 2340 E. Beardsley Rd Suite 100 3917.90 State Zip Code City AZ 85024 Phoenix Purpose of Expenditure Office Sought: x House State: WI Category/ **Election Phone Banks** Туре Senate House District: 07 President Name of Federal Candidate Supported or Opposed by Expenditure: SEAN DUFFY Check One: Х Support Oppose **Disbursement For:** X Primarv General Calendar Year-To-Date Per Election 2010 211016.23 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** žoio 01 D Mailing Address Amount 2340 E. Beardsley Rd Suite 100 4089.75 Zip Code State City ΑZ 85024 Phoenix Office Sought: Purpose of Expenditure X House State: WI Category/ **Election Phone Banks** Type House Senate District: 08 President Name of Federal Candidate Supported or Opposed by Expenditure: **REID RIBBLE** Support Check One: X Oppose **Disbursement For:** X General Primary Calendar Year-To-Date Per Election 2010 8298.85 for Office Sought Other (specify) 8408.75 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)

Image# 11990132879	
SCHEDULE 5-E	
<b>ITEMIZED INDEPENDEN</b>	IT EXPENDITURES

NAME OF FILER (In Full)

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 FOR LINE 7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			11 / D D / Y Y Y Y 11 / 01 / 2010
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Ян интерретицитерских солого славание с солого славается с солого с славается с с с с с с с с с с с с с с с с с
2340 E. Beardsley Rd Suite 100			
City	State	Zip Code	
Phoenix	AZ	85024	
Purpose of Expenditure			Office Sought: X House State: WV
Election Phone Banks		Туре	House
Name of Federal Candidate Supported or Oppose	d by Expenditure	:	President District: 01
DAVID B MCKINLEY			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		498.75	2010
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			
Mailing Address			Appropriation of Approximation and Approximation Approximation and Approximation and Approximate Appro
2340 E. Beardsley Rd Suite 100			
City	State	Zip Code	231.70
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: WV
Election Phone Banks		Туре	House
Name of Federal Candidate Supported or Oppose	d by Expenditure	:	President District: _03
ELLIOTT EDWARD MAYNARD			Check One: X Support Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought	ายสรีและแนวส์หลายหลังหมายควรรับและการ	308613.70	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	<u> </u>		Date
Direct Response			Anternational and the Anternational Structure and Structure and Anternational Structure and Anternational
Mailing Address			$ M_{11} (D_{01} (Y_{2010}))$
2340 E. Beardsley Rd			
Suite 100 City	State	Zip Code	4101.30
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: AZ
Election Phone Banks		Туре	House
Name of Federal Candidate Supported or Oppose	d by Expenditure	;	President District: 01
PAUL ANTHONY ANTHONY GOSAR			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	านเป็นแนนเหมืองหมายเรื่องหมายเรื่องหมายเ	44810.30	2010
			4831.75
(a) SUBTOTAL of Itemized Independent Expendit	ures		โลกเพราะเพราะเพราะเพราะเพราะเพราะเพราะเพราะ
(b) SUBTOTALof Uniternized Independent Expen	ditures		
(c) TOTAL Independent Expenditures			
(carry total from last page forward to Li			<ul> <li>Provide the description of provide an advance of the second se Second second s Second second sec second second sec</li></ul>

Image# 11990132880 CHEDULE 5-E			PAGE 37 / 51
<b>FEMIZED INDEPENDENT EXPENDITURES</b>			FOR LINE 7 FOR FORM 5
NAME OF FILER (In Full)			
AMERICANS FOR TAX REFORM			
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			
Mailing Address			Балан абабалан алан байн байн байн байн байн байн байн ба
2340 E. Beardsley Rd			
Suite 100 City	State	Zip Code	3928.40
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: AZ
Election Phone Banks		Type	Llouise Sonato
	Exponditure		President District: 05
Name of Federal Candidate Supported or Opposed by DAVID SCHWEIKERT	cxperioliture.		Check One: X Support Oppose
Calendar Year-To-Date Per Election	The subject of the second s		Disbursement For: Primary X General
for Office Sought	and participation of the state	3928.40	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			
Mailing Address 2340 E. Beardsley Rd			Amount
Suite 100	01-1-	Zin Oode	2175.60
City	State AZ	Zip Code 85024	จิมงกระจายจิมารถายหลังและการจุ่งการกรณิมแตรมของิมแกรและจุโทยการมีรุกทราหวังหรายสุขารรุกและการจากการกร 
Phoenix			Office Sought: V House A7
Purpose of Expenditure		Category/	
Election Phone Banks		Туре	House Senate District: 07
Name of Federal Candidate Supported or Opposed by	/ Expenditure		
RUTH CRAWFORD MCCLUNG			Check One: X Support Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		232359.60	Other (specify)
T HALL (Lock First Middle Initial) of Dourse			
Full Name (Last, First, Middle Initial) of Payee Direct Response			Date инсключение реализионные условные инсключение и и и и и и и и и и и и и и и и и и
			11' 01' 2010'
Mailing Address 2340 E. Beardsley Rd			Amount
Suite 100			4766.30
City	State	Zip Code 85024	โหรายจากสารสารสารสารสารสารสารสารสารสารสารสารสารส
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: AZ
Election Phone Banks		Туре	House Senate District: 08
Name of Federal Candidate Supported or Opposed by	y Expenditure		
JESSE KELLY			Check One: X Support Oppose
Wawaschritza	TO THE REPORT OF STATE OF STATE OF STATE	nanturan managana ang parta ang parta ang ang ang ang ang ang ang ang ang an	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	s	4766.30	Other (specify)
loi Onito Obdgint Issuerchere			
	-		10870.30
(a) SUBTOTAL of Itemized Independent Expenditure	5		ระระระจะสามารถสายสายสายสายสายสายสายสายสายสายสายสายสายส
(b) SUBTOTALof Uniternized Independent Expenditu	ires		
(D) SUBTUTALO Uniternized independent Expendit			
(c) TOTAL Independent Expenditures			
(carry total from last page forward to Line	7)		

#### Image# 11990132881 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

PAGE	38	l	51	
		-		

FOR LINE 7 FOR FORM 5

AMERICANS FOR TAX REFORM Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** 01 žoio Mailing Address Amount 2340 E. Beardsley Rd Suite 100 3038.00 Zip Code State City 85024 ΑZ Phoenix Office Sought: Purpose of Expenditure X House State: CA Category/ **Election Phone Banks** Type Senate House District: 11 President Name of Federal Candidate Supported or Opposed by Expenditure: DAVID HARMER Check One: Х Support Oppose **Disbursement For:** Primary X General Calendar Year-To-Date Per Election 2010 3038.00 Other (specify) for Office Sought Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** м 1 01 D 2010 Mailing Address Amount 2340 E. Beardsley Rd Suite 100 1011.85 Zip Code State City 85024 AZ Phoenix Office Sought: Purpose of Expenditure State: CA X House Category/ **Election Phone Banks** Type Senate House District: 18 President Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL CLARE SR BERRYHILL Check One: х Support Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 2010 1011.85 Other (specify) for Office Sought Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** ^м м 1 1 D 01 2010 Mailing Address Amount 2340 E. Beardsley Rd Suite 100 1683.85 Zip Code State City AZ 85024 Phoenix Office Sought: Purpose of Expenditure State: CA House Х Category/ **Election Phone Banks** Туре House Senate District: 20 President Name of Federal Candidate Supported or Opposed by Expenditure: JAMES ANDREW VIDAK Oppose Check One: X Support **Disbursement For:** X General Primary 2010 Calendar Year-To-Date Per Election 1683.85 Other (specify) for Office Sought 5733.70 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)

#### Image# 11990132882 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

				1		
Full Name (Last, First, Middle Initial) of Payee Direct Response				Date	mitel Saminum de la constante	
Mailing Address 2340 E. Beardsley Rd				Amount		
Suite 100 City Phoenix	State AZ	Zip Code 85024			มมปุษาสมเหลริสสมอนประเทศจากประกอบ 	1138.20
Purpose of Expenditure		Category/		Office Sought:	X House	State: CA
Election Phone Banks		Туре		House	Senate	District: 47
Name of Federal Candidate Supported or Opp VAN TRAN	posed by Expenditure:			Check One:	President	Oppose
Calendar Year-To-Date Per Election for Office Sought	สามาราย เป็นสามาราย เป็นการเหตุสามาราย เป็นสามาราย เป็นสามาราย สามารายจากเราะ มายากรายการเหตุสามาราย เป็นสามาราย เป็นสามาราย สามารายจากเราะ มายากรายการเหตุสามาราย เป็นสามาราย	1138 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 10000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 100	анталичинания 3.20 ибионтов	Disbursement Fo 2010	)	X General
Full Name (Last, First, Middle Initial) of Payee Direct Response				Date		
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount		
City Phoenix	State AZ	Zip Code 85024		and a second sec	nyığınının finanın Şananın Şanırı	3552.15
Purpose of Expenditure		Category/		Office Sought:	X House	State: CO
Election Phone Banks		Туре		House	Senate	District: 03
Name of Federal Candidate Supported or Opp SCOTT R. TIPTON	posed by Expenditure:			Check One:	President	Oppose
Calendar Year-To-Date Per Election for Office Sought	างแรงและเวลารูสถานเราสมมณณณณณณณณณณณณณณณณณณณณณณณณณณณณณณณณณณณ	алистоника 3552 51 нистоника бологияна	2.15	Disbursement Fo 2010 Other (specify	)	X General
Full Name (Last, First, Middle Initial) of Payee Direct Response				Date		2010 [°]
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount	แบบรับราวรา และ แบบรายและ คอมและคอดดอดเสี แบบรับราวรา และ แบบรายและ คอมและคอดดอดเลอร	
City Phoenix	State AZ	Zip Code 85024			ามหลังของของการโรงการการเริ่มของของเพื่องๆ 2000	3317.30
Purpose of Expenditure Election Phone Banks		Category/ Type		Office Sought: House	X House	State: <u>CO</u> District: <u>04</u>
Name of Federal Candidate Supported or Opp CORY SCOTT REP. GARDNER	cosed by Expenditure:	-		Check One:	President	
Calendar Year-To-Date Per Election for Office Sought	ราวและคอมสามารายสายสายสายสายสายสายสายสายสายสาย ราวและคอมสายสายสายสายสายสายสายสายสายสายสายสายสายส	3317	7.30	Disbursement Fo 2010 Other (specify	)	X General
(a) SUBTOTAL of Itemized Independent Expe	enditures			• •	ามากร้างแรงของการการการการการการการการการการการการการก	8007.65
(b) SUBTOTALof Unitemized Independent Ex	xpenditures			•••	และกลางการการการการการการการการการการการการการก	พร้างการการกระบบสามารถการกระบบสามารถ หลังการกระบบสามารถกระบบสามารถกระบบสามารถ กระบบกระบบสามารถกระบบสามารถกระบบสามารถกระบบสามารถ
(c) TOTAL Independent Expenditures				and the state of t	ร้างการเหติดสารคระรับการการการการ	กลู่สี่สารของอาการที่สารารของการในสองการเสียงการเลือดเรื่อง สมเด็จรูกออาการที่สารารของการในสองการเสียงการเลือดเรื่อง

# image# 11990132883 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

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FOR LI	NE 7 FOI	R FORM 5

AMERICANS FOR TAX REFORM				
Full Name (Last, First, Middle Initial) of Payee Direct Response				Date
Mailing Address 2340 E. Beardsley Rd Suite 100				M         M         I         D         D         I         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y
City Phoenix	State AZ	Zip Code 85024		รีสุขามแหลโตมารามประกอบประกอบ เพียง แมนเป็นแมนเหมือวางางจำหลองจะประกอบไปเราเหมร์จากเหมร์จากเหมร์จากเหมร์จากเหา เ
Purpose of Expenditure Election Phone Banks		Category/ Type		Office Sought:     X     House     State:     CO       House     Senate     District:     07
Name of Federal Candidate Supported or Oppo RYAN L FRAZIER	sed by Expenditure:			Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	ะ เกราะสารการสารการสารการการการการสารการสารการสารการสารการสารการสารการสารการสารการสารการสารการสารการสารการสารก 	1904.	.000	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Direct Response				Date
Mailing Address 2340 E. Beardsley Rd Suite 100 City	State	Zip Code		Amount 5141.15
Phoenix	AZ	85024		Office Sought: X House State CT
Purpose of Expenditure Election Phone Banks		Category/ Type		Office Sought:     X     House     State:     CT       House     Senate     District:     04
Name of Federal Candidate Supported or Oppo DAN DEBICELLA	sed by Expenditure:			Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		5141	.15	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Direct Response			•	Date
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount 4890.55
City Phoenix	State AZ	Zip Code 85024		
Purpose of Expenditure Election Phone Banks		Category/ Type		Office Sought: X House State: CT House Senate District: 05
Name of Federal Candidate Supported or Oppo SAM CALIGIURI	sed by Expenditure:			Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		4890	.55	Disbursement For: Primary X General 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Exper	ditures			
(b) SUBTOTAL of Unitemized Independent Exp	enditures			•• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures (carry total from last page forward to				เกมาะการโดงของจะไหนายามในกอนหรือของจะจะจำงางจะจะจำงางจะจะได้รางของไหนายามไหนายางไหนายางไหนายางไป

# Image# 11990132884 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

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Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response				. And the second se	annal Scotterannensk	
				^M 1 1	M / D D 01	Ź010
Mailing Address 2340 E. Beardsley Rd Suite 100				Amount		
City	State	Zip Cod	e	lamantaroadera	andansa of constant and a south	5318.60
Phoenix	AZ	85024				
Purpose of Expenditure		Category/	Sama a suma accorde sources a sum	Office Sought:	X House	State: DE
Election Phone Banks		Туре		House	Senate	District: 00
Name of Federal Candidate Supported or Opposit	ed by Expenditure	:			President	District.
GLEN URQUHART				Check One:	X Support	Oppose
Calendar Year-To-Date Per Election	Nan ang mang mang mang mang mang mang man	53	18.60	Disbursement Fo	)	X General
for Office Sought	ะสังกระนะเสียง	taanaa daaraa	in the second	Other (specify	/)	
Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response				M 1 1		ž010 [°]
Mailing Address				Amount		2010
2340 E. Beardsley Rd Suite 100					2000054209000000000000000000000000000000	4400.45
City	State	Zip Cod	e	harmataanadaan	าแนร์การแระที่สามารถสำหากรากเรื่องการ	4483.15
Phoenix	AZ	85024				
Purpose of Expenditure		Category/		Office Sought:	X House	State: FL
Election Phone Banks		Туре		House	Senate	District: 02
Name of Federal Candidate Supported or Oppose WILLIAM STEVE II SOUTHERLAND	ed by Expenditure:	:		Check One:	President	
				Disbursement Fo	or: Primary	X General
Calendar Year-To-Date Per Election for Office Sought		44	33.15	2010 Other (specify	)	
Full Name (Last, First, Middle Initial) of Payee				Date		
Direct Response				2000000 M B	V / D D	/ <u>Y Y Y Y</u>
Mailing Address				<u>1 1</u>		′ <u>2010</u>
2340 E. Beardsley Rd Suite 100				Amount	ander engeneren er eine einer eine eine eine eine	na dia katal ang na pangkang na kata na pangkan ang na pangkan na pangkan na pangkang na pangka
City	State	Zip Cod	e		สิงารระบบสิงารระบบสิงารระบบสิงารระบ	4432.75
Phoenix	AZ	85024				
Purpose of Expenditure		Category/		Office Sought:	X House	State: FL
Election Phone Banks		Туре		House	Senate	
Name of Federal Candidate Supported or Oppose	ed by Expenditure:	:			President	District: 08
DANIEL WEBSTER				Check One:	X Support	Oppose
Long to the second s	n i de de la des de des des des des des des de la d	REALINY THE MERINAN IS IN MARY LIMAN MEMORY PARA MENA		Disbursement Fo		X General
Calendar Year-To-Date Per Election for Office Sought	analanaan daaraa walaan aadaa aa	44:	32.75	2010 Other (specify	)	
a) SUBTOTAL of Itemized Independent Expendi	tures					14234.50
(b) CURTOTAL of Unitomized Independent Firmer	dituroc					0042040011-0000204010020401044-004002-00400000-044200000-044200000-0
(b) SUBTOTALof Uniternized Independent Exper	IUILUI US			••		in the second

#### Image# 11990132885 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

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Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			M M / D D / Y Y Y Y
Mailing Address			<u> </u>
2340 E. Beardsley Rd Suite 100			Amount
City	State	Zip Code	5192.95
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: FL
Election Phone Banks		Туре	House
Name of Federal Candidate Supported or Oppo			President District: 24
SANDRA 'SANDY' ADAMS			Check One: X Support Oppose
Calendar Year-To-Date Per Election	MAGANANA MANYARANANYANANANYANANANYANYANANYANA		Disbursement For: Primary X General
for Office Sought		5192.95	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			
Mailing Address 2340 E. Beardsley Rd			Amount
Suite 100			2107.70
City	State	Zip Code	ขึ้นแหน่งหรือกระทางร้างแรกเริ่าและเหลือเราแหน่งการแรกร้องแรกเป็นและแห้งการแล้วแรกแล้งการและรั้ง 
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: GA
Election Phone Banks		Туре	House Senate District: 02
Name of Federal Candidate Supported or Oppo	sed by Expenditure:	<u> </u>	President District: 02
MICHAEL (MIKE) HUEL KEOWN			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election		322296.13	2010
for Office Sought	โลยางการเป็นและเลยไรการการเป็น เมระรรมที่เลลา (13)	CLECOU. TO	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	-		Date
Direct Response			M M / D D / Y Y Y Y
Mailing Address			<u> </u>
2340 E. Beardsley Rd			Amount
Suite 100		7.0.1	2867.90
City	State AZ	Zip Code 85024	สิ้วมหางหาติมากการสำนักการสาวมากการสาวมากการสาวมากการสาวมากสาวมากสาวมากสาวมากสาวมากสาวมากสาวมากสาวมากสาวมากสาว เ
Phoenix		05024	
Purpose of Expenditure		Category/	Office Sought: X House State: GA
Election Phone Banks		Туре	House Senate District: 08
Name of Federal Candidate Supported or Oppo	sed by Expenditure:		President
JAMES AUSTIN SCOTT			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election		6573.06	2010
for Office Sought			Other (specify)
(a) SUBTOTAL of Itemized Independent Expen	ditures		
			4.1.2.000.000.010.010.010.010.010.010.010
(b) SUBTOTALof Unitemized Independent Exp	enditures		
(c) TOTAL Independent Expenditures			··· Be manuface and assessed assessed as and the second se
(carry total from last page forward to	LIII(0 /)		

# Image# 11990132886 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

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Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			
Mailing Address 2340 E. Beardsley Rd Suite 100			Audulation for the second seco
City Phoenix	State AZ	Zip Code 85024	1815.45
Purpose of Expenditure		Category/	Office Sought: X House State: GA
Election Phone Banks		Туре	House Senate District: <u>12</u>
Name of Federal Candidate Supported or Opposed	d by Expenditur	e:	President
O MAXIE BURNS			Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	กระวม จากระบบระบบของการเหตุกระบบของการเป็นของการ หรูปของระบบของ เหญิงกรุณะระบบประการการการการการการการการการการ	1815.45	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			
Mailing Address			11 01 2010
2340 E. Beardsley Rd Suite 100			Amount
City	State	Zip Code	4151.70
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: IA
Election Phone Banks		Туре	House Senate District: 03
Name of Federal Candidate Supported or Opposed BRAD ZAUN	d by Expenditur	e:	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought	ม.)	4151.70	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			M M / D D / Y Y Y
Mailing Address			
2340 E. Beardsley Rd Suite 100			
City	State	Zip Code	2547.65
Phoenix	AZ	85024	
Purpose of Expenditure		Category/	Office Sought: X House State: ID
Election Phone Banks		Туре	House Senate
Name of Federal Candidate Supported or Opposed	d by Expenditur	e:	
RAUL RAFAEL LABRADOR			Check One: X Support Oppose
Calendar Year-To-Date Per Election	ang te mengangkangkangkangkangkangkangkangkangkan		Disbursement For: Primary X General
for Office Sought	เสียมและเสียมและเสียงกระการสำหรางร	2547.65	Other (specify)
a) SUBTOTAL of Itemized Independent Expenditu	ires		8514.80
(b) SUBTOTALof Unitemized Independent Expendent	ditures		

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NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** 01 м м 11 2010 Mailing Address Amount 2340 E. Beardsley Rd Suite 100 5695.55 Zip Code State City Phoenix AZ 85024 Office Sought: Purpose of Expenditure Category/ xİ House State: IL **Election Phone Banks** Type House Senate District: 11 President Name of Federal Candidate Supported or Opposed by Expenditure: ADAM KINZINGER Check One: X Support Oppose **Disbursement For:** X General Primary Calendar Year-To-Date Per Election 2010 5695.55 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** ^M 1 1 01 2010 D Mailing Address Amount 2340 E. Beardsley Rd Suite 100 5457.20 State Zip Code City 85024 AZ Phoenix Office Sought: Purpose of Expenditure x House State: IL Category/ **Election Phone Banks** Type House Senate District: 14 President Name of Federal Candidate Supported or Opposed by Expenditure: RANDY HULTGREN Check One: x Support Oppose **Disbursement For:** X General Primary Calendar Year-To-Date Per Election 2010 5457.20 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date **Direct Response** ^M 1 1 D 01 2010 Mailing Address Amount 2340 E. Beardsley Rd Suite 100 5235.65 State Zip Code City 85024 AZ Phoenix Purpose of Expenditure Office Sought: House State: IL X Category/ **Election Phone Banks** Туре House Senate District: 17 President Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT T MR. SCHILLING Check One: X Support Oppose **Disbursement For:** X General Primary Calendar Year-To-Date Per Election 2010 5235.65 Other (specify) for Office Sought 16388.40 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTALof Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)

# Image# 11990132888 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

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FOR LINE 7 FOR FORM 5

Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			
Mailing Address			
2340 E. Beardsley Rd Suite 100			
City	State	Zip Code	2188.55 แนนเวลารู้แหางอาร์กรายและร้างระเหลือและเป็นแหละเป็นแหละเป็นแหละเป็นแหละเป็นแหละเป็นเหลาะเป็นเราะเป็นเวลาแป้งเ
Phoenix	AZ	85024	
Purpose of Expenditure	с	ategory/	Office Sought: X House State: IN
Election Phone Banks	-	Type	House
Name of Federal Candidate Supported or Opposed	by Expenditure:		President District: 02
JACKIE (SWIHART) WALORSKI	• . 		Check One: X Support Oppose
Calendar Year-To-Date Per Election	a tang maganan ang ang ang ang ang ang ang ang a		Disbursement For: Primary X General
for Office Sought	Bananan dia mandrona any dia mandrona ma	2188.55	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			
Mailing Address			Beneren anderen anderen Beneren anderen anderen anderen einer anderen Beneren anderen anderen anderen anderen a Recommendation anderen a
2340 E. Beardsley Rd Suite 100			Amount
City	State	Zip Code	1905.40
Phoenix	AZ	85024	
Purpose of Expenditure	C	ategory/	Office Sought: X House State: AR
Election Phone Banks		Туре	House
Name of Federal Candidate Supported or Opposed	by Expenditure:		District: 01
ERIC ALAN RICK CRAWFORD			Check One: X Support Oppose
Calendar Year-To-Date Per Election	093+194.401040000000000000000000000000000000		Disbursement For: Primary X General
for Office Sought	สารการสารการสารการสารการสารการสารการสารการสารการสาร	1905.40	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Direct Response			$- \frac{M M}{11} \begin{pmatrix} 0 & 0 \\ 0 & 1 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 \end{pmatrix}$
Mailing Address			Amount
2340 E. Beardsley Rd Suite 100			
City	State	Zip Code	
Phoenix	AZ	85024	
Purpose of Expenditure	c	ategory/	Office Sought: X House State: AR
Election Phone Banks		Туре	House Senate
Name of Federal Candidate Supported or Opposed	I by Expenditure:		President District: 02
JOHN TIMOTHY GRIFFIN			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	dannen dan	1216.95	2010
			5310.90
(a) SUBTOTAL of Itemized Independent Expenditu	res		
(b) SUBTOTALof Uniternized Independent Expend	litures		
(c) TOTAL Independent Expenditures			การการเป็นการการการการการการการการการการการการการก
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CHEDULE 5-E			FOR LINE 7 FOR FORM 5	
JAME OF FILER (In Full)				
AMERICANS FOR TAX REFORM				
Full Name (Last, First, Middle Initial) of Payee		1		
Mentzer Media Services Inc.			Date .	
			10 / 13 / ž ž ž ž	
Mailing Address 600 Fairmount Avenue, Ste. 306			Amount	
City	State	Zip Code	10335.54	
Towson	MD	21286		
Purpose of Expenditure			Office Sought: X House State: AZ	
Video Production - 'Working'		Туре	House	_
Name of Federal Candidate Supported or Opposed by	Expenditure:		President District: 07	-
RAUL M GRIJALVA	Experience.		Check One: Support X Oppose	
Calendar Year-To-Date Per Election	ner velde af slødet, medetandet medet sløget som et sløget første sløget og som et sløget sløget som et sløget s	10335.54	2010 2010	
for Office Sought	daman berne berna	10000.04	Other (specify)	_
Full Name (Last, First, Middle Initial) of Payee			Date	
Mentzer Media Services Inc.			M M / D D / Y Y Y Y	anna a
Mailing Address				hone
600 Fairmount Avenue, Ste. 306			Amount	
City	State	Zip Code	219848.46	
Towson	MD	21286		
Purpose of Expenditure		Catagony	Office Sought: X House State: AZ	_
Media Buy - 'Working'		Category/ Type	House Senate	
Name of Federal Candidate Supported or Opposed by I	Evpenditure		President District: 07	_
RAUL M GRIJALVA	cyperioritie.		Check One: Support X Oppose	
Calendar Year-To-Date Per Election	2222006268867528990649994999977226689999	230184.00	2010	
for Office Sought	สันระระเป็นและหลังการคลัง	230104.00	Other (specify)	_
Full Name (Last, First, Middle Initial) of Payee			Date	
Mentzer Media Services Inc.			The statement of the st	Hy
Mailing Address				1
600 Fairmount Avenue, Ste. 306				
City	State	Zip Code	9747.29	
Towson	MD	21286		
Purpose of Expenditure		Catagony	Office Sought: X House State: GA	
Production Cost - 'Caught'		Category/ Type	House Senate	—
Name of Federal Candidate Supported or Opposed by	Expenditure:		President District: 02	
SANFORD D JR. BISHOP	exponditure.		Check One: Support X Oppose	
Calendar Year-To-Date Per Election	an a	19383.72	2010	
for Office Sought	utrevenue formation of the second		Other (specify)	_
(a) SUBTOTAL of Itemized Independent Expenditures			239931.29	
(b) SUBTOTAL of Uniternized Independent Expenditure	es			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)			ขึ้นกรรมการที่แรงและแล้วแรงและและและมีและเหตะนี้และกระบรร์ คากรรมกลี่ การบาทที่เกาะเหติเกมและได้และกระบดไม่กระเ	

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SCHEDULE 5-E			PAGE 47 / 51
TEMIZED INDEPENDENT EXPENDITURES			FOR LINE 7 FOR FORM 5
NAME OF FILER (In Full)			
AMERICANS FOR TAX REFORM			
Full Name (Last, First, Middle Initial) of Payee			Date
Mentzer Media Services Inc.			
			- 10'' 13'' 2010''
Mailing Address			Amount
600 Fairmount Avenue, Ste. 306			
City	State	Zip Code	300804.71
Towson	MD	21286	
Purpose of Expenditure		generation and a second s	Office Sought: Y House Other GA
Media Buy - 'Caught'		Category/ Type	State: <u>un</u>
Nedia Buy - Caugin			House Senate District: 02
Name of Federal Candidate Supported or Opposed by E	Expenditure:		President
SANFORD D JR. BISHOP			Check One: Support X Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election	and and and a language of the source	320188.43	2010
for Office Sought	innened to an advantation		Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Mentzer Media Services Inc.			An Annual South Statement Superstanting Statement Statem
			10 13 2010
Mailing Address 600 Fairmount Avenue, Ste. 306			Amount
600 Fairmouni Avenue, Sie. 500			512713.16
City	State	Zip Code	312/13.18 พัฒนาเป็นอาณาสินและอาย์ในและอาย์ในและอาย์ในการแต่มีการและมีการและอาย์ในอาณาร์ไทยการและไทยการและไ
Towson	MD	21286	
Purpose of Expenditure		Category/	Office Sought: X House State: MI
Media Buy - 'Going Home'		Type	House Senate
			President District: 09
Name of Federal Candidate Supported or Opposed by E GARY PETERS	zxpenditure.		
			Check One: Support X Oppose
Calendar Year-To-Date Per Election		-	Disbursement For: Primary X General
for Office Sought		512713.16	Other (specify)
	569 H 969 F 200		
Full Name (Last, First, Middle Initial) of Payee			Date
Mentzer Media Services Inc.			
Mailing Address			
600 Fairmount Avenue, Ste. 306			
	State	Zip Code	10570.84
City Towson	MD	21286	
		1	
Purpose of Expenditure		Category/	Office Sought: X House State: MI
Video Production - 'Going Home'		Туре	House Senate District: 09
Name of Federal Candidate Supported or Opposed by E	Expenditure:	•	President
GARY PETERS			Check One: Support X Oppose
Calendar Year-To-Date Per Election	angelag at high it helender is not reading in the	E00004.00	Disbursement For: Primary X General
for Office Sought		523284.00	Other (specify)
(-) SUBTOTAL of Itemized Independent Expanditures			824088.71
(a) SUBTOTAL of Itemized Independent Expenditures .	••••••	•••••••••••••••••••••••••••••••••••••••	*** จำการระบบ ส่วนการสนในการสนในการสนในการสนายและความสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถส และการสนายสนายสนายสนายสนายสนายสนายสนายสนายสนาย
(b) DUDTOTAL of Unitomized Independent Expanditure	c .		
(b) SUBTOTAL of Uniternized Independent Expenditure	5		•••• รูกการสารสารสารสารสารสารสารสารสารสารสารสารสา
(c) TOTAL Independent Expenditures			• ชีวิทธงการเป็นการเหมา์ที่การสารสารสารสารสารสารสารสารสารสารสารสารสา
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Image# 11990132891 SCHEDULE 5-E		PAGE 48 / 51
ITEMIZED INDEPENDENT EXPENDITURES		FOR LINE 7 FOR FORM 5
NAME OF FILER (In Full)		
AMERICANS FOR TAX REFORM		
Full Name (Last, First, Middle Initial) of Payee	Date	
Mentzer Media Services Inc.	MM	/ D D / Y Y Y Y
Mailing Address	M_1_0	' ^D 13 ' 2010'
600 Fairmount Avenue, Ste. 306	Amount	ส่งและคลต่อและและคลคลคลากการแหน่งคลต่องและคลตามสาวารการการการการการการการการการการการการกา
City State Zi	p Code	13394.44
	1286	
Purpose of Expenditure	Office Sought:	K House State: TN
Cale	ype House	Senate State:
Name of Federal Candidate Supported or Opposed by Expenditure:		President District: 04
LINCOLN EDWARD DAVIS	Check One:	Support X Oppose
	Disbursement For:	
Calendar Year-To-Date Per Election	2010	Primary X General
for Office Sought	13394.44	
Full Name (Last, First, Middle Initial) of Payee	Date	/ · · · · ·
Mentzer Media Services Inc.	MM	
Mailing Address	<b>1</b> 0	
600 Fairmount Avenue, Ste. 306	Amount	101407340513930514990509999999999999999999999999999999
City State Zi	p Code	462787.56
	1286	diz Nard Sign ( 1988) na distanta di Matada ( Na Manani di Banada di Annani dan manana proper e na cana ana sa
Dumon of Europetities	Office Sought:	K House State: TN
Carego Carego	ype House	Sonoto
Name of Federal Candidate Supported or Opposed by Expenditure:		President District: 04
LINCOLN EDWARD DAVIS	Check One:	Support X Oppose
	Disbursement For:	
Calendar Year-To-Date Per Election	476182.00	Primary X General
for Office Sought		
Full Name (Last, First, Middle Initial) of Payee	Date	
Mentzer Media Services Inc.	MM	
Mailing Address	<b>10</b>	
600 Fairmount Avenue, Ste. 306	Amount	Alzandez in zala z. Manten angezen eta
City State Zi	p Code	321952.02
	1286	
Purpose of Expenditure Catego	Office Sought:	House State: TX
Cale	ype House	Senate
Name of Federal Candidate Supported or Opposed by Expenditure:		President District: 29
JACK RODRIGUEZ	Check One:	Support X Oppose
	Disbursement For:	
Calendar Year-To-Date Per Election	2010	Primary X General
for Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	mensue freemations mathematications	798134.02
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	รี _{้ และหมายเหลือแรงหมายที่มีครามการสำนัก}	หลงระทั้งการราชสมโนการสมในสรรมสมให้สรายระสามันสมาสารที่ในสรายสาม โดกการการที่นี้
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Image# 11990132892
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee Date Mentzer Media Services Inc. ^M10^M Mailing Address Amount 600 Fairmount Avenue, Ste. 306 10217.98 Zip Code State City 21286 Towson MD Purpose of Expenditure Office Sought: House x State: TX Category/ Video Production - 'Going Home' Type House Senate District: 29 President Name of Federal Candidate Supported or Opposed by Expenditure: JACK RODRIGUEZ Check One: Support X Oppose **Disbursement For:** Primary X General Calendar Year-To-Date Per Election 2010 332170.00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Mentzer Media Services Inc. 13 žoio 10 D Mailing Address Amount 600 Fairmount Avenue, Ste. 306 7882.55 State Zip Code City MD 21286 Towson Purpose of Expenditure Office Sought: Х House State: WV Category/ Video Production - 'Skipped' Туре Senate House District: 03 President Name of Federal Candidate Supported or Opposed by Expenditure: NICK JOE II RAHALL X Oppose Check One: Support **Disbursement For:** X Primarv General Calendar Year-To-Date Per Election 2010 7882.55 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Mentzer Media Services Inc. 13 ^M1 0^M žoio Mailing Address Amount 600 Fairmount Avenue, Ste. 306 300499.45 Zip Code State Citv MD 21286 Towson Purpose of Expenditure Office Sought: State: WV X House Category/ Media Buy - 'Skipped' Туре House Senate District: 03 President Name of Federal Candidate Supported or Opposed by Expenditure: NICK JOE II RAHALL Check One: Support X Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 2010 308382.00 for Office Souaht Other (specify) 318599.98 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)

age# 11990132893			PAGE 50 / 51
HEDULE 5-E	RES		FOR LINE 7 FOR FORM 5
ME OF FILER (In Full)			
MERICANS FOR TAX REFORM			
Full Name (Last, First, Middle Initial) of Payee			Date
Neylan & Partners			Managementationalistic of the second
Mailing Address			$\underbrace{\begin{array}{c} \begin{array}{c} M & M \\ 1 \\ 0 \end{array}}^{M & M} \begin{pmatrix} D & D \\ 1 \\ 3 \\ \end{array} \begin{pmatrix} Y & Y \\ 2 \\ 0 \\ 1 \\ 0 \\ \end{array} \begin{pmatrix} Y \\ Y \\ 2 \\ 0 \\ 1 \\ 0 \\ \end{array} $
9401 Brookmay Court			
City	State	Zip Code	315520.85
Al;exandria	VA	22309	
Purpose of Expenditure		Category/	Office Sought: House State: PA
Media Buy - 'Gas'		Туре	Senate X Senate District: 00
Name of Federal Candidate Supported or Oppo	sed by Expenditure:		President
JOSEPH A JR SESTAK			Check One: Support X Oppose
Oplonder Vers To Date Day Floating	And a manufacture constraining on the state later of the state of the	an a	Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		315520.85	2010 Cther (specify)
Full Name (Last, First, Middle Initial) of Payee			
UPGRADE FILMS			Date
			$ 10^{\text{M}} 10^{\text{M}} 13^{\text{D}} 2010^{\text{V}}$
Mailing Address 3299 K Street NW, #200			Amount
	State	Zip Code	1395.00
City Washington	DC	20007	P. NO MARK DO MARK 2000 COMPLEX INSTITUTION OF A MARK THE STATE OF THE SETTING THE OWNER OF THE STATE OF THE SET
Purpose of Expenditure			Office Sought: House State: PA
Audio Design - 'GAS'		Category/ Type	Sonato X Sonate
Name of Federal Candidate Supported or Oppo	sed by Expenditure	:	President District: 00
JOSEPH A JR SESTAK			Check One: Support X Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election		316915.85	2010
for Office Sought		สำนานของสำนานของสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามาร	Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
UPGRADE FILMS			
Mailing Address			Amount
3299 K Street NW, #200			9574.00
City	State	Zip Code	
Washington	DC	20007	
Purpose of Expenditure		Category/	Office Sought: House State: PA
Video Editing - 'GAS'		Туре	Senate X Senate District: 00
Name of Federal Candidate Supported or Oppo JOSEPH A JR SESTAK	sed by Expenditure	*	President October
			Check One: Support X Oppose
Calendar Year-To-Date Per Election	<u></u>		Disbursement For: Primary X General 2010
for Office Sought		326489.85	Other (specify)
,,,,,, _			
(a) SUBTOTAL of Itemized Independent Expen	ditures		
(b) SUBTOTALof Uniternized Independent Exp	enditures		
(c) TOTAL Independent Expenditures			
(c) TOTAL Independent Expenditures (carry total from last page forward to	Line 7)		ระงาง ริมายสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามาร สามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามาร สามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามาร สามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามาร สามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามาร สามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสา สามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามาร สามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสา

# Image# 11990132894 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

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AMERICANS FOR TAX REFORM		
Full Name (Last, First, Middle Initial) of Payee UPGRADE FILMS		Date M_M_/ D_D/YYYY 1.0 13 2010
Mailing Address 3299 K Street NW, #200		Amount
City Sta Washington DC	ate Zip Code C 20007	1583.00
Purpose of Expenditure Voice Over Talant - 'GAS'	Category/ Type	Office Sought: House State: PA Senate X Senate District: 00
Name of Federal Candidate Supported or Opposed by Expe JOSEPH A JR SESTAK	enditure:	Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	328072.85	Disbursement For: Primary X General 2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee UPGRADE FILMS		Date M M / D D / Y Y Y Y 10 13 / 2010
Mailing Address 3299 K Street NW, #200		Amount
CityStateWashingtonDo	ate Zip Code C 20007	320.00
Purpose of Expenditure DG - 'GAS'	Category/ Type	Office Sought: House State: PA Senate X Senate District: 00
Name of Federal Candidate Supported or Opposed by Expe JOSEPH A JR SESTAK	enditure:	Check One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought	328392.85	Disbursement For: Primary X General 2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTALof Uniternized Independent Expenditures		··
(c) TOTAL Independent Expenditures		3029940.37

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FOR LINE 7 FOR FORM 5

# EXHIBIT D

• Form <b>990</b>		90	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung				CMB No 1545-0047	
Depa	artment of t	the Treasury	benefit trust or private foundation)			enorting requirements	Open to Public Inspection	
	Destinant of the Treasury state reporting requirements.         Image: Service service         For the 2010 calendar year, or tax year beginning         and ending						Inspection	
Bo	T		of organization			D Employer identification number		
	Address	AMER	AMERICANS FOR TAX REFORM					
Name		Doing Business As				52-1403587		
	initial return		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 722 12TH STREET N.W. 4TH FL				E Telephone number (202)785-0266	
	ated Amende					G Gross receipts \$	12,393,076.	
	return Applica-	WASHINGTON, DC 20005				H(a) is this a group return		
	tion pending	F Name and address of principal officer GROVER NORQUIST				for affiliates? Yes X No		
		SAME AS C ABOVE				H(b) Are all affiliates included? Yes No		
	1 Tax-exempt status: 501(c)(3) X 501(c) ( 4 ) ◄ (insert no.) 4947(a)(1) or 52						list (see instructions)	
J Website: ► WWW.ATR.ORG H(c) Group ex K Form of organization: X Corporation Trust Association Other ► L Year of formation: 1								
K Form of organization: X Corporation Trust Association Other ► L Year of formation: 1985 M State of legal domicile: D								
1 Brofiv describe the organization's mission or most significant activities ATR IS A NATIONAL GRASSRO							SSROOTS	
Activities & Governance		ORGANIZATION FOCUSED ON INCREASING PUBLIC AWARENESS ABOUT THE SIZE						
erna		Check this box						
love		Number of voting members of the governing body (Part VI, line 1a)				3	3	
ۍ مو		Number of independent voting members of the governing body (Part VI, line 1b)				4	<u>2</u> 52	
ties		Total number of individuals employed in calendar year 2010 (Part V, line 2a) Total number of volunteers (estimate if necessary)				6	0	
stivi			d business revenue from Part VIII, o			7a	0.	
Ă			business taxable income from Forr			7b	0.	
						Prior Year	Current Year	
e			tributions and grants (Part VIII, line 1h)			3,881,070.	12,319,576.	
Revenue		Program service revenue (Part VIII, Ine 2g) Investment income (Part VIII, column (A), Ines <b>C</b> , and 70 Other revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 192(must equal Part VIII, column(A), line 12)				0.	<u> </u>	
Be	10 1					186,300.	71,112.	
						4,069,396.	12,393,076.	
			milar amounts paid (Party, column			37,100.	66,370.	
	14 E	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A) lines 5-10) Professional fundraising fees (Part IX, column (A), line 1 to 1 295 224				0.	0.	
ses	15 \$					<u>1,271,511.</u> 241,611.	<u>1,035,709.</u> 166,467.	
	16a F	Professional fundraising fees (Part IX, column (A), kno 11e				241,011.	100,407.	
Exper	17 (	Total fundraising expenses (Part IX, column (D), line 25) ► <u>1,285,224</u> . Other expenses (Part IX, column (A), lines 11a 11d, 11f-24f)				3,043,321.	10,111,122.	
704		- A Little 40.47 ( and small Dark IV ashims (A) little (25)				4,593,543.	11,379,668.	
2		Revenue less expenses Subtract line 18 from line 12				-524,147.	1,013,408.	
02 [°]	2				Be	ginning of Current Year	End of Year	
W 0 2 Ssets or	20 1	Total assets (Part X, line 16)				7,217,428.	8,246,306.	
			tal liabilities (Part X, line 26)			<u>615,620.</u> 6,601,808.	<u>631,090.</u> 7,615,216.	
		Signatur				0,001,0001		
UL: Und	der penal	ties of perjury.	, I declare that I have examined this retur	n, including accompanying schedu	les and statem	ients, and to the best of m	y knowledge and belief, il is	
Ztrue	e, correct	, and complete	e. Declaration of preparer (other than off	icer) is based on all information of	which prepare	has any knowledge.		
NA		ANN				Date	4/11	
ونگي		Signature of officer Date Date Date						
ŰНе	re		print name and title					
			eparer's name	Preparer's signature		Date Check	PTIN	
Pai	id	• • •	MOUNT	carof morent	1	0/18/11 sett-employe	ed	
Preparer		Firm's name 🕨 HALT, BUZAS & POWELL, LTD. Firm's EIN						
Use	е Опіу	irm's address 1199 NORTH FAIRFAX STREET, 10TH FLOOR					703) 836-1350	
ALEXANDRIA, VA 22314       Phone no. (703) 836-1350         May the IRS discuss this return with the preparer shown above? (see instructions)       X Yes								
May the IRS discuss this return with the preparer shown above? (see instructions)								
SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION								
913-26 61								

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Brefly describe the organization's mession:         AMERICAN FOR TAX REFORM (ATR) IS A NATIONAL GRASSROOTS ORGANIZATION         PCCUSED ON INCREASING PUBLIC AMARENESS ABOUT THE SIZE AND REGULATIONS         OF GOVERNMENT AND RALLYING SUPPORT FOR LOWER TAXES, SMALLER GOVERNMENT         AND CONCRESSIONAL ACCOUNTABLIITY.         Dd the organization underfake any significant program services during the year which were not listed on the proform 500 v95022       [vis: [x]         Dd the organization cease conducting, or make significant changes in how it conducts, any program services?       [vis: [x]         D's, describe these new services on Schedule 0.       [vis: [x]         Describe the every purpose asthemements for each of the organization's three largest program services?       [vis: [x]         Beschots the every purpose asthemements for each of the organization's three largest program services 00 schedule 0.       [Code](Sepanase 3, 2, 337, 636,mcluding grants of 5, 20, 800, ](Pevenue 3, [Code](Sepanase 3, 2, 337, 636,mcluding grants of 5, 20, 800, ](Pevenue 4, [Copenase 3, 2, 337, 636,mcluding grants of 5, 20, 800, ](Pevenue 4, [Copenase 3, 2, 337, 636,mcluding grants of 5, 2402, ](Pevenue 3, [Code](Expenses 4, 581, 878, _mcluding grants of 5, 2402, ](Pevenue 4, [Colember 4, 580, S187, 637, 637, 637, 637, 637, 637, 637, 63	Check if Schedule O contains a response to any question in this Part III	52-1403587 Page
Brefly describe the organization's mission'         AMERICAN FOR TAX REPORM (ATR) IS A NATIONAL GRASSROOTS ORGANIZATION FOCUSED ON INCREASING PUBLIC AWARENESS ABOUT THE SIZE AND REGULATIONS: OF GOVERNMENT AND RALLYING SUPPORT FOR LOWER TAXES, SMALLER GOVERNMENT AND CONRESSIONAL ACCOUNTABILITY.         Do the organization underske any syndramit program services during the year which were not listed on the proform 900 r 990 27       I'ves [X]         Do the organization cause conducts, or make significant changes in how 4 conducts, any program services?       I'ves [X]         I'ves, 'describe these one services on Schedule O       Ives [X]         Describe the sense purpose achieves, and result of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 497/(c)(1) trusts are required to report the amount of grants and allocations to tools, the total expresses, and resonance, daw, for each of the organization constructs.         a (Code       ) (Expenses 2, 2, 337, 536, including grants of \$ 20, 800, ) (Pavenue \$ DLEDGE CAMPAION: THE IDEA OF THE PLEDGE IS SIMPLE: MARE POLITICIANS PT THERR NO-NEW-TAXES RHETORIC IN WRITING. THE TAXPAYER PROTECTION PLEDGI IS OFFERED TO EVERY CANDIDATE FOR OFFICE, STATE AND FEDERAL, AND ALL INCUMBENTS.         b (Code       ) (Expenses 1, 2, 468, 100, including grants of \$ 14, 560, ) (Pavenue \$ OUTREACH: ATR USES ITS NETWORK OF PLEDGE IS SIGNERS AND WORKS WITH A COALITION OF LIKE-MINDED GROUPS TO PROMOTE PRO-TAXPATER, SMALL GOVERNMENT POLICIES.         d (Other program services (Describe in Schedule O) (Expenses 2, 2, 468, 100, including grants of \$ 24, 770, ) (Evense \$ 1 to total program services (Describe in Schedule O) (Expenses \$ 295, 226,		. 0
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# Form 990 (2010) AMERICANS FOR TAX REFORM Part IV Checklist of Required Schedules

## 52-1403587 Page 3

Fai	t la Olleckilat di Nedalica concadica		<b>V</b>	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	77	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		v	
	public office? If "Yes," complete Schedule C, Part I	3	X	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		-
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide		,	
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			v
	If "Yes," complete Schedule D, Part V	10		<u>x</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			1
	as applicable			l
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			Ì
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>		<u>x</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<u>11f</u>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI, XII, and XIII	<u>12a</u>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	405	v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		<u>^</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	x	
. –		140	_ <u>A</u>	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	x	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		<u> </u>
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<b></b>
19	complete Schedule G, Part III	19	=	x
20-	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
20a	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
U	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
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Form 990 (2010)	AMERICANS			
Part IV Checklist of	<b>Required Schedu</b>	les (co	ntinued)	

## 52-1403587 Page 4

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ĺ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
н	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	[		
Ũ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
0.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
•••	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	ļ		
00	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
5,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2010)

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Form 990 (2010)

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Form	990 (2010) AMERICANS FOR TAX REFORM	52-1403	<u>587</u>	Pa	ige <b>5</b>
Par					
	Check if Schedule O contains a response to any question in this Part V		<u> </u>		
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<u>1a</u> 21		- 1	
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	16 0		- 1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
Ŭ	(gambling) winnings to prize winners?		1c		
29	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
20	filed for the calendar year ending with or within the year covered by this return	2a 52			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return	IS?	2b_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
40	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
40	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
L	If "Yes," enter the name of the foreign country				
α	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A	ccounts			
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?	5b		Х
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
<b>6</b> a			6a	x	
	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or alfts			
b		und er ginte	6b	x	
_	were not tax deductible?				
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	uces provided to the pavor?	7a		x
а	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
Ь	If "Yes," did the organization notify the donor of the value of the goods of services provided. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required			
С	-		7c		х
	to file Form 8282?	7d	<u> </u>		
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		
e	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contra- Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra-	act?	7f		
f	Did the organization, during the year, pay premiums, directly of indirectly, on a personal bankin contra- If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
9	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
h	If the organization received a contribution of cars, boars, an planes, of other venece, did the organiza- Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	t the supportung	<u> </u>		
8	sponsoring organizations maintaining bonor advised funds and section sostand, apporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a	any time during the year?	8		
_		ing time coming the year			
9	Sponsoring organizations maintaining donor advised funds.		9a		
a	Did the organization make any taxable distributions under section 4966?		9b		
-	Did the organization make a distribution to a donor, donor advisor, or related person?				
10	Section 501(c)(7) organizations. Enter	10a			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		1
b			1		
11	Section 501(c)(12) organizations. Enter	11a			
a	Gross income from members or shareholders				l
b		11b			
	amounts due or received from them ) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
12a	Section 4947(a)(1) non-exempt charitable trusts, is the organization limits of the vest	12b			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	•			
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	13b			
	organization is licensed to issue qualified health plans	13c	1	1	
	Enter the amount of reserves on hand		14a		X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduk	a ()	14b	<u> </u>	
	IT tes, has it lieu a runn /20 to report these payments in ho, provide an explanation in ochebal			990	(2010)

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Form	990 (2010) AMERICANS FOR TAX REFORM 52-1403			age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" n	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			(TT)
	Check if Schedule O contains a response to any question in this Part VI		•	X
Sect	tion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 1a		Tes	NO
	Enter the number of voting members of the governing body at the end of the tax year1aEnter the number of voting members included in line 1a, above, who are independent1b			
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	1		
	governing body?	7a		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<u>7b</u>		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following		37	
	The governing body?	<u>8a</u>	<u>    X    </u>	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	1.9		
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Yes	No
		10a	165	X
10a	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
b	and branches to ensure their operations are consistent with those of the organization?	105		
44-	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
128	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
b	to conflicts?	12b	X	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ	In Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ł
а	The organization's CEO, Executive Director, or top management official	<u>15a</u>	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		- v
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	16b		
- Coo	exempt status with respect to such arrangements?	1.100		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶DC			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
10	public inspection Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	and fina	ancial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation 🖡	▶	
	THE ORGANIZATION - (202)785-0266			
	722 12TH STREET, N.W., NO. 4TH FL, WASHINGTON, DC 20005		007	
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Form 990 (2010) AMERICANS FOR TAX REFORM	52-1403587	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated									
Employees, and Independent Contractors										
Check if Schedule O contains a response to any question in this Part VII										
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee	<u>s</u>	<del></del>								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.										

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees; and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee Г

(A) Name and Title	(B) Average hours per	(ct	(C) Position (check all that apply)				ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
GROVER G. NORQUIST				Ţ				119,534.	79,690.	25,811	
RESIDENT/DIRECTOR	24.00	A		X				119,004.	19,090.	25,011	
PETER BALKIN				x				0.	0.	(	
ICE PRESIDENT/DIRECTOR	0.50	<b>A</b>	<u> </u>	┢┻		$\vdash$				· · · · · · · · · · · · · · · · · · ·	
TEVE MASTY	0.50	v		x				ο.	0.		
ECRETARY/DIRECTOR	0.50		-		$\vdash$	+	<u> </u>	0.			
HRISTOPHER BUTLER HIEF OF STAFF	25.20					x		86,032.	50,527.	19,44	

	rs, Trustees, Key Er (B)	nplo	yees	s, an (C		ighe	st	Compensated Employ (D)	es (continued) (E)		(F)	
(A) Name and title	Average hours per	age Pos		Posit	tion	apply	0	Reportable compensation	Reportable compensation		Estima amoun	ted
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	)   c   ;	othe ompens from t organiza and rela rganiza	sat he atx ate
									<u> </u>			
						_						
								205,566.	130,21	7.	45,	2
1b Sub-total c Total from continuation sheets to	Part VII, Section A							<u> </u>		0.	45,	_
d Total (add lines 1b and 1c) 2 Total number of individuals (includin		nose	liste	ed at	bove	e) wh	o re					
compensation from the organization	<b>&gt;</b>										Ye	5
3 Did the organization list any former line 1a? If "Yes," complete Schedule	J for such individual								•			-
4 For any individual listed on line 1a, is and related organizations greater that	s the sum of reportab an \$150.000? // "Yes	le co ." co	omp mple	ensa ete S	ation Sche	and and	l otl e J f	her compensation from	the organization		x	
5 Did any person listed on line 1a rece	ive or accrue compe	nsat	юnf	from	any	unre	elat	ed organization or indiv	idual for services			
rendered to the organization? If "Yes Section B. Independent Contractors	s," complete Schedu	le <u>J</u> 1	lor și	uch	pers	ion					5	
1 Complete this table for your five high	nest compensated in	dep	ende	ent c	:ontr	acto	rs t	hat received more than	\$100,000 of comp	ensatio	n from	1
the organization	(A)							(B)		Com	(C)	
Name and bu	S 600 FAT	RM	ΟΤΠ	זית			-	Description of s	services	Con	pensat	
AVENUE, SUITE 306, TO	WSON, MD	<u>21</u>	<u>28</u>	6				ADVERTISING		3,5	<u>591,</u>	0
ARENA COMMUNICATIONS, CIRCLE, SALT LAKE CIT	1780 W SE Y, UT 8410	QU( 4	ORI	A	VIS	STF	4	ADVERTISING		1,4	107,	5
NEYLAN & PARTNERS			173	2.	221	n 0		ADVERTISING		1 3	335,	0
9401 BROOKMAY COURT, OLSON & SHUVALOV, 160	9 SHOAL CR	, EE	K ]	BL	<u>Z J (</u> VD			ADVERIISING				
<pre>#203, AUSTIN, TX 7870 DIRECT RESPONSE, 2340</pre>	1	- va	101		۲	5		ADVERTISING		9	963,	6
DIRECT RESPONSE, 2340		CI	LI.		911			ADVERTISING		\$	500,	0
100, PHOENIX, AZ 8502 2 Total number of independent contra	4										,00,	<u> </u>

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Form			2010) AMERI	CANS FOR	TAX REF	ORM		52-1403	3587 Page 9
Pa	rt V		Statement of Rever			(A) Total revenue	( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	4 4 1	b d f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncesh contributions included in lines Total. Add lines 1a-1f	ts, and ve <b>1f 1</b> 1a-1f \$	2319576. 25,269. ■ Business Code	12319576.			
Program Service Revenue	1	b c d e f	All other program service reve Total. Add lines 2a-2f						
	3 4 5	<u> </u>	Investment income (including other similar amounts) Income from investment of ta Royalties			2,388.			2,388.
	6	b	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(II) Personal				
			Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(II) Other				-
			Gain or (loss)	Ļ	l				
Other Revenue		_	Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of				- <u></u>	
ŧ			Less direct expenses .	b	L				
-	9	а	Net income or (loss) from fund Gross income from gaming an Part IV, line 19	ctivities See a				* <u>**</u> **	
		с	Less direct expenses . Net income or (loss) from gan Gross sales of inventory, less and allowances		<b>&gt;</b>				
			Less cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	b es of inventory	Business Code				
			CONFERENCE REG		900099	<u>3,550.</u> 341.			3,550. 341.
	12	-	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.			<u>3,891.</u> 12393076.	0.	0	. 73,500.
03200						9			Form <b>990</b> (2010)

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# Form 990 (2010) AMERICANS FOR TAX REFORM Part IX Statement of Functional Expenses

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Do 7b, 1	not include amounts reported on lines 6b,	4.8.1			
1	Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and		54 050		
	organizations in the U.S. See Part IV, line 21	51,370.	51,370.		
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22				· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments,				
	organizations, and individuals outside the US	15,000.	15,000.		
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	145,345.	96,203.	28,190.	20,952.
	trustees, and key employees	140,040.		20,190.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B) Other salaries and wages	694,281.	486,057.	141,140.	67,084.
7	Pension plan contributions (include section 401(k)	074,201.			077001
8	and section 403(b) employer contributions)	20,331.	14,092.	3,956.	2,283.
9	Other employee benefits	75,401.	1,946.	73,134.	321.
9 10	Payroll taxes	100,351.	69,714.	19,421.	11,216.
11	Fees for services (non-employees)				
a	Management				
b	Legal	97,720.	67,886.	18,912.	10,922.
	Accounting	38,283.	26,595.	7,409.	4,279.
d					
e	Professional fundraising services. See Part IV, line 17	166,467.			166,467.
f	Investment management fees				
g		204,633.	107,637.	93,749.	3,247.
12	Advertising and promotion	8,230,664.	8,230,664.		
13	Office expenses	307,013.	171,025.	59,799.	76,189.
14	Information technology	57,860.	40,805.	10,623.	6,432.
15	Royatties				
16	Occupancy	653,762.	454,173.	126,522.	73,067.
17	Travel .	363,137.	326,823.		36,314.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	91,423.	65,696.		25,727.
20	Interest			·····	
21	Payments to affiliates			<u> </u>	
22	Depreciation, depletion, and amortization	35,316.	24,534.	6,834.	3,948.
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 241. If line 241 amount exceeds 10% of line 25, column (A) amount, list line 241 expenses on Schedule 0.)				
а	PRINTING & MAILING	725,293.			725,293.
b	T T OF DENTAL C MATNE	151,004.			151,004.
c	MISCELLANEOUS	124.	88.	23.	13.
d	CONTRACT SERVICE REVENU	-845,110.	-567,468.	-178,108.	-99,534.
e					
f	All other expenses				
25	Total functional expenses, Add lines 1 through 24f	11,379,668.	9,682,840.	411,604.	1,285,224
26	Joint costs. Check here 🕨 🔀 If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Form 990 (2010)

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## AMERICANS FOR TAX REFORM

52-1403587 Page 11

Form 990 (		
Part X	Balance	Sheet

.

				(A) Beginning of year		<b>(B)</b> End of year
		Cash, and interest begring			1	
	1	Cash - non-interest-bearing	•	514,743.	2	664,169.
	2	Savings and temporary cash investments			3	
	3	Pledges and grants receivable, net	•		4	26,303.
	4	Accounts receivable, net Receivables from current and former officers, du	rectors trustees key			
	5	employees, and highest compensated employees				
			ss. complete Fart in		5	
	-	of Schedule L	defined under section		Ľ	
	6	Receivables from other disqualified persons (as				
		4958(f)(1)), persons described in section 4958(c)				
		employers and sponsoring organizations of sect			6	
2	_	employees' beneficiary organizations (see instru	Clonsy		7	
Assets	7	Notes and loans receivable, net			8	
×	8	Inventories for sale or use		4,594.	9	
	9	Prepaid expenses and deferred charges	1 1		- 3	
	10a	Land, buildings, and equipment. cost or other	10a 246,657.			
		basis Complete Part VI of Schedule D	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	132,247.	10c	99,423.
	_	Less accumulated depreciation		194,447.	11	
	11	Investments - publicly traded securities	4		12	
	12	investments - other securities See Part IV, line 1			13	
	13	Investments - program-related See Part IV, line		· · · · · · · · · · · · · · · · · · ·	14	······································
	14	Intangible assets	•	6,565,844.	15	7,456,411.
	15	Other assets. See Part IV, line 11 Total assets, Add lines 1 through 15 (must equal		7,217,428.	16	8,246,306.
	16	Accounts payable and accrued expenses		615,620.		631,090.
	17				18	
	18	Grants payable Deferred revenue		· · · · · · · · · · · · · · · · · · ·	19	[_]
	19	Tax-exempt bond liabilities			20	
	20	Escrow or custodial account liability Complete I	Part IV of Schedule D		21	
ties	21	Payables to current and former officers, director				
Liabilities	22	highest compensated employees, and disqualifi				
Lia		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		615,620.	26	631,090.
		Organizations that follow SFAS 117, check he	ere 🕨 🔀 and complete			
ŝ	ł	lines 27 through 29, and lines 33 and 34.				
nce	27	Unrestricted net assets		6,601,808.	27	7,615,216.
alaı	28	Temporarily restricted net assets			28	
9	29	Permanently restricted net assets			29	
ŝ		Organizations that do not follow SFAS 117, c	heck here 🕨 🥅 and			
л Г		complete lines 30 through 34.			ł	
sts	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or ed	guipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	icome, or other funds		32	
ž	33	Total net assets or fund balances		6,601,808.	33	7,615,216.
	34	Total liabilities and net assets/fund balances		7,217,428.	34	8,246,306.
						Form <b>990</b> (2010)

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Form	990 (2010) AMERICANS FOR TAX REFORM	52-14	<u>03587</u>	Pag	ge 12
	t XI Reconciliation of Net Assets				_
<b>L</b>	Check if Schedule O contains a response to any question in this Part XI				
		1 .			
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>12,39</u>		
2	Total expenses (must equal Part IX, column (A), line 25)		11,379		
3	Revenue less expenses Subtract line 2 from line 1	3	1,01		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,60	L,8	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			$\frac{0}{16}$
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,61	<b>5,2</b>	16.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		· <u>···</u>		
			ł	Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	l on a			
	separate basis, consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		i	
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>3b</u>		
			Form	990 (	2010)

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SCHEDULE C	Po	litical Campaign a	nd Lobbyir	ng Activities	;	OMB No 1545-0047	
(Form 990 or 990-EZ)		anizations Exempt From Income				2010	
Department of the Treasury Internal Revenue Service Service Service Security Internal Revenue Service Security Inspections.							
		Form 990, Part IV, line 3, or Form		ne 46 (Political Cam	baign Act	ivities), then	
<ul> <li>Section 501(c)(3) org</li> <li>Section 501(c) (atback)</li> </ul>	anizations Com	plete Parts I-A and B. Do not com I1(c)(3)) organizations Complete F	plete Part I-C Parts I-A and C below	/ Do not complete Pa	art I-B		
<ul> <li>Section 501(c) (other</li> <li>Section 527 organization</li> </ul>			and the and o below	be not complete .			
f the organization ansi	wered "Yes," to	Form 990, Part IV, line 4, or Forr	n 990-EZ, Part VI, h	ne 47 (Lobbying Act	ivities), th	nen	
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that I	nave filed Form 5768 (election und	er section 501(h)) C	Complete Part II-A Do	not comp	olete Part II-B	
<ul> <li>Section 501(c)(3) org</li> </ul>	janizations that I	nave NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy	n under section 501( Fax) or Form 990-F	n)) Complete Part II- 7 Part V June 35a (F	B Do not Proxy Tax	Complete Part II-A	
		ions Complete Part III			iony ian	,,	
Name of organization						er identification number	
	AMERICA	NS FOR TAX REFORM anization is exempt unde	reaction 501/a)	or is a section	527 org	52-1403587	
Part I-A Comple	ete ir the org		1 360 1011 00 1(0)		JEI OIG		
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities	ın Part IV			
2 Political expenditur					▶\$_		
3 Volunteer hours							
Dent I D Commit		enization is exempt unde	r section 501(c)	(3)			
		anization is exempt unde incurred by the organization unde			▶\$_		
		incurred by organization manager		5	► \$ _		
		n 4955 tax, did it file Form 4720 fo				Yes No	
4a Was a correction m						Yes No	
b If "Yes," describe in	<u>Part IV</u>	anization is exempt unde	r section 501(c)	, except section	501(c)(	3).	
		i by the filing organization for sect			▶\$_	1,859,239.	
2 Enter the amount of	f the filing organ	ization's funds contributed to othe	er organizations for s	ection 527			
exempt function ac			5		▶\$_		
	ion expenditures	Add lines 1 and 2 Enter here and		-•	► \$	1,859,239	
line 17b 4 Did the filing organi	zation file Form	1120-POL for this year?				1,859,239 X Yes No	
5 Enter the names, a	ddresses and en	nployer identification number (EIN)	of all section 527 p	olitical organizations	to which t	he filing organization	
made payments F	or each organiza	tion listed, enter the amount paid omptly and directly delivered to a	from the filing organi	ization's funds Also e	enter the a separate (	mount of political	
contributions received on the contribution of	ved that were prinnittee (PAC) If a	additional space is needed, provid	le information in Parl	t IV	50001010	oogrogatee rane of a	
(a) Name		(b) Address	(c) EIN	(d) Amount paid filing organizati funds if none, en	on's C	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization If none, enter -0-	
	····						
For Paperwork Reduct	tion Act Notice,	see the Instructions for Form 98	0 or 990-EZ.	Sche	dule C (Fo	orm 990 or 990-EZ) 201	
LHA							
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Schedule C (Form 990 or 990 EZ) 2010	AMERICANS	FOR TAX REP	ORM	52-	1403587 Page 2
Part II-A Complete if the org		mpt under sectio	on sur(c)(s) and m	ea Form 5706	
(election under sec	tion 501(n)).				
	tion belongs to an af				
B Check 🕨 🛄 if the filing organiza	tion checked box A a	and "limited control" pr	ovisions apply		
	ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add li					
d Other exempt purpose expenditure					
e Total exempt purpose expenditure		d)			
f Lobbying nontaxable amount Enter			th columns.		
If the amount on line 1e, column (a) c		bbying nontaxable an			
Not over \$500,000		f the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000 \$100,0	00 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the ex			
Over \$1,500,000 but not over \$17		00 plus 5% of the exc	ess over \$1,500,000		
Over \$17,000,000	\$1,000				
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a If zer					
i Subtract line 1f from line 1c If zero					
j If there is an amount other than ze		r line 11, did the organi	zation file Form 4720		
reporting section 4911 tax for this					Yes No
	4-Year Av	veraging Period Under	r Section 501(h) In do not have to com	ploto all of the five	
(Some organia	ations that made a humps below. See t	he instructions for lin	es 2a through 2f on pa	age 4.)	
		enditures During 4-Ye			
		l l			
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d</b> ) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d_Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
Grassroots lobbying expenditures					

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Schedule C (Form 990 or 990-EZ) 2010

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## Schedule C (Form 990 or 990 EZ) 2010 AMERICANS FOR TAX REFORM 52-1403587 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	Amo	unt
1 During the year, did the filing organization attempt to influence fore	gn, national, state or				
local legislation, including any attempt to influence public opinion o					
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses repo	ted on lines 1c through 1i)?				
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?		L			
1 Grants to other organizations for lobbying purposes?		L			
g Direct contact with legislators, their staffs, government officials, or	a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures					
i Other activities? If "Yes," describe in Part IV					
i Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not describe	d in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization mana	gers under section 4912				
d. If the filing organization incurred a section 4912 tax, did it file Form	4720 for this year?				
Part III-A Complete if the organization is exempt und	er section 501(c)(4), secti	on 501(c)	(5), or se	ction	
501(c)(6).					
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible	oy members?		1		
2 Did the organization make only in house lobbying expenditures of \$			2		
2 Ord the organization agree to carryover lobbying and political experi	ditures from the prior year?		3		
Part III-B Complete if the organization is exempt und 501(c)(6) if BOTH Part III-A, lines 1 and 2 are "Yes."	answered "No" OR if Pa	rt III-A, li	ne 3 is ai	nswered	
1 Dues, assessments and similar amounts from members	•		1		
2 Section 162(e) nondeductible lobbying and political expenditures (	to not include amounts of politi	ical			
expenses for which the section 527(f) tax was paid).					
a Current year			_2a_		
b Carryover from last year .			2b		
c Total			2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of non-	leductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount					
does the organization agree to carryover to the reasonable estimat	e of nondeductible lobbying and	political			
expenditure next year?			4		
5 Taxable amount of lobbying and political expenditures (see instruc	ions)		5		
Part IV Supplemental Information					
Complete this part to provide the descriptions required for Part I-A, line 1	; Part I·B, line 4, Part I·C, line 5, a	nd Part II-B,	line 1. Also	o, complete	this part
for any additional information					
PART I-A, LINE 1:					
ENGAGED SOLELY IN THE MAKING OF INDE	PENDENT EXPENDIT	JRES SI	UPPORT	ING AN	ND
OPPOSING CANDIDATES FOR FEDERAL OFFI	CE				<u></u>
		_			

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Schedule C (Form 990 or 990-EZ) 2010

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SCHEDULE D (Form 990)       Supplemental Financial Statements         Department of the Treasury Internal Revenue Service       Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.         Department of the Treasury Internal Revenue Service       Attach to Form 990.						20 Open to	OMB No 1545-0047 <b>2010</b> Open to Public Inspection	
Name of the organization						r identificatio		
_	AMERICANS FOR TAX	REFORM				52-1403		
	ations Maintaining Donor Advise		er Similar Fund	is or Ad	counts	Complete if t	he	
organizatio	on answered "Yes" to Form 990, Part IV, Irr		used for sta		) Eurode eu	nd other accoi	inte	
		(a) Donor ad		(L)	i) Funus ai		JIII 5	
1 Total number at e	-	<u> </u>						
	outions to (during year)							
3 Aggregate grants								
4 Aggregate value a	it end of year		a hald in denor othe	l				
	on inform all donors and donor advisors in			ISEO IUNC	15	🗌 Yes		
are the organization	on's property, subject to the organization's	s exclusive legal contr	017 t graat funds oon b	o usod o	oly			
6 Did the organization	on inform all grantees, donors, and donor	advisors in writing tha	at grant tunus can u		n ng			
	poses and not for the benefit of the donor	or donor advisor, or it	of any other purpos	e comen	ing	Yes		
Impermissible priv	vate benefit? Vation Easements. Complete if the or		"Yes" to Form 990	Part IV	ine 7			
				1 20110,0				
	servation easements held by the organiza		Preservation of an h	ustorically	umportan	t land area		
	n of land for public use (e g , recreation or	, _	Preservation of a ce					
	of natural habitat	• الــــا •	reactivation of a cc					
	n of open space a through 2d if the organization held a qua	lifted conservation co	atribution in the form	n of a co	nservation	easement on	the last	
		amed conservation con	Indution in the ion	11 01 2 00	1301 401011		010 1001	
day of the tax yea	ir			[	Held	i at the End of t	he Tax Y	
- Total number of a	enconation operation				2a			
-	conservation easements tricted by conservation easements				2b			
	rvation easements on a certified historic st	tructure included in (a	)		2c		-	
c Number of conse	rvation easements included in (c) acquired	1 after 8/17/06, and no	, ot on a historic struc	ture				
d Number of conse listed in the Natio					2d			
3 Number of conse	rvation easements modified, transferred, r	eleased, extinguished	, or terminated by t	he organ	zation dur	ing the tax		
year >	Tración casemento mocimos, transience,			•				
	where property subject to conservation e	asement is located		_				
5 Does the organiza	ation have a written policy regarding the policy	eriodic monitoring, ins	pection, handling o	f				
	forcement of the conservation easements					Yes		
6 Staff and volunte	er hours devoted to monitoring, inspecting	g, and enforcing consi	ervation easements	dunng th	ne year 🕨			
7 Amount of expen	ses incurred in monitoring, inspecting, and	d enforcing conservati	on easements dunr	ng the ye	ar 🕨 \$		_	
8 Does each conse	ervation easement reported on line 2(d) abo	ove satisfy the require	ments of section 17	70(h)(4 <mark>)</mark> (B	)(1)	_		
and section 170(	h)(4)(B)(ıı)?					Yes	i i	
9 In Part XIV, descr	the how the organization reports conserva-	ation easements in its	revenue and expen	se staten	nent, and I	balance sheet,	and	
include, if applica	able, the text of the footnote to the organiz	ation's financial state	ments that describe	es the org	anization's	s accounting f	or	
conservation eas	ements							
Part III Organiz	ations Maintaining Collections	of Art, Historical	Treasures, or	Other :	similar /	Assets.		
	if the organization answered "Yes" to Forr							
1a If the organization	n elected, as permitted under SFAS 116 (A	ASC 958), not to repor	t in its revenue stat	ement ar	nd balance	sheet works o	of art,	
	es, or other similar assets held for public e		or research in furthe	rance of	public ser	vice, provide, i	n Part X	
the text of the foo	otnote to its financial statements that desc	cribes these items						
b If the organization	n elected, as permitted under SFAS 116 (#	ASC 958), to report in	its revenue stateme	ent and b	alance she	eet works of ar	t, histor	
treasures, or othe	er similar assets held for public exhibition,	education, or researc	h in furtherance of p	public ser	vice, prov	de the followir	ng amou	
relating to these					•			
	cluded in Form 990, Part VIII, line 1				<b>S</b> _			
(iii) Assets includ	ded in Form 990, Part X				▶ \$			
	n received or held works of art, historical to			cial gain,	provide			
	ounts required to be reported under SFAS	i 116 (ASC 958) relatin	g to these items.		•			
	ed in Form 990, Part VIII, line 1				<b>\$</b> _	<u> </u>		
b Assets included i	ın Form 990, Part X				► \$_			
LHA For Paperwork I	Reduction Act Notice, see the Instructio	ons for Form 990.		<u> </u>	Sch	edule D (Forn	n 990) 2(	
032051 12-20-10		00						
	C 11000 0010	29		יעגש		a 110	122	
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)						
Al Animentation manufacture and a straight a strai						
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items						
(check all that apply):						
a Public exhibition d Loan or exchange programs						
b Scholarly research e Other						
c Preservation for future generations						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets						
to be sold to raise funds rather than to be maintained as part of the organization's collection?						
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or						
reported an amount on Form 990, Part X, line 21.						
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included						
on Form 990, Part X?						
b If "Yes," explain the arrangement in Part XIV and complete the following table						
Amount						
c Beginning balance						
d Additions during the year 1d						
e Distributions during the year 1e						
f Ending balance						
2a Did the organization include an amount on Form 990, Part X, line 21?						
b If "Yes," explain the arrangement in Part XIV						
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.						
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back						
b Contributions c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities						
and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the year end balance held as						
C remension in the contraction of the organization that are hold and administered for the organization						
Yes No.						
(ii) Telates organizationo						
D II Tes to Salit, are the related organizations into a required on other the test of						
Describe in Part XIV the intended uses of the organization's endowment funds						
Part VI         Land, Buildings, and Equipment.         See Form 990, Part X, line 10           Description of investment         (a) Cost or other         (b) Cost or other         (c) Accumulated         (d) Book value						
Description of investment     (a) Cost or other     (b) Cost or other     (c) Accumulated     (d) Book value       basis (investment)     basis (other)     depreciation						
1a Land						
b Buildings						
c Leasehold improvements 46,309. 4,245. 42,064						
d Equipment 200, 348. 142, 989. 57, 359						
e Other 0						
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )						

Schedule D (Form 990) 2010

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Part VII Investments - Other Securities. s (a) Description of security or category			(c) Method of valuat	
(including name of security)	(b) Book value		Cost or end-of-year mark	ket value
Financial derivatives				
Closely-held equity interests				
Other				
(A)			- · · · · · · · · · · · · · · · · · ·	
(B)				
(C)			<u></u>	
(D)				
(E)				
_(F)				
(G)				
(H)				
(0)				· · · · · · · · · · · · · · · · · · ·
tal (Col (b) must equal Form 990, Part X, col (B) line 12.)	D 5 000 D 1 1 1 1			
Part VIII Investments - Program Related.	See Form 990, Part X, III	<u> </u>	(c) Method of valuation	tion:
(a) Description of investment type	(b) Book value		Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(7)				<u></u>
(8)				
(9)				
(10) otal (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, III	ne 15			
(	a) Description			(b) Book value
(1) DUE FROM ATRF				7,443,04
(2) OTHER ASSETS				13,36
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	·····			
otal. (Column (b) must equal Form 990, Part X, col (B) I	ine 15)			7,456,43
Part X Other Liabilities. See Form 990, Part	X, line 25	(h) Amount		
(a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)		<del></del>		
(11)	(ma 25.)			
otal. (Column (b) must equal Form 990, Part X, col (b) I FIN 48 (ASC 740) Footnote In Part XIV, provide the lext of the footnot	te to the organization's financial s	alements that reports the	e organization's liability for uncertain	in tax positions under
EIN 48 (ASC 740)				edule D (Form 990)
2-20-10				

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Schedule D (Form 990) 2010 AMERICANS FOR TAX REFORM		52-1403587 Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Au	dited Financial Sta	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	. 1	12,393,076.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	11,379,668.
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	1,013,408.
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Pror period adjustments	7	
8 Other (Describe in Part XIV.)	8	
9 Total adjustments (net) Add lines 4 through 8	9	0.
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 Part XII   Reconciliation of Revenue per Audited Financial Statements	With Revenue per	1,013,408. r Return
1 Total revenue, gains, and other support per audited financial statements		1 13,949,622.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	2a	
	2b 4,55	9
	20	
	2d 1,551,98	7.
		2e 1,556,546.
e Add lines 2a through 2d		3 12,393,076.
3 Subtract line 2e from line 1		3 12,333,070.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	lb	
c Add lines 4a and 4b		$\frac{4c}{5}$ 12,393,076.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements	e With Expenses n	
	S WILL Expenses p	
1 Total expenses and losses per audited financial statements		1 12,936,214.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	2a 4,55	
		<u> </u>
	2b	— I
	2c 2d 1,551,98	7
	2d 1,551,98	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		<u>3 11,379,668.</u>
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	.	
	la	<u> </u>
b Other (Describe in Part XIV)	1b	
c Add lines 4a and 4b		4c U. 5 11,379,668.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5 11,379,668.
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line		
X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete	this part to provide any	additional information
PART X, LINE 2: EFFECTIVE JANUARY 1, 2009, ATR	ADOPTED FIN	ANCIAL
		COLDINITING FOR
ACCOUNTING STANDARDS BOARD INTERPRETATION (FIN	) NO. 48, AC	COUNTING FOR
		TANC WILL NEED
UNCERTAINTY IN INCOME TAXES. IN APPLYING FIN	40, URGANIZA	TIONS WILL NEED
TO DEPENDENT AND ACCECC ALL NAMEDIAL DOCIMIONS	WAREN TH AN	V THOOME TAY
TO DETERMINE AND ASSESS ALL MATERIAL POSITIONS	TAKEN IN AN	I INCOME TAX
RETURN AS OF THE DATE THEY ADOPT FIN 48, INCLU	DING ALL SIG	NIFICANT
UNCERTAIN POSITIONS, IN ALL TAX YEARS THAT ARE	STILL SUBJE	CT TO ASSESSMENT
OR CHALLENGE BY RELEVANT TAXING AUTHORITIES.	A BENEFIT RE	LATED TO AN
UNCERTAIN TAX POSITION MAY NOT BE RECOGNIZED IN	N THE FINANC	IAL STATEMENTS
032054 12-20-10		Schedule D (Form 990) 2010
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UNLESS IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED ON ITS TECHNICAL MERITS. MANAGEMENT OF ATR BELIEVES THAT FOR ALL THE YEARS STILL SUBJECT TO AUDIT BY THE RELEVANT TAXING AUTHORITIES NO MATERIAL UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS. PART XII, LINE 2D - OTHER ADJUSTMENTS: CONTRACT SERVICE REVENUE 1,387.347. RENTAL INCOME FROM SUB-LEASE 164.640. TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,551,987. PART XIII, LINE 2D - OTHER ADJUSTMENTS: CONTRACT SERVICE EXPENSE 1,387,347. RENTAL INCOME FROM SUB-LEASE 164.640. TOTAL TO SCHEDULE D, PART XIII, LINE 2D 1,551,987. Schedded D FORM SUB-LEASE 164.640. TOTAL TO SCHEDULE D, PART XIII, LINE 2D 1,551,987. Schedded D Form 9800 201 WHEN ALL INCOME FROM SUB-LEASE 164.640. TOTAL TO SCHEDULE D, PART XIII, LINE 2D 1,551,987. Schedded D Form 9800 201 Schedded D Form 9800 201	Schedule D (Form 990) 2010 AMERICANS FOR TAX RE Part XIV Supplemental Information (continued)	FORM 52-1403587 Page 5
ITS TECHNICAL MERITS. MANAGEMENT OF ATR BELIEVES THAT FOR ALL THE YEARS         STILL SUBJECT TO AUDIT BY THE RELEVANT TAXING AUTHORITIES NO MATERIAL         UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS.         PART XII, LINE 2D - OTHER ADJUSTMENTS:         CONTRACT SERVICE REVENUE       1,387,347.         RENTAL INCOME FROM SUB-LEASE       164,640.         TOTAL TO SCHEDULE D, PART XII, LINE 2D       1,551,987.         PART XIII, LINE 2D - OTHER ADJUSTMENTS:       1,387,347.         CONTRACT SERVICE EXPENSE       1,387,347.         RENTAL INCOME FROM SUB-LEASE       164,640.         TOTAL TO SCHEDULE D, PART XIII, LINE 2D       1,551,987.		HE POSITION WILL BE SUSTAINED ON
STILL SUBJECT TO AUDIT BY THE RELEVANT TAXING AUTHORITIES NO MATERIAL         UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS.         PART XII, LINE 2D - OTHER ADJUSTMENTS:         CONTRACT SERVICE REVENUE       1,387,347.         RENTAL INCOME FROM SUB-LEASE       164,640.         TOTAL TO SCHEDULE D, PART XII, LINE 2D       1,551,987.         PART XIII, LINE 2D - OTHER ADJUSTMENTS:       1,387,347.         CONTRACT SERVICE EXPENSE       1,387,347.         RENTAL INCOME FROM SUB-LEASE       164,640.         TOTAL TO SCHEDULE D, PART XIII, LINE 2D       1,551,987.         CONTRACT SERVICE EXPENSE       1,387,347.         RENTAL INCOME FROM SUB-LEASE       164,640.         TOTAL TO SCHEDULE D, PART XIII, LINE 2D       1,551,987.         CONTAL TO SCHEDULE D, PART XIII, LINE 2D       1,551,987.         Schedule D (Form 900,201       Schedule D (Form 900,201	ITS TECHNICAL MERITS. MANAGEMENT OF ATR	BELIEVES THAT FOR ALL THE YEARS
UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS. PART XII, LINE 2D - OTHER ADJUSTMENTS: CONTRACT SERVICE REVENUE I 1,387,347. RENTAL INCOME FROM SUB-LEASE I 164,640. CONTRACT SERVICE EXPENSE I,387,347. RENTAL INCOME FROM SUB-LEASE I 164,640. TOTAL TO SCHEDULE D, PART XIII, LINE 2D I,551,987. CONTRACT SERVICE EXPENSE I 1,387,347. RENTAL INCOME FROM SUB-LEASE I 164,640. CONTRACT SERVICE EXPENSE I 1,387,347. RENTAL INCOME FROM SUB-LEASE I 164,640. CONTRACT SERVICE EXPENSE I 1,387,347. RENTAL INCOME FROM SUB-LEASE I 164,640. CONTRACT SERVICE EXPENSE I 1,387,347. RENTAL INCOME FROM SUB-LEASE I 164,640. CONTRACT SERVICE EXPENSE I 1,387,347. RENTAL INCOME FROM SUB-LEASE I 164,640. CONTRACT SERVICE EXPENSE I 1,387,347. RENTAL INCOME FROM SUB-LEASE I 164,640. CONTRACT SERVICE EXPENSE I 1,387,347. RENTAL INCOME FROM SUB-LEASE I 164,640. CONTRACT SERVICE EXPENSE I 1,387,347. RENTAL INCOME FROM SUB-LEASE I 164,640. CONTRACT SERVICE EXPENSE I 1,387,347. RENTAL INCOME FROM SUB-LEASE I 164,640. CONTRACT SERVICE EXPENSE I 1,387,347. RENTAL INCOME FROM SUB-LEASE I 164,640. CONTRACT SERVICE EXPENSE I 1,387,347. RENTAL INCOME FROM SUB-LEASE I 164,640. CONTRACT SERVICE EXPENSE I 1,551,997. CONTRACT SERVICE EXPENSE I 1,551,9		
CONTRACT SERVICE REVENUE       1,387,347.         RENTAL INCOME FROM SUB-LEASE       164,640.         TOTAL TO SCHEDULE D, PART XII, LINE 2D       1,551,987.         PART XIII, LINE 2D - OTHER ADJUSTMENTS:		
CONTRACT SERVICE REVENUE       1,387,347.         RENTAL INCOME FROM SUB-LEASE       164,640.         TOTAL TO SCHEDULE D, PART XII, LINE 2D       1,551,987.         PART XIII, LINE 2D - OTHER ADJUSTMENTS:		
Schedule D (Form 990)201         Schedule D (Form 990)201	PART XII, LINE 2D - OTHER ADJUSTMENTS:	·····
TOTAL TO SCHEDULE D, PART XII, LINE 2D       1,551,987.         PART XIII, LINE 2D - OTHER ADJUSTMENTS:       1,387,347.         CONTRACT SERVICE EXPENSE       1,387,347.         RENTAL INCOME FROM SUB-LEASE       164,640.         TOTAL TO SCHEDULE D, PART XIII, LINE 2D       1,551,987.	CONTRACT SERVICE REVENUE	1,387,347.
PART XIII, LINE 2D - OTHER ADJUSTMENTS: CONTRACT SERVICE EXPENSE 1,387,347. RENTAL INCOME FROM SUB-LEASE 164,640. TOTAL TO SCHEDULE D, PART XIII, LINE 2D 1,551,987. 	RENTAL INCOME FROM SUB-LEASE	164,640.
CONTRACT SERVICE EXPENSE         1,387,347.           RENTAL INCOME FROM SUB-LEASE         164,640.           TOTAL TO SCHEDULE D, PART XIII, LINE 2D         1,551,987.	TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,551,987.
RENTAL INCOME FROM SUB-LEASE         164,640.           TOTAL TO SCHEDULE D, PART XIII, LINE 2D         1,551,987.	PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
TOTAL TO SCHEDULE D, PART XIII, LINE 2D         1,551,987.	CONTRACT SERVICE EXPENSE	1,387,347.
Schedule D (Form 990) 201	RENTAL INCOME FROM SUB-LEASE	164,640.
032055 12-20-10 33	TOTAL TO SCHEDULE D, PART XIII, LINE 2D	1,551,987.
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032055 12-20-10 33		
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032055 12-20-10 33		
12-20-10 33		Schedule D (Form 990) 2010
	12-20-10	

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SCHEDULE F (Form 990)		Complete if the	vities Outside the Ur organization answered "Yes" to For Part IV, line 14b, 15, or 16.		ites	2010
Department of the Treasury		Attach to F	orm 990. See separate instruction	ons.		Open to Public Inspection
Internal Revenue Service Name of the organization					Employer ident	lification number
AND TOANS FOR	יאע ספיבסיעניי	м			52-14035	87
AMERICANS FOR T Part I General Info	rmation on A	Activities Out	tside the United States. Comp	lete if the orgai		
to Form 990, Pa			to to substantiate the amount of the a		ance the	
1 For grantmakers. Doe: grantees' eligibility for t	s the organization he grants or assis	stance, and the	ds to substantiate the amount of the g selection criteria used to award the gra	ants or assista	nce?	Yes X No
-			procedures for monitoring the use of g		side the United St	ates.
			an be duplicated if additional space is (d) Activities conducted in region		vity listed in (d)	(f) Total
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(b) type) (e g , fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	gram service, e specific type ce(s) in region	expenditures for and investments in region
			GRANTS TO RECIPIENTS			15 000
EUROPE	0	0	LOCATED IN REGION	HOSTS A FO	RUM FOR THE	15,000.
					NGE OF FREE	
				MARKET IDE		
EUROPE	0	00	PROGRAM SERVICES	POLICY ADV	DCATES	12,100.
				<u> </u>		
		<u> </u>				
						27,100
3 a Sub-total b Total from continuation		0 0				
sheets to Part I		00				0
c Totals (add lines 3a						27,100
and 3b) LHA For Paperwork Reduc		o <u>0</u> . see the Instru	ctions for Form 990.		Schedule	F (Form 990) 2010

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Part II can be duplicated if additional space is needed.	OUU, CITECK ITHS DOX II TH	recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000	than \$5,000				j
(a) Name of organization and EIN (if applicable)	space is needed. (c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
	EUROPE	ANNUAL EVENT	15,000.		0		
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	are listed above that are sections has provided a section	recognized as charities by thin 501(c)(3) equivalency letter	e foreign country	recognized as tax-	xempt by		

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	(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2010
/, line 16	(g) Description of non-cash assistance				×		Sched
to Form 990, Part IV	(f) Amount of non-cash assistance						
Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed	(e) Manner of cash disbursement						
tes. Complete if I	(d) Amount of cash grant						
e the United Sta d	(c) Number of recipients						
e to Individuals Outsid ditional space is neede	(b) Region						
Part III Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed	(a) Type of grant or assistance						

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Sched	ule F (Form 990) 2010 AMERICANS FOR TAX REFORM	52-1403587	Page 4
Part			
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

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Schedule F (Form 990) 2010

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Schedule F (Form 990) 2010 AMERICAN Part V Supplemental Information	IS FOR TAX REFORM	52-1403587 Pag
Complete this part to provide the	nformation required by Part I, line 2 (monitoring of fui Part III (accounting method); and Part III, column (c)	nds), Part I, line 3, column (f) (accounting metho ) (estimated number of recipients), as applicable
	2 : GRANT RECIPIENTS SEND	A FINAL REPORT ON THE
<b>EVENT THEY PUT TOGETHER</b> ,	, INCLUDING PARTICIPANT LIS	ST AND PHOTOS. GRANTS
FOR TRANSLATION ARE MONI	ITORED SIMPLY BY RECEIVING	THE TRANSLATED REPORT.
		· · · · · · · · · · · · · · · · · · ·
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SCHEDULE G (Form 990 or 990-EZ)	Complete if	upplemental Info Fundraising or G the organization answered "Y		Activities 90, Part IV, lines 17,	18, or 19,	2010 Open To Public
Department of the Treasury Internal Revenue Service	or if th	e organization entered more t ttach to Form 990 or Form 990	han \$15,000 )-EZ. 🕨 See :	on Form 990-EZ, line separate instructions	<u>s.</u>	Inspection
Name of the organization					Employer i	dentification number
E	AMERICAN	IS FOR TAX REFORM Complete if the organization and	1	to Form 990 Part IV	52-140	
	omplete this part	Complete if the organization and	sweled res	10 FORT 550, Fart IV,		
a X Mail solicitation b X Internet and e c X Phone solicita d X In-person solid 2 a Did the organization	ns mail solicitations tions itations have a written ol	f 🛄 Solic	itation of non- itation of gove cial fundraising ual (including	government grants ernment grants g events officers, directors, tru	stees or	'es 🗔 No
b If "Yes," list the ten	highest paid indiv	nduals or entities (fundraisers) p	ursuant to agi	eements under which	the fundraiser is	to be
compensated at lea	st \$5,000 by the	organization				
(i) Name and address or entity (fundr		(ii) Activity	(iii) Did fundraiser have custod or control o contributions	I nom activity	(v) Amount pair to (or retained b fundraiser listed in col (i)	y) to (or retained by
HSP DIRECT - 13755	SUNRISE		Yes No	<u> </u>		
VALLEY DRIVE #450	)	AIL SOLICITATIONS	x	965,283	166,46	7. 120,000
<u> </u>					-	
					·	
				1.8		
					ļ	
<u> </u>						
Total				965_283		
3 List all states in which or licensing	h the organizatio	n is registered or licensed to sol		ns or has been notine	ia it is exemptino	niegistration
ALLAK AR AZ	CA.CO.CT.	DE, FL, GA, HI, IA, I	D, IN, KY	,LA,ME,MI,M	IO, MS, MT,	NC, NH, NM, NV
OK, OR, PA, SC, S	D, TN, TX,	UT, VA, WA, WI, WV, W	Y,VT,NE	, NY		
		<u></u>				
					>	
					······	
		see the Instructions for Form			Schedule G (	Form 990 or 990-EZ) 2
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			55			
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age       1       Gross receipts       (d) Idam         2       Less: Chartable contributions			Fundraising Events. Complete     of fundraising event contributions an	d gross income on For	m 990-	EZ, lines 1 and 6b Lis	t events with gross rece	eipts greater than
grage       (event type)       (event type)       (total number)       col (         1       Gross recepts				(a) Event #1		(b) Event #2	(c) Other events	(d) Total er
geoged       (event type)       (ovent type)       (total number)         1       Gross receipts								
2       Less: Charitable contributions         3       Gross income (ine 1 minus line 2)         4       Cash prizes         5       Noncash prizes         6       Rent/facility costs         7       Food and beverages         8       Entertainment         9       Other direct expenses summary Add lines 4 through 9 in column (d)         11       No         Part III:       Garning: Complete 1 the organization answered "Ves" to Form 990, Part IV, line 19, or reported more than         \$15,000 on Form 990-EZ, line 6a       (a) Bingo         11       Gross revenue         12       Cash prizes         13       Noncash prizes         14       Incomplete 1 the organization answered "Ves" to Form 990, Part IV, line 19, or reported more than         \$15,000 on Form 990-EZ, line 6a       (b) Pult tabs/instant         14       Gross revenue       (c) Other garming         15       Other direct expenses       (c) and line 10         13       Noncash prizes       (c) and line 2         14       Rent/facility costs       (c) and line 7         15       Other direct expense summary Add lines 2 through 5 in column (d)       (c)         16       Volunteer labor       No         7				(event type)		(event type)	(total number)	COI (C)
2       Less: Charitable contributions	й В				_			
		1	Gross receipts					
4 Cash prizes     5 Noncash prizes     6 Rent/facility costs     7 Food and beverages     8 Entertainment     9 Other direct expenses     10 Direct expenses summary Add lines 4 through 9 in column (d)     11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990. Part IV, line 19, or reported more than     \$15,000 on Form 990-EZ, line 6a     (a) Bingo     (b) Pull tabs/mstant     (c) Other gaming     (c) Other gaming     (c) Other gaming     (c) (a) through 9     1 Gross revenue     1 Gross revenue     2 Cash prizes     3 Noncash prizes     4 Rent/facility costs     5 Other direct expenses     1 Ves     6 Volunteer labor     7 Direct expense summary Add lines 2 through 5 in column (d)     8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities in each of these states?     1 Gaming to come summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities in each of these states?     1 I'Yes," explain		2	Less: Charitable contributions					
4 Cash prizes     5 Noncash prizes     6 Rent/facility costs     7 Food and beverages     8 Entertainment     9 Other direct expenses     10 Direct expenses summary Add lines 4 through 9 in column (d)     11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990. Part IV, line 19, or reported more than     \$15,000 on Form 990-EZ, line 6a     (a) Bingo     (b) Pull tabs/mstant     (c) Other gaming     (c) Other gaming     (c) Other gaming     (c) (a) through 9     1 Gross revenue     1 Gross revenue     2 Cash prizes     3 Noncash prizes     4 Rent/facility costs     5 Other direct expenses     1 Ves     6 Volunteer labor     7 Direct expense summary Add lines 2 through 5 in column (d)     8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities in each of these states?     1 Gaming to come summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities in each of these states?     1 I'Yes," explain		3	Gross income (line 1 minus line 2)					
S Noncash przes 6 Rent/facility costs 7 Food and beverages 9 Other drect expenses summary Combine line 3, column (d) 1 Other drect expenses 9 Other drect expenses 10 Drect expense summary Combine line 3, column (d), and line 10 9 Other drect expenses 9 Other drect expense summary Add lines 2 through 5 in column (d) 9 Other the state(s) in which the organization operates gaming activities in each of these states? 9 Other drect expense 9 Other drect expense summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 9 Other drect expense 9 Other drect expense summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities in each of these states? 9 Other drect expense								
9       Rent/facility costs		4	Cash prizes					
3000/2017       7 Food and beverages	ses	5	Noncash prizes					
1       Food and beverages	suedx	6	Rent/facility costs	· · · · · · · · · · · · · · · · · · ·				
8       Entertainment         9       Other direct expenses         10       Direct expenses summary Add lines 4 through 9 in column (d)         11       Net income summary. Combine line 3, column (d), and line 10         Part III         Garming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than         \$15,000 on Form 990-EZ, line 6a       (a) Bingo         (a) Bingo       (b) Pull tabs/instant         bingo/progressive bingo       (c) Other gaming         1       Gross revenue       (a) Bingo         2       Cash prizes       (a) Bingo         3       Noncash prizes       (a) Entert the state (s) in which the organization operates gaming activities in each of these states?         4       Rent/facility costs       (b) Pull tabs/instant         5       Other direct expenses       (b) Yes	rect E	7	Food and beverages					
9 Other direct expenses   10 Direct expenses summary Add lines 4 through 9 in column (d)   11 Net income summary Combine line 3, column (d), and line 10   Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than   \$15,000 on Form 990-EZ, line 6a   (a) Bingo   (b) Pull tabs/instant   bingo/progressive bingo   (c) Other gaming   (d) Total gam   cold (a) through 9   1 Gross revenue   2 Cash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   5 Other direct expenses   9 Enter the state(s) in which the organization operates gaming activities   a Is the organization licensed to operate gaming activities in each of these states?   9 Enter the state(s) in which the organization operates gaming activities   a Is the organization licensed to operate gaming activities in each of these states?   10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?   Stated 4 Grogge 900 or 990	õ	Ť						
10       Direct expense summary Add lines 4 through 9 in column (d)         11       Net income summary Combine line 3, column (d), and line 10         Part III       Gaming, Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than         s15,000 on Form 990-EZ, line 6a       (a) Bingo       (b) Pull tab/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaming         1       Gross revenue       (a) Bingo       (b) Pull tab/instant bingo/progressive bingo       (c) Other gaming       (c) (a) throu         1       Gross revenue       (a) Bingo       (b) Pull tab/instant bingo/progressive bingo       (c) Other gaming       (col (a) throu         1       Gross revenue       (a) Bingo       (b) Pull tab/instant bingo/progressive bingo       (c) Other gaming       (col (a) throu         1       Gross revenue       (a) Bingo       (b) Pull tab/instant bingo/progressive bingo       (c) Other gaming       (col (a) throu         2       Cash pizzes       (a) Cash pizzes       (b) Pull tab/instant bingo/progressive bingo       (col (a) throu         3       Nocash pizzes       (a) Cash pizzes       (b) Pull tab/instant bingo/progressive bingo       (col (a) throu         10/2       4       Rent/facility costs       (a) Cash pizzes       (b) Pull tab/instant bingo/progressive bingo       (col (a) throu      <		l						
11 Net income summary. Combine line 3, column (d), and line 10       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a         9       (a) Bingo       (b) Puli tabs/instant       (c) Other gaming       (d) Total gaming coll (a) through the second s				ough 9 in column (d)				• (
\$15,000 on Form 990-EZ, line 6a       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaz col (a) throu         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaz col (a) throu         2       Cash prizes       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaz col (a) throu         3       Noncash prizes       (a) Entry       (b) Pull tabs/instant       (c)			Net income summary. Combine line 3, co	olumn (d), and line 10			<b>&gt;</b>	►
and any of the organization locenses revoked, suspended or terminated during the tax year?       (c) Other gaming       (c) Total gaming         and Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?       (c) Other gaming       (c) Total gaming         and Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?       (c) Other gaming       (c) Total gaming         and Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?       (c) Other gaming       (c) (a) throu         bit       "No       "No       "No       No       (c) Other gaming         col (a) throu       "Interview"       "Interview"       "Interview"       (c) (c) Other gaming         col (a) throu       "Interview"       "Interview"       "Interview"       "Interview"       "Interview"         a State (c) In which the organization operates gaming activities in each of these states?       Interview"       Yes       "Yes         b If "No," explain       "Interview"       Yes       "Yes       "Yes	Pa	irt	L	tion answered "Yes" to	Form	990, Part IV, line 19, c	r reported more than	
(a) Bingo       bingo/progressive bingo       (c) Other gaming       col (a) throu         1       Gross revenue			\$15,000 on Form 990-EZ, line 6a			(b) Pull tabs/instant		(d) Total gam
geogram       2       Cash prizes	nue			(a) Bingo			(c) Other gaming	col (a) throug
a       Gross revenue         geod       2       Cash prizes         a       Noncash prizes         4       Rent/facility costs         5       Other direct expenses         6       Volunteer labor         7       Direct expense summary Add lines 2 through 5 in column (d)         8       Net gaming income summary Combine line 1, column d, and line 7         9       Enter the state(s) in which the organization operates gaming activities         a is the organization licensed to operate gaming activities in each of these states?         b       If "No," explain	BVB							
3       Noncash prizës         4       Rent/facility costs         5       Other direct expenses         6       Volunteer labor         7       Direct expense summary Add lines 2 through 5 in column (d)         8       Net gaming income summary Combine line 1, column d, and line 7         9       Enter the state(s) in which the organization operates gaming activities         a       Is the organization licensed to operate gaming activities in each of these states?         10a       Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?         Yes         b       If "Yes," explain	<u>u</u>	1	Gross revenue					
3       Noncash prizës         4       Rent/facility costs         5       Other direct expenses         6       Volunteer labor         7       Direct expense summary Add lines 2 through 5 in column (d)         8       Net gaming income summary Combine line 1, column d, and line 7         9       Enter the state(s) in which the organization operates gaming activities         a       Is the organization licensed to operate gaming activities in each of these states?         10a       Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?         Yes         b       If "Yes," explain			Cash prizes					
⁵ Other direct expenses ⁹ Yes% Pes% Pes% ⁶ Volunteer labor ⁹ Yes% Pes% ⁷ Direct expense summary Add lines 2 through 5 in column (d) ⁸ Net gaming income summary Combine line 1, column d, and line 7 ⁹ Enter the state(s) in which the organization operates gaming activities         a is the organization licensed to operate gaming activities in each of these states? ¹⁰ Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		2						
⁵ Other direct expenses ⁹ Yes% Pes% Pes% ⁶ Volunteer labor ⁹ Yes% Pes% ⁷ Direct expense summary Add lines 2 through 5 in column (d) ⁸ Net gaming income summary Combine line 1, column d, and line 7 ⁹ Enter the state(s) in which the organization operates gaming activities         a is the organization licensed to operate gaming activities in each of these states? ¹⁰ Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	nses	2						
5 Other direct expenses       Yes       %       Yes       %         6 Volunteer labor       No       No       No       No         7 Direct expense summary Add lines 2 through 5 in column (d)            8 Net gaming income summary Combine line 1, column d, and line 7           9 Enter the state(s) in which the organization operates gaming activities           a Is the organization licensed to operate gaming activities in each of these states?       Yes         b If "No," explain              10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?       Yes         b If "Yes," explain              Schedula G (Evern 990 or 90)	Expenses							
	-	3	Noncash prizes					
7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain Schedula G // Expr. 990 or 990	-	3	Noncash prizes Rent/facility costs					
8 Net gaming income summary Combine line 1, column d, and line 7   9 Enter the state(s) in which the organization operates gaming activities	-	3	Noncash prizes Rent/facility costs	Yes	%	Yes9	6 🛄 Yes	%
9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain Ua Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain Schedulg G (Exrm 990 or 99)	-	3 4 5	Noncash prizes Rent/facility costs Other direct expenses		%			%
9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain Ua Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain Schedulg G (Exrm 990 or 99)	-	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No	%		No	
a Is the organization licensed to operate gaming activities in each of these states?	-	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 the	rough 5 in column (d)			No	
a is the organization incensed to operate gaming activities in out-of these entropy b if "No," explain  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Ves b if "Yes," explain  Schedule G (Exrm 990 or 991)	Direct	3 4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 the Net gaming income summary Combine	rough 5 in column (d)	ne 7		No	
10a       Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?       Yes         b       If "Yes," explain	Direct	3 4 5 6 7 8 En	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 thi Net gaming income summary Combine iter the state(s) in which the organization o	Incugh 5 in column (d)	ne 7	□ No	No	
b If "Yes," explain	Direct	3 4 5 6 7 8 En	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 thi Net gaming income summary Combine iter the state(s) in which the organization of the organization licensed to operate gamin	Ine 1, column d, and line 1, column d, and line activities in each of	ne 7 es these s	□ No	No	
b If "Yes," explain	Direct	3 4 5 6 7 8 En	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 thi Net gaming income summary Combine iter the state(s) in which the organization of the organization licensed to operate gamin	Ine 1, column d, and line 1, column d, and line activities in each of	ne 7 es these s	□ No	No	
Schedule G /Exam 990 or 99	Direct	3 4 5 6 7 8 En 1s	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 thi Net gaming income summary Combine Iter the state(s) in which the organization of the organization licensed to operate gamin No," explain	Ine 1, column d, and line 1, column d, and line activities in each of	ne 7 es these s	No No	No	Yes
32082 01-13-11 Schedule G (Form 990 or 99	Orrect 9 1	3 4 5 6 7 8 8 5 15 15	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 thi Net gaming income summary Combine iter the state(s) in which the organization o the organization licensed to operate gamin 'No," explain ere any of the organization's gaming license	Ine 1, column d, and line 1, column d, and line 1, column d, and line perates gaming activities in each of ses revoked, suspende	es these s	No No	No	Yes
032082 01-13-11 Schedule G (Form 990 or 99	Orrect 9 1	3 4 5 6 7 8 8 5 15 15	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 thi Net gaming income summary Combine iter the state(s) in which the organization o the organization licensed to operate gamin 'No," explain ere any of the organization's gaming license	Ine 1, column d, and line 1, column d, and line 1, column d, and line perates gaming activities in each of ses revoked, suspende	es these s	No No	No	Yes
	Orrect 9 1	3 4 5 6 7 8 8 5 15 15	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 thi Net gaming income summary Combine iter the state(s) in which the organization o the organization licensed to operate gamin 'No," explain ere any of the organization's gaming license	Ine 1, column d, and line 1, column d, and line 1, column d, and line perates gaming activities in each of ses revoked, suspende	es these s	No No	No	Yes

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	dule G (Form 990 or 990 EZ) 2010 AMERICANS FOR TAX REFORM	26-1	403587	
11	Does the organization operate gaming activities with nonmembers?		Ves	<u> </u>
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		Yes	
	to administer charitable gaming?	•		
	Indicate the percentage of gaming activity operated in		13a	
	The organization's facility		135	
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and recoi	rds		
14				
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		L Yes	
b	If "Yes," enter the amount of gaming revenue received by the organization <b>\$</b> and the amount of gaming revenue retained by the third party <b>\$</b>	ount		
с	If "Yes," enter name and address of the third party.			
	Name			
	Address			
16	Gaming manager information			
	•			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	
	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
b	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, col	umns (III	) and (v), and	d Part I
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in	formatio	n (see instru	ctions)
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDR	AISE	<u> </u>	
(1	) NAME OF FUNDRAISER: HSP DIRECT			
(1	) ADDRESS OF FUNDRAISER:			
13	755 SUNRISE VALLEY DRIVE #450, HERNDON, VA 20171			
SC	HEDULE G, PART I, LINE 2B, COLUMN (V): THE ORGANIZATION A	LSO	PAID	
_	25,212 IN MAILING, PRINTING, LIST, CAGING, AND DATABASE M	AINT	ENANCE	
	PENSES.			
	sa 01-13-11 Schedule	e G (Fori	m 990 or 99	0-EZ) 2
0320	<b>41</b>			-
20			m 990 or 99 110	-

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_							OMB No. 1545-0047	
SCHEDULE I (Form 990)		Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations, n the United State	Э.		2010	
Department of the Treasury Internal Revenue Service	Comple	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.	I answered "Yes" to Fo ► Attach to Form 990.	to Form 990, Part 1 990.	t IV, line 21 or 22.		Open to Public Inspection	
Name of the organization AMERICANS	FOR TAX	REFORM					Employer identification number 52 – 1 4 0 3 5 8 7	
Part I General Information on Grants and Assistance								
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the select		
criteria used to award the grants or assistance?	stance?	,					X Yes	
Ö	ocedures for monit	oring the use of grant	funds in the United	States				ı
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	Organizations in the	United States. Co	mplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any	
recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000 Check this space is needed 1 (1) Amount of (1) Amount of (1) Amount of (2) Amount of (2) Amount of (3) Check this space is needed or (3) Check this space is needed or (3) Check this space is needed or (3) Amount of (4) Amount of (4) Amount of (5) Amount of (6) Check this space is needed or (6) Amount of (6) Amount of (7) Check this space is needed or (7) Amount of	55,000 Check this (b) EIN	box if no one recipien (c) IRC section if applicable	t received more the (d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	dolutonal space is need (g) Description of non-cash assistance	(h) Purpose of grant or assistance	_
					other)			,
CITIZENS FOR LIMITED TAXATION							MA STATE COALITION	
ARBLEHEAD MA 01945	04-2633709	527	8,100.	0			MEETING	ı
ALLIANCE FOR AMERICA'S FUTURE 1006 PENDLETON ST. ALEXANDRIA VA 22314	27-1937961	501(C)(4)	25,000,1	0			GRANT	
1007 CAMERON STREET ALEXANDRIA VA 22314	52-1294680	501(C)(3)	5 500.	.0			ANNUAL EVENT	1
1								
				~				1
<ol> <li>Enter total number of section 501(c)(3) and government organization</li> <li>Enter total number of other organizations</li> </ol>	and government or	ganizations	-				1	•  •
1	e, see the Instruct	ions for Form 990.	-				Schedule I (Form 990) (2010)	18

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032101 01-13-11

Schedule I (Form 990) (2010) AMERICANS FOR T	TAX REFORM				52-1403587 Page 2
er Assistance to Individuals in the Iplicated if additional space is neede	ited States, Comp	olete if the organiza	ation answered "Yes"	to Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the	de the information	required in Part I,	Ine 2, and any other	Information required in Part I, line 2, and any other additional information	
SCHEDULE I, PART I, LINE 2: STATE	COALITION	E	SCHOLARSHIP RECIPIENTS	ENTS SEND	
MONTHLY REPORTS ON THE ACTIVITIES	IN THEIR	STATES.	ATR HAS DED	DEDICATED STAFF	
TO FLY TO EACH STATE AND OVERSEE ACTIVITIES.	ACTIVITIE	S. THERE IS	IS A MONTHL	A MONTHLY CONFERENCE	
CALL WHICH IS JOINED BY GROVER NORQUI	ROUIST AND	DEDICATED		STAFF WITH ALL	
STATE COALITION LEADERS. IN ADDITION	<b>TION, GROVER</b>		NORQUIST PERSONALLY	LLY CALLS	
EACH SCHOLARSHIP RECIPIENT AT LEAST	ONCE	A MONTH TO	RECEIVE AN	AN UPDATE.	
032102 01-13-11		43			Schedule I (Form 990) (2010)

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SCHEDUL	EJ Compensation Information	I	OMB No 1	1545-00	47
(Form 990)			20	10	
(1 01111 330)	Compensated Employees		ZU	IU	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 23.		Open to	Publi	ic
Department of the Internal Revenue S	Treasury		Inspe		
Name of the c		Employer ide	entificatio	on nu	nber
	AMERICANS FOR TAX REFORM	52-14	<u>10358</u>	7	
Part I C	uestions Regarding Compensation				
				Yes	No
1a Check th	e appropriate box(es) if the organization provided any of the following to or for a person listed in Form	990,			
Part VII,	Section A, line 1a Complete Part III to provide any relevant information regarding these items				
	t-class or charter travel Housing allowance or residence for perso	onal use			
Trav	rel for companions Payments for business use of personal m	esidence			
Tax	indemnification and gross-up payments Health or social club dues or initiation fee	es		i	
	cretionary spending account Personal services (e g , maid, chauffeur,	chef)			
b If any of	the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
reimburs	ement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
	rganization require substantiation prior to reimbursing or allowing expenses incurred by all officers, di	rectors,			
	and the CEO/Executive Director, regarding the items checked in line 1a?		2	<u>X</u>	
3 Indicate	which, if any, of the following the organization uses to establish the compensation of the organization	's			
	cutive Director Check all that apply.				
	npensation committee Written employment contract				
Ind	ependent compensation consultant Compensation survey or study				
X For	m 990 of other organizations X Approval by the board or compensation	committee			
4 During th	e year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
organiza	tion or a related organization.				
	a severance payment or change-of-control payment from the organization or a related organization?		<u>4a</u>		X
	te in, or receive payment from, a supplemental nonqualified retirement plan?		<u>4b</u>		X
c Participa	te in, or receive payment from, an equity-based compensation arrangement?		<u>4c</u>	ļ	X
If "Yes"	to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			1	
Only se	ction 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.				
5 For pers	ons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on		ŀ	
continge	ent on the revenues of		5.		x
a The orga	anization?		<u>5a</u>		
	ted organization?		<u>5b</u>		X
	to line 5a or 5b, describe in Part III				
	ons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			ł
-	ent on the net earnings of		62		x
-	anization?		<u>6a</u> 6b	<u> </u>	X
	ted organization?		00		
	to line 6a or 6b, describe in Part III	te			
	ons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed paymen	10	7		x
	cribed in lines 5 and 6? If "Yes," describe in Part III	the	+		
	y amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to		8	ļ	X
initial co	ntract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III				
	to line 8, did the organization also follow the rebuttable presumption procedure described in		9		
Regulat	ons section 53 4958-6(c)?	Schedul		L	

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

032111 12-21-10

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REFORM	
FOR TAX I	
AMERICANS F	
Form 990) 2010	
Schedule J (	

52-1403587

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of V	W-2 and/or 1099-MISC compensation	SC compensation	(C) Bettramont and	(D) Montachio	(E) Total of columns	(F)
(A) Name	<u>.</u>	(i) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	Form 990-EZ
	9	119,534.	0	0	6,000.	19,811.	145,345.	0.
1 GROVER G. NORQUIST	: 0	79,690.		0.	0.	.0	79,690.	
	Ξ	86,032.	.0	• 0 •	3,767.	15,675.	105,474.	
2 CHRISTOPHER BUTLER	(ii)	50,527.	.0	0.	0.	.0	50,527.	0
	(3)							
0	(1)							
	Ξ							
4								
	Ξ							
ũ								
	Ξ							
9	(1)							
	Ξ							
2								
	Ξ							
8								
	Ξ							
6	(ii)							
	(0)							
10	(ij)							
	Ξ							
11	(1)							
	Ξ							
12	(0)							
	Ξ							
13	(0)							
	(0)							
14	(1)							
	Ξ							
15 15	3							
	Ξ							
16	6							
				l			Schedu	Schedule J (Form 990) 2010

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032112 12-21-10

Schedule J (Form 990) 2010 AMERICANS FOR TAX REFORM	52-1403587 Page 3
Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information.	
GROVER NORQUIST, PRESIDENT OF ATR, HAS ALLOWED HIS	
COMPENSATION TO BE DEFERRED IN PAST YEARS FOR THE BENEFIT OF THE	IE
ORGANIZATION. IN 2010, MR. NORQUIST'S COMPENSATION DID NOT INCLUDE PAYMENT	CLUDE PAYMENT
OF ANY DEFERRED PAY.	
	Schedule J (Form 990) 2010
032113 12-21-10 46	

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#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 

**Open to Public** 

Department	of the	Treasury
Internal Day		00000

## Attach to Form 990.

Inspection Employer identification number 52-1403587

Z

Name of the organization

AMERICANS FOR TAX REFORM

		(a) Check if applicable	(b) Number of contributions or tems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	(d Method of d noncash contrib	etermining	s
1	Art - Works of art		items contributed				
•	Art - Historical treasures						
-	Art - Fractional interests				1		
	Books and publications						
	Clothing and household goods						
5 6	Cars and other vehicles						
-	Boats and planes						
7	Intellectual property						
8	Securities - Publicly traded						
9	Securities · Publicity fraded			······································	1		
10	•						·
11	Securities - Partnership, LLC, or				-		
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate · Residential						
16	Real estate - Commercial						
17	Real estate · Other		<u></u>				
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies					··-	
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	v	1	25 269	ASSESSED V	ALUF	
25	Other ( <u>AIRLINE MILES</u> )	<u>X</u>	<b>1</b>		ROOFOOFD A	MUOR	
26	Other ()		<u> </u>				
27	Other ()						
28	Other ( )	<u> </u>	1				
29	Number of Forms 8283 received by the organ						
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29		1.	1
						Yes	No
30a	During the year, did the organization receive b	y contributi	on any property re	ported in Part I, lines 1-28 t	hat it must hold for		1
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exe	mpt purposes for		
	the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II						v
31	Does the organization have a gift acceptance					31	<u>x</u>
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell noncas	n		
	contributions?		•			32a	<u> </u>
b							
33	If the organization did not report an amount in	n column (c)	for a type of prope	erty for which column (a) is (	checked,		
	describe in Part II					<u> </u>	<u> </u>
LHA	For Paperwork Reduction Act Notice, see	e the Instru	ctions for Form 99	0.	Schedule N	<i>l</i> (Form 990)	(2010)

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11033 1 SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.



1

Name of the organization

Employer identification number 52-1403587

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND REGULATIONS OF GOVERNMENT AND RALLYING SUPPORT FOR LOWER TAXES AND

SMALLER GOVERNMENT AND CONGRESSIONAL ACCOUNTABILITY.

AMERICANS FOR TAX REFORM

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EVENTS AND EDUCATION: ATR HOSTS A MULTITUDE OF PRESS CONFERENCES,

MEETINGS, AND SPECIAL EVENTS HIGHLIGHTING THE YEAR'S WORK.

EXPENSES \$ 295,226. INCLUDING GRANTS OF \$ 24,770. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: 1. ATR ADOPTED A NEW DOCUMENT

RETENTION POLICY WHICH EXPANDS THE LENGTH OF TIME FOR WHICH ATR RETAINS ALL

DOCUMENTS, RANGING FROM 3 YEARS FOR GENERAL CORRESPONDENCE TO PERMANENTLY

FOR CERTAIN FINANCIAL DOCUMENTS.

2. ATR ADOPTED CHANGES TO ITS ACCOUNTING MANUAL CONSISTENT WITH CURRENT

INDUSTRY STANDARD BEST PRACTICES.

3. ATR UPDATED ITS CONFLICT OF INTEREST POLICY TO REFLECT CURRENT BEST PRACTICES.

4. ATR ESTABLISHED TERMS OF THREE YEARS FOR ITS BOARD OF DIRECTORS.

5. ATR BYLAWS WERE OTHERWISE UPDATED TO REFLECT CURRENT BEST PRACTICES

RECOMMENDED BY COUNSEL.

FORM 990, PART VI, SECTION A, LINE 8B: N/A - THE BOARD DOES NOT HAVE

COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11: CHAIRMAN OF BOARD, CHIEF OF STAFF,

DIRECTOR OF DEVELOPMENT, AND FINANCE MANAGER ALL REVIEW THE 990. THEN THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010) 01-24-11
48

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2010.04041 AMERICANS FOR TAX REFORM 11033

• Schedule O (Form 990 or 990 EZ) (2010)	Page 2
Name of the organization AMERICANS FOR TAX REFORM	Employer identification number 52-1403587
	OUENTLY, A BOARD
MEETING IS CALLED EITHER IN PERSON OR VIA CONFERENCE CALL	TO PRESENT THE

990, AND ASSENT OF THE BOARD IS OBTAINED.

FORM 990, PART VI, SECTION B, LINE 12C: ALL NEW EMPLOYEES AND BOARD MEMBERS ARE ASKED TO SIGN A STATEMENT INDICATING THEY ARE FAMILIAR WITH THE POLICY. PRESIDENT, CHIEF OF STAFF AND DIRECTOR OF DEVELOPMENT PERSONALLY MONITOR ACTIVITIES OF EMPLOYEES TO ASSURE COMPLIANCE. IN ADDITION, ALL EMPLOYEES PRODUCE A SUMMARY OF ACTIVITIES EVERY WEEK TO THE CHIEF OF STAFF AND PRESIDENT, WHICH ARE ALSO REVIEWED BY THE DIRECTOR OF DEVELOPMENT AND WHICH IS SCRUTINIZED FOR ANY VIOLATION OF THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15: BEFORE MAKING RECOMMENDATIONS TO THE BOARD, DIRECTOR OF DEVELOPMENT AND CHIEF OF STAFF OBTAIN 990S FROM ALL WASHINGTON-DC BASED SIMILAR ORGANIZATIONS. COMPENSATION IS COMPARED WITH OTHER ORGANIZATIONS. IN ADDITION, METRICS SUCH AS PRESS APPEARANCES, QUOTES, PUBLIC EFFECTIVENESS METRICS (SUCH AS POLITICAL MAGAZINE RANKINGS) ARE TAKEN INTO ACCOUNT BEFORE A RECOMMENDATION IS MADE. THESE METRICS ARE DISCUSSED WITH THE BOARD BEFORE THE BOARD APPROVES ANY COMPENSATION ADJUSTMENT DECISIONS FOR THE PRESIDENT. THESE POLICIES WILL BE APPLIED TO FUTURE DECISIONS THE BOARD MAKES REGARDING KEY EMPLOYEES AS DEFINED BY THE 990. BEFORE 2008, AMERICANS FOR TAX REFORM HAD NO "KEY EMPLOYEES" OTHER THAN THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST, AMERICANS FOR TAX REFORM WILL PROVIDE COPIES OF THESE DOCUMENTS.

FORM	990,	PART	IX,	LINE	12:								
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Schedule O (Form 990 or 990-EZ) (2010) Name of the organization AMERICANS FOR TAX REFORM	[		Employer identifica 52-14035	tion num	nbe
IN 2010, ATR SPENT OVER \$8 MILLION IN					
OVER \$4 MILLION OF THE ADVERTISEMENTS	SUPPORTED	SPECIFIC	LEGISLATION	OR	
CANDIDATES. THE REMAINING ADVERTISMEN	TS WERE PR	OGRAM REL	ATED		
ADVERTISEMENTS.		<u></u>		··	
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SCHEDULE R (Form 990)	<ul> <li>Related Organizations and Unrelated Partnerships</li> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</li> <li>Attach to Form 990.</li> </ul>	and Unrelated Partner: (es" to Form 990, Part IV, line 33, 3 See separate Instructions.	<b>tnerships</b> e 33, 34, 35, 36, c ctions.	or 37.	2 0	2010 2010 Open to Public Inspection	<u>.</u>
ation AMERICANS FOR	TAX REFORM				Employer identification number 52-1403587	ication numb 587	ber
(Complet	te if the organization answered "Yes"	to Form 990, Part IV, line 33 )					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) (e) End-of-year assets		(f) Direct controlling entity	
			-				
Part II Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year )	cations (Complete if the organization	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 be	ecause it had one o	r more related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No	No Ba
AMERICANS FOR TAX REFORM FOUNDATION (ATRF) - 52-1400492, 722 12TH STREET NW, 4TH FLOOR, WASHINGTON, DC 20005	NON - PROFIT	DISTRICT OF COLUMBIA	501(C)(3)	PUBLIC CHARITY			×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule R	Schedule R (Form 990) 2010	8
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	(j) (k) General or Percentage managing ownership Ves No	 		nore related	(h) Percentage ownership	 	v	 	Schedule R (Form 990) 2010
	JBI General or box managing idule partner? 10655 Yes No		 	had one or n	(g) Share of end-of-year assets				
o it had one o	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		 	4 because n	(f) Share of total income			 	- '   
34 because	(h) Disproportion- ate allocations ⁵ Yes No			art IV, line 3	Share 5, Ince	 			
90, Part IV, line	(g) Share of end-of-year assets			to Form 990, Pa	(e) Type of entity (C corp, S corp. or trust)				
ed "Yes" to Form 9	(f) Share of total income			on answered "Yes"	(d) Direct controlling entity				
rganization answer	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			ste if the organizati	(C) Legal domicile (state or foreign country)				
e as a Partnership (Complete ıf the o tax year )	(d) Direct controlling Pre entity excluses			oration or Trust (Comple year.)	(b) Primary activity				
as a Partne ix year )	(C) Legal domicile (state or foreign country)			as a Corpo ng the tax					
inizations Taxable an intership during the ta	(b) Pnmary activity			anizations Taxable	7 -				
Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year )	(a) Name, address, and EIN of related organization			Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization				

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Schedule R (Form 990) 2010 AMERICANS FOR TAX REFORM			52-14	52-1403587 Page 3
h Related Organizations (Complete if the orga	wered "Yes" to Form	inization answered "Yes" to Form 990, Part IV, line 34, 35, 35a,	5a, or 36 )	
0	s with one or more re	ated organizations listed I	n Parts II-IV?	Yes No X
<ul> <li>a Heceipt of (I) interest (III) annuities (III) royaities or (IV) rent from a convolied enuity</li> <li>b Gift, grant, or capital contribution to other organization(s)</li> </ul>				
				×
e Loans or loan guarantees by other organization(s)				
f Sale of assets to other organization(s)				
				1g X X
n exchange of assets i Lease of facilities, equipment, or other assets to other organization(s)				
i Lease of facilities, equipment, or other assets from other organization(s)				11 X
k Performance of services or membership or fundraising solicitations for other organization(s)	ization(s)			× × + ×
Performance of services or membership or fundraising solicitations by other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets	ization(s)			×
				1n X
o Reimbursement paid to other organization for expenses		·		10 X
p Reimbursement paid by other organization for expenses				<b>♦</b>
<ul> <li>Other transfer of cash or property to other organization(s)</li> <li>Other transfer of cash or property from other organization(s)</li> </ul>				1g X 1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	lis line, including covered	relationships and transaction thresholds	
(a) Name of other organization	(b) Transaction type (a·r)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	Ð
(1) AMERICAN FOR TAX REFORM FOUNDATION	ሲ	1,344,838.		
2 AMERICAN FOR TAX REFORM FOUNDATION	D	7,443,044.		
(6)				
(4)				
(6)				
(8)				
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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the	Complete if the organization answered "Yes" to Form 990, Part IV, line 37 )	d "Yes" to Form 990,	Part IV, line 3	7)			
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships	rship through which the organization clusion for certain investment partner	t conducted more that rships	five percent	of its activities (me	asured by tot	al assets or gross re	venue)
(a) Name, address, and EIN of entity	(b) Ритагу activity	(c) Legal domicile (state or foreign countrol	(d) Are all partners section 501(c)3 organizations?	<b>(e)</b> Share of end-of- year assets	) opor- ate tions?	(g) Code V-UBI amount in box 20 of Schedule K-1	
		17	Xes		Aes No	(000-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	163 163
			-				
						Schedule R (Form 990) 2010	n 990) 201
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Com	pplemental Infi	provide additio	nal information fo		to questions on	Schedule F	R (see instru		
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	shown on return			ess or activity to whi	ch this form relate:	3	Identifying number
			La				50 1403505
	RICANS FOR TAX REF	ORM		<u>M 990 P</u>		/ boform w	52-140358
Part		ny under Section 17	9 Note: If you have any in	sted property, c	Uniplete Fait	1	500,000
	ximum amount (see instructions) tal cost of section 179 property plac		-			2	
	reshold cost of section 179 property place					3	2,000,000
	duction in limitation. Subtract line 3				•	4	
	ar limitation for tax year. Subtract line 4 from line			e instructions		5	
3	(a) Description of pr			ness use only)	(c) Elected	cost	
						,	
	ted property Enter the amount from			.7			
	tal elected cost of section 179 prop		in column (c), lines 6 and			8	
	ntative deduction. Enter the smaller		00 Earm 4560			<u>9</u> 10	,
	rryover of disallowed deduction from siness income limitation Enter the s			ro) or line 5		11	
	siness income limitation. Enter the s ction 179 expense deduction. Add I					12	
	ction 179 expense deduction Add 1 irryover of disallowed deduction to 2			▶ 13			
ote: /	Do not use Part II or Part III below for	or listed property In	stead, use Part V				
Part				Ide listed prope	rty.)		
	ecial depreciation allowance for qua						
-	e tax year				-	14	
5 Pro	operty subject to section 168(f)(1) el	ection				15	
	operty subject to section 168(f)(1) el her depreciation (including ACRS)						35,31
6 Oth	her depreciation (including ACRS)		operty ) (See instructions	;)		15	35,31
6 Oth	her depreciation (including ACRS)		operty ) (See instructions Section A	;)		15	35,31
6 Oth Part 7 MA	MacRs Depreciation (Including ACRS)           III         MACRS Depreciation (Do not service)           ACRS deductions for assets placed	ot include listed pro	Section A ars beginning before 20°	10 .		15	35,31
6 Oth Part 7 MA	Acres         Including Acres           III         MACRS Depreciation (Do not acress the second	ot include listed pro in service in tax yes	Section A ars beginning before 20 nto one or more general asset ac	O . counts, check here	▶ □	15 16 17	
6 Oth Part 7 MA	Acres         Including Acres           III         MACRS Depreciation (Do not acress the second	ot include listed pro in service in tax yea rvice during the tax year in s Placed in Service	Section A ars beginning before 20 nto one or more general asset ac During 2010 Tax Year	O . counts, check here	eral Deprecia	15 16 17	
3 Oth Part 7 MA	Acres         Including Acres           III         MACRS Depreciation (Do not acress the second	ot include listed pro in service in tax yes	Section A ars beginning before 20 nto one or more general asset ac	O . counts, check here	eral Deprecia (e) Convention	15 16 17 ation Syste	em
6 Otl Part 7 MA 8 If yo	her depreciation (including ACRS) III MACRS Depreciation (Do no ACRS deductions for assets placed ou are electing to group any assets placed in set Section B - Assets (a) Classification of property	ot include listed pro in service in tax year rvice during the tax year it s Placed in Service (b) Month and	Section A ars beginning before 20 to one or more general asset ac During 2010 Tax Year (c) Basis for depreciation (business/investment use	0 counts, check here Using the Gen (d) Recovery		15 16 17 ation Syste	em
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<u>a Ott</u> Part 7 MA 8 If yo 9a b c c d e f	her depreciation (including ACRS) III MACRS Depreciation (Do no ACRS deductions for assets placed ou are electing to group any assets placed in set Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 20-year property	ot include listed pro	Section A ars beginning before 20 to one or more general asset ac During 2010 Tax Year (c) Basis for depreciation (business/investment use	Counts, check here Using the Gen (d) Recovery period	(e) Convention	15 16 17 17 17 17 17 10 17 10 17 10 17 10 17 10 10 17 10 10 10 10 10 10 10 10 10 10 10 10 10	em
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3 Oth Part 7 MA 8 II yc 9a b c c d e f f g	her depreciation (including ACRS) III MACRS Depreciation (Do no ACRS deductions for assets placed ou are electing to group any assets placed in set Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	ot include listed pro	Section A ars beginning before 201 to one or more general asset ac 2 During 2010 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	Counts, check here Using the Gen (d) Recovery period 25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs.	(e) Convention	15 16 17 17 17 17 17 10 17 10 17 17 10 17 17 17 17 17 17 17 17 17 17 17 17 17	em (g) Depreciation deductio
3 Oth Part 7 MA 8 If yo 99 b c c d e f g h	her depreciation (including ACRS) III MACRS Depreciation (Do no ACRS deductions for assets placed ou are electing to group any assets placed in set Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	ot include listed pro	Section A ars beginning before 20 to one or more general asset ac During 2010 Tax Year (c) Basis for depreciation (business/investment use	Counts, check here Using the Gen (d) Recovery period 25 yrs. 27 5 yrs. 27 5 yrs. 39 yrs.	(e) Convention	15 16 17 17 17 17 17 17 17 17 17 17 17 17 17	em (g) Depreciation deductio
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	Note: For any through (c) of the	Section A, all	of Section B, a	and Sec	tion <u>C</u> if a	applicat	ole.								
									24b If "Y					Yes	
24a_	Do you have evidence to	(b)	(c)	IL USC CIA		<u> </u>	<u>(e)</u>		(f)		g)		h)		 (i)
	(a) Type of property (list vehicles first )	Date placed in service	Business/ investment use percentag	1 01	(d) Cost or her basis		is for depre iness/inve use only	siment	Recovery	Met	hod/ ention	Depre	ciation		cted n 17
5 5	Special depreciation all				placed i	n servic	e dunno	the ta	ax year an	d					
	ised more than 50% in										25				
	Property used more that			ss use											
		1	%												
			%												
			%												
7 6	Property used 50% or I	less in a qual		· /											
	Toperty daed cont or i		%							S/L·					
			%							S/L·					
			%							S/L·					
0 /	Add amounts in column	(h) lines 25			and on	line 21.	page 1				28				
	Add amounts in column						page .			• •			29		
9 /	Aud amounts in coloni	1 (0, 1110 20 2			3 - Infori	mation		of Vat	violee						_
	e vehicles.		huma tha		a) nicle		b) nicle		(c) /ehicle	(o Veh	<b>d)</b> ucle		e) ucle	(f Veh	
	Total business/investment		លេពឲ្យ ពេខ	Vei		VGI	11676		CTIGIC						
-	/ear (do not include com		-												
	Fotal commuting miles	-					-								
	Fotal other personal (no driven	oncommuuii	J) mues						_						
	Total miles driven durin	-													
	Add lines 30 through 3				1				-			N		Yes	1
	Was the vehicle availat	ble for persor	nal use	Yes	No	Yes	No	Yes	<u>s No</u>	Yes	No	Yes	No	res	-
	during off-duty hours?														<u> </u>
	Was the vehicle used p		more					Í			×				
	than 5% owner or relat		I						_						
	Is another vehicle avail	able for pers	onai											1	
	use?					(h	utata Mak			L Their K	i Employe	1	I	<b>ل</b> ــــــل	·
		Section C	- Questions f	or Emp	oyers W	no Pro	vide vei	nicies	TOF Use D	y meir c	Employe	e who o	re net a	oro than	5.50
	wer these questions to	determine if	you meet an e	xceptior	n to com	pleting	Section	B for v	enicies us	ea by er	прюуее	s who a	renotii	iore man	1 37
	ers or related persons													V	Т
87	Do you maintain a writt	ten policy sta	tement that pro	ohibits a	all persor	nal use (	of vehici	es, inc	lucing col	nmuung	, by you	F.		Yes	╀
	employees?														╈
88	Do you maintain a writi	ten policy sta	tement that pr	onibits p	personal	USE OF V	/enicies,	excep		ang, by y	our		e:		
	employees? See the in					ticers, c	nectors	, 0/ 19	a or more	Owners					+
	Do you treat all use of								emplexee	- about					╀
	Do you provide more th					nionna		ryoui	empioyee	S about					
	the use of the vehicles					monstr									╀
	Do you meet the requi								covered v	hiclos					╈
	Note: If your answer to	<u>) 37, 38, 39, 4</u>	10, or 41 is "Ye	<u>s, - ao n</u>	ot compi	ele Sec			LUVEIEU VE	<u> 110/63_</u>				<u> </u>	
Pa	IFT VI Amortization (a)			(b)	1	(c)			(d)		(e)			(f)	
	Description	of costs		amortization		Amortiza			Code		Amorbza period or per		A	mortization or this year	
		het heaves d		begins D tax vo:	J	anoun	<u> </u>				penda or per	ecinade T			
	Amortization of costs t	inat begins o		U LAN YE											_
12				·····											
12												+			
	A	hat been h	fore very 2010	1 tax ucr	ar							43			
43	Amortization of costs t Total, Add amounts in	-	•									43			

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Form	88	68

11104	Dandary 2011
Depart	ment of the Treasury
Interna	I Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

01

•	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box	-
	if you are imagined an Platenhalte e monthly Extended in complete entry if a cruid encode the east	•

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits.

Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990 T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or	Name of exempt organization	Employer identification number
print	AMERICANS FOR TAX REFORM	52-1403587
Print AN File by the due date for filing your return See instructions City	Number, street, and room or suite no. If a P O. box, see instructions 722 12TH STREET, N.W., NO. 4TH FL	
	City, town or post office, state, and ZIP code For a foreign address, see instructions WASHINGTON, DC 20005	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990	Ot	Form 990 T (corporation)	07
Form 990-BL	02	Form t041 A	08
Form 990-EZ	03	Form 4720	09
Form 990 PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

The books are in the care of 🕨	722 12TH	STREET,	N.W.,	NO.	4TH	FL -	WASHINGTON,	DC	20005
Telephone No ► (202)78	85-0266		FAX	No 🕨					

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ If this is for the whole group, check this

box 
If it is for part of the group, check this box 
and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3 month (6 months for a corporation required to file Form 990-T) extension of time until

AUGUST 15, 2011	, to file the exempt organization return for the organization named above. The extension
is for the organization's return for	

**•**  $\mathbf{X}$  calendar year <u>2010</u> or

tax year beginning

, and ending

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Change in accounting period

3a	If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any		
	nonrelundable credits. See instructions	3a	\$ 0.
b	If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit	36	\$ 0.
с	Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,		
	by using EFTPS (Electronic Federal Tax Payment System) See instructions	<u>3c</u>	\$ 0.
	by using EFTPS (Electronic Federal Tax Payment System) See instructions	<u>] 3c</u>	\$ 

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879 EO for payment instructions. Form 8868 (Rev. 1 2011)

023841 01-03-11 Final return

	68 (Rev. 1-2011)					Page	
	are filing for an Additional (Not Automatic) 3-Month E						
	hly complete Part II if you have already been granted an		• •	I Form	8868		
	are filing for an Automatic 3-Month Extension, comple						
Part II		zxtensio	n of Time. Only file the original (no c	<u></u>			
Type or	Name of exempt organization			Emp	loyer identification	number	
print							
File by the	AMERICANS FOR TAX REFORM			5	2-1403587		
extended	Number, street, and room or suite no. If a P O. box, s						
due date for filing your	Taa latti Olkuur, Mene, Hoe						
nstructions	City, town or post office, state, and ZIP code For a f	ioreign ado	dress, see instructions				
	WASHINGTON, DC 20005				·····		
Enter the	Return code for the return that this application is for (fil	e a separa	te application for each return)			01	
		r	I				
Applicat	n	Return	Application			Return	
s For		Code	Is For			Code	
Form 990		01	ر به المارية الاقترارية المارية الماري المارية المارية			مة مرجع المرجع المر المرجع المرجع	
Form 990	•BL	02	Form 1041-A			08	
Form 990	-ΕΖ	03	Form 4720			09	
Form 990	•PF	04	Form 5227	· · · · · · · · · · · · · · · · · · ·	10		
Form 990	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11 12	
om 990	-T (trust other than above)	06	Form 8870				
STOP! Do	o not complete Part II if you were not already granted		natic 3-month extension on a previous	sly file	d Form 8868.		
	THE ORGANIZATIO	-					
	toks are in the care of $\blacktriangleright$ 722 12TH STREE	<u>r, n.</u>		HIN	GTON, DC 2	0005	
	one No.▶ <u>(202)785-0266</u>		FAX No 🕨			_	
If the o	rganization does not have an office or place of business	s in the Un	ited States, check this box		▶		
lf this <u>i</u>	s for a Group Return, enter the organization's four digit	•					
ox 🕨	If it is for part of the group, check this box 🕨	and atta	ch a list with the names and EINs of all i	membe	ers the extension is f	or.	
-		NOVEMI	<u>BER 15, 2011</u>				
	calendar year $\underline{2010}$ , or other tax year beginning		, and ending		· · · · · · · · · · · · · · · · ·		
5 If the	e tax year entered in line 5 is for less than 12 months, c	heck reaso	on: initial return	Final re	eturn		
L	. Change in accounting period						
	e in detail why you need the extension						
AD.	DITIONAL TIME IS NEEDED TO H	PREPAR	RE A COMPLETE AND AC	CUR	ATE RETURN		
Ba If thi	is application is for Form 990-BL, 990 PF, 990-T, 4720, c	or 6069, er	nter the tentative tax, less any			_	
non	refundable credits See instructions			<u>8a</u>	\$	0.	
	s application is for Form 990-PF, 990-T, 4720, or 6069,		refundable credits and estimated				
tax p	payments made Include any prior year overpayment all	owed as a	credit and any amount paid	8231			
prev	viously with Form 8868			<u>8b</u>	\$	0.	
c Bala	ince due. Subtract line 8b from line 8a. Include your page	yment with	h this form, if required, by using				
EFT	PS (Electronic Federal Tax Payment System) See instru			8c	\$	0.	
	•		d Verification				
ider penal	Ities of perjury, I declare that I have examined this form, includi	ng accompa	anying schedules and statements, and to the	best of	my knowledge and bel	ief,	
s true, co	rrect, and complete, and that I am authorized to prepare this for	11(1.			8/9/11		
anature 🗎	Carol monet Title D	מסי		Date	• • • • • • • • • • • • • • • • • • • •		

Form 8868 (Rev 1-2011)

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