

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, FEC Form 5, 24 Hour Notice Report, May 16, 2010 (attached as Exhibit A); Americans for Tax Reform, FEC Form 5, October Quarterly Report, October 11, 2010 (“October Quarterly Report”) (attached as Exhibit B); Americans for Tax Reform, FEC Form 5, Year-End Report, 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

⁵ See Year-End Report at 47; http://www.youtube.com/watch?v=7M_1dVHgzig&feature=relmfu. Most of ATR’s independent expenditure advertisements are available on its YouTube channel. See <http://www.youtube.com/user/taxreformer?feature=watch>.

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

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

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

⁹ See October Quarterly Report at 6; <http://www.youtube.com/watch?v=FfdMNRvhd5w&feature=relmfu>; http://www.youtube.com/watch?v=eXJiI9wZY_k&feature=relmfu.

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

¹¹ See October Quarterly Report at 5; http://www.youtube.com/watch?v=0OAIU8h_9uo&feature=relmfu.

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

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

¹³ *Id.*, Part II.

¹⁴ *Id.*, Part IV, Question 3.

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.

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 tax-exempt 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

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).

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).

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

26 U.S.C. § 6652

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.

26 U.S.C. § 7206

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

²⁹ IRS, Background Paper, Summary of Form 990 Redesign Process, 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.

³¹ 26 U.S.C. § 7206(1).

³² ATR Form 990, Part II.

³³ Rev. Rul. 2004-06; Election Year Issues, 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

18 U.S.C. § 1001

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

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

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.*

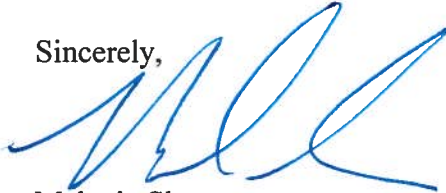
³⁸ *See, e.g.*, Letter from CREW to the IRS, March 8, 2012 (requesting investigation of the Americans for Job Security for violating its 501(c)(6) status); Letter from CREW to the IRS,

Douglas H. Shulman
March 14, 2012
Page 7

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

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. (a) Name of Individual, Organization or Corporation Americans for Tax Reform		3. FEC Identification Number C C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 722 12th Street NW 4th Floor		
(c) City, State and ZIP Code Washington DC 20005		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):	
(a) <input type="checkbox"/> April 15 Quarterly Report	<input checked="" type="checkbox"/> 24-Hour Notice <input type="checkbox"/> 48-Hour Notice
<input type="checkbox"/> July 15 Quarterly Report	
<input type="checkbox"/> October Quarterly Report	
<input type="checkbox"/> January 31 Year-End Report	
(b) Is this Report an amendment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5. COVERING PERIOD: FROM ^M 01 / ^D 01 / ^Y 2010	
THROUGH	
^M 05 / ^D 17 / ^Y 2010	
6. TOTAL CONTRIBUTIONS00
7. TOTAL INDEPENDENT EXPENDITURES.....	58000.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Christopher Butler	_____	05/16/2010

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

10030331389

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Americans for Tax Reform

Full Name (Last, First, Middle Initial) of Payee ccAdvertising		Date MM / DD / YYYY 05 / 15 / 2010
Mailing Address 13800 Coppersmine Road		Amount 18000.00
City Herndon	State VA	
Zip Code 20171		
Purpose of Expenditure Political Survey and Advocacy Message re: PA-12 Congressional Race	Category/ Professional Race	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tim Burns		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 18000.00		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Special</u>

Full Name (Last, First, Middle Initial) of Payee Capitol Alliances		Date MM / DD / YYYY 05 / 15 / 2010
Mailing Address P.O. Box 100		Amount 40000.00
City Clifton	State VA	
Zip Code 20124		
Purpose of Expenditure Newspaper Ads highlighting Tim Burns' signing of Taxpayer Protection Pledge	Category/ Professional Pledge	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tim Burns		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 58000.00		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Special</u>

(a) SUBTOTAL of Itemized Independent Expenditures	58000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	58000.00
(carry total from last page forward to Line 7)	

10030331390

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

10030331391

Hand Delivered Date of Receipt

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USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *Webform #433* Date of Receipt or Postmarked
5/16/10

[Signature] *5/17/10*
 PREPARER DATE PREPARED

EXHIBIT B

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. (a) Name of Individual, Organization or Corporation AMERICANS FOR TAX REFORM		3. FEC Identification Number C C90011289
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 722 12TH STREET NW 4TH FLOOR		
(c) City, State and ZIP Code WASHINGTON DC 20005		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only Name of Employer Occupation		

4. TYPE OF REPORT (check appropriate boxes):

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

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM / / THROUGH / /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES.....

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Christopher Butler		10/11/2010

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

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Mailing Address
2340 E. Beardsley Rd
Suite 100

City State Zip Code
Phoenix AZ 85024

Date
MM / DD / YYYY
09 / 24 / 2010

Amount
625.00

Purpose of Expenditure
Direct Mail Piece 1 - Design

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:
JIM MARSHALL

Office Sought: House State: GA
 Senate District: 08
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
625.00

Disbursement For: 2010 Primary General
 Other (specify)

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

Date
MM / DD / YYYY
09 / 24 / 2010

Amount
1645.65

Purpose of Expenditure
Direct Mail Piece 1 - Printing

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:
JIM MARSHALL

Office Sought: House State: GA
 Senate District: 08
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2270.65

Disbursement For: 2010 Primary General
 Other (specify)

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

Date
MM / DD / YYYY
09 / 24 / 2010

Amount
1434.51

Purpose of Expenditure
Direct Mail Piece 1 - Postage

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:
JIM MARSHALL

Office Sought: House State: GA
 Senate District: 08
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
3705.16

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3705.16

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
09 / 24 / 2010

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

189.65

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Direct Mail Piece 1 - Postage

Category/
Type

Office Sought: House State: SD
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
STEPHANIE M HERSETH SANDLIN

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3894.81

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
09 / 24 / 2010

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

217.57

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Direct Mail Piece 1 - Printing

Category/
Type

Office Sought: House State: SD
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
STEPHANIE M HERSETH SANDLIN

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 4112.38

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
09 / 24 / 2010

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

625.00

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Direct Mail Piece 1 - Design

Category/
Type

Office Sought: House State: SD
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
STEPHANIE M HERSETH SANDLIN

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 4737.38

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

1032.22

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
09 / 24 / 2010

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

1250.00

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Direct Mail Piece 1 - Design

Category/
Type

Office Sought: House State: WI
 Senate District: 07
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JULIE LASSA

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 5987.38

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
09 / 24 / 2010

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

1005.00

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Direct Mail Piece 1 - Printing

Category/
Type

Office Sought: House State: WI
 Senate District: 07
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JULIE LASSA

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 6992.38

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
09 / 24 / 2010

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

722.00

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Direct Mail Piece 1 - Postage

Category/
Type

Office Sought: House State: WI
 Senate District: 07
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JULIE LASSA

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 7714.38

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

2977.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

MM / DD / YYYY
09 / 14 / 2010

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount

198765.00

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Media Buy

Category/
Type

Office Sought:

House

State: WI

House

Senate

District: 07

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
JULIE LASSA

Calendar Year-To-Date Per Election
for Office Sought

198765.00

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

MM / DD / YYYY
09 / 14 / 2010

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount

8333.33

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Media Production

Category/
Type

Office Sought:

House

State: WI

House

Senate

District: 07

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
JULIE LASSA

Calendar Year-To-Date Per Election
for Office Sought

207098.33

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

MM / DD / YYYY
09 / 14 / 2010

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount

284955.00

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Media Buy

Category/
Type

Office Sought:

House

State: KY

House

Senate

District: 06

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
A.B. III CHANDLER

Calendar Year-To-Date Per Election
for Office Sought

492053.33

Disbursement For:
2010

Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

492053.33

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date
MM / DD / YYYY
09 / 14 / 2010

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount
8333.33

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Media Production
Category/Type

Office Sought: House State: KY
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
A.B. III CHANDLER

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
500386.66

Disbursement For: 2010
 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date
MM / DD / YYYY
09 / 14 / 2010

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount
8333.34

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Media Production
Category/Type

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
DINA TITUS

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
508720.00

Disbursement For: 2010
 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date
MM / DD / YYYY
09 / 14 / 2010

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount
613990.00

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Media Buy
Category/Type

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
DINA TITUS

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1122710.00

Disbursement For: 2010
 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 630656.67

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures 1130424.38
(carry total from last page forward to Line 7)

EXHIBIT C

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. (a) Name of Individual, Organization or Corporation AMERICANS FOR TAX REFORM		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C90011289</div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 722 12TH STREET NW 4TH FLOOR		
(c) City, State and ZIP Code WASHINGTON DC 20005		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only Name of Employer	Occupation	

4. TYPE OF REPORT (check appropriate boxes):

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

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M	M
1	0

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	2

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES..... 3029940.37

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Christopher Butler		01/31/2010

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
AMERICANS FOR TAX REFORM

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

Date
MM / DD / YYYY
10 / 12 / 2010

Amount
15099.49

Purpose of Expenditure
Postage - Kirkpatrick the Spendificent

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:
ANN KIRKPATRICK

Calendar Year-To-Date Per Election for Office Sought
15099.49

Office Sought: House State: AZ
 Senate District: 01
 President

Check One: Support Oppose

Disbursement For: 2010 Primary General
 Other (specify)

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

Date
MM / DD / YYYY
10 / 12 / 2010

Amount
12772.14

Purpose of Expenditure
Print & Production - Kirkpatrick the Spendificent

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:
ANN KIRKPATRICK

Calendar Year-To-Date Per Election for Office Sought
27871.63

Office Sought: House State: AZ
 Senate District: 01
 President

Check One: Support Oppose

Disbursement For: 2010 Primary General
 Other (specify)

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

Date
MM / DD / YYYY
10 / 12 / 2010

Amount
250.00

Purpose of Expenditure
Design - Kirkpatrick the Spendificent

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:
ANN KIRKPATRICK

Calendar Year-To-Date Per Election for Office Sought
28121.63

Office Sought: House State: AZ
 Senate District: 01
 President

Check One: Support Oppose

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 28121.63

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
10 / 12 / 2010

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

5177.04

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Postage - Bishop the Spendificent

Category/
Type

Office Sought: House State: GA
House Senate District: 02
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
SANFORD D JR. BISHOP

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 5177.04

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
10 / 12 / 2010

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4209.39

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Printing - Bishop the Spendificent

Category/
Type

Office Sought: House State: GA
House Senate District: 02
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
SANFORD D JR. BISHOP

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 9386.43

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
10 / 12 / 2010

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

250.00

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Design - Bishop the Spendificent

Category/
Type

Office Sought: House State: GA
House Senate District: 02
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
SANFORD D JR. BISHOP

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 9636.43

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

9636.43

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

250.00

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Design - Donnelley the Spendificent

Category/
Type

Office Sought: House State: IL
House Senate District: 02
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH SIMON MR. DONNELLY

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 250.00

Disbursement For:
2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3978.58

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Printing - Donnelley the Spendificent

Category/
Type

Office Sought: House State: IL
House Senate District: 02
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH SIMON MR. DONNELLY

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 4228.58

Disbursement For:
2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4943.42

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Postage - Donnelley the Spendificent

Category/
Type

Office Sought: House State: IL
House Senate District: 02
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH SIMON MR. DONNELLY

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 9172.00

Disbursement For:
2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

9172.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee Direct Response			Date MM / DD / YYYY 10 / 12 / 2010		
Mailing Address 2340 E. Beardsley Rd Suite 100			Amount 12167.74		
City Phoenix	State AZ	Zip Code 85024			
Purpose of Expenditure Postage - Heinrich the Spendificent		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: MARTIN HEINRICH			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		12167.74	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) of Payee Direct Response			Date MM / DD / YYYY 10 / 12 / 2010		
Mailing Address 2340 E. Beardsley Rd Suite 100			Amount 10311.65		
City Phoenix	State AZ	Zip Code 85024			
Purpose of Expenditure Printing - Heinrich the Spendificent		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: MARTIN HEINRICH			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		22479.39	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) of Payee Direct Response			Date MM / DD / YYYY 10 / 12 / 2010		
Mailing Address 2340 E. Beardsley Rd Suite 100			Amount 250.00		
City Phoenix	State AZ	Zip Code 85024			
Purpose of Expenditure Design - Heinrich the Spendificent		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: MARTIN HEINRICH			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		22729.39	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

(a) SUBTOTAL of Itemized Independent Expenditures	22729.39
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date
MM / DD / YYYY
10 / 12 / 2010

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount
250.00

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Design - Zach Space the Spendificant
Category/Type

Office Sought: House State: OH
 Senate District: 18
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
ZACHARY T SPACE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
250.00

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date
MM / DD / YYYY
10 / 12 / 2010

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount
10460.24

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Printing - Zach Space the Spendificant
Category/Type

Office Sought: House State: OH
 Senate District: 18
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
ZACHARY T SPACE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
10710.24

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date
MM / DD / YYYY
10 / 12 / 2010

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount
12240.03

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Postage - Zach Space the Spendificant
Category/Type

Office Sought: House State: OH
 Senate District: 18
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
ZACHARY T SPACE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
22950.27

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 22950.27

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee

Direct Response

Date

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Mailing Address

2340 E. Beardsley Rd
Suite 100

Amount

12587.37

City

Phoenix

State

AZ

Zip Code

85024

Purpose of Expenditure

Additional Postage - Kirkpatrick the Spendificent

Category/
Type

Office Sought:

House

State: AZ

House

Senate

District: 01

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

ANN KIRKPATRICK

Calendar Year-To-Date Per Election
for Office Sought

40709.00

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Direct Response

Date

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Mailing Address

2340 E. Beardsley Rd
Suite 100

Amount

17412.62

City

Phoenix

State

AZ

Zip Code

85024

Purpose of Expenditure

Postage - Boucher the Spendificent

Category/
Type

Office Sought:

House

State: VA

House

Senate

District: 09

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

FREDERICK C BOUCHER

Calendar Year-To-Date Per Election
for Office Sought

17412.62

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Direct Response

Date

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Mailing Address

2340 E. Beardsley Rd
Suite 100

Amount

14107.63

City

Phoenix

State

AZ

Zip Code

85024

Purpose of Expenditure

Printing - Boucher the Spendificent

Category/
Type

Office Sought:

House

State: VA

House

Senate

District: 09

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

FREDERICK C BOUCHER

Calendar Year-To-Date Per Election
for Office Sought

31520.25

Disbursement For:
2010

Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

44107.62

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

250.00

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Design - Boucher the Spendificent

Category/
Type

Office Sought: House State: VA
House Senate District: 09
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
FREDERICK C BOUCHER

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 31770.25

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

250.00

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Design - Connolly the Spendificent

Category/
Type

Office Sought: House State: VA
House Senate District: 11
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
GERRY CONNOLLY

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 250.00

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

13822.17

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Printing - Connolly the Spendificent

Category/
Type

Office Sought: House State: VA
House Senate District: 11
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
GERRY CONNOLLY

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 14072.17

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

14322.17

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

16775.56

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Postage - Connolly the Spendificent

Category/
Type

Office Sought: House State: VA
 Senate District: 11
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
GERRY CONNOLLY

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 30847.73

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

250.00

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Design - Kind the Spendificent

Category/
Type

Office Sought: House State: WI
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
RON KIND

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 250.00

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

1659.59

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Printing - Kind the Spendificent

Category/
Type

Office Sought: House State: WI
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
RON KIND

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1909.59

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

18685.15

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Mailing Address
2340 E. Beardsley Rd
Suite 100

City State Zip Code
Phoenix AZ 85024

Date
MM / DD / YYYY
10 / 12 / 2010

Amount
2083.96

Purpose of Expenditure
Postage - Kind the Spendificant

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:
RON KIND

Office Sought: House State: WI
 Senate District: 03
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
3993.55

Disbursement For: 2010 Primary General
 Other (specify)

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

Date
MM / DD / YYYY
10 / 12 / 2010

Amount
250.00

Purpose of Expenditure
Design - Kagen the Spendificant

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:
STEVEN L KAGEN

Office Sought: House State: WI
 Senate District: 08
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
250.00

Disbursement For: 2010 Primary General
 Other (specify)

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

Date
MM / DD / YYYY
10 / 12 / 2010

Amount
1753.03

Purpose of Expenditure
Printing - Kagen the Spendificant

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:
STEVEN L KAGEN

Office Sought: House State: WI
 Senate District: 08
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2003.03

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4086.99

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

2206.07

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Postage - Kagen the Spendifcent

Category/
Type

Office Sought: House State: WI
 Senate District: 08
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
STEVEN L KAGEN

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 4209.10

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

241.50

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: AL
 Senate District: 02
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
MARTHA ROBY

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 241.50

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

2236.50

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: IN
 Senate District: 08
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
LARRY D BUCSHON

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2236.50

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

4684.07

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

2871.75

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: IN
 Senate District: 09
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
TODD CHRISTOPHER YOUNG

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2871.75

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

6330.10

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: KY
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
TODD LALLY

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 6330.10

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

5208.00

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: KY
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
GARLAND "ANDY" BARR

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 298496.33

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

14409.85

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3557.05

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: MA
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
WILLIAM JOHN JR HUDAK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 3557.05

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

5908.70

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: MA
 Senate District: 10
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JEFFREY DAVIS PERRY

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 5908.70

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

5031.60

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: MD
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
ANDREW P HARRIS

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 5031.60

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

14497.35

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

2.45

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: ME
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
DEAN P SCONTRAS

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 2.45

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

2.45

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: ME
 Senate District: 02
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JASON JOHN LEVESQUE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 2.45

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4282.60

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: MI
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
DANIEL J BENISHER

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 4282.60

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

4287.50

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3762.85

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: MI
 Senate District: 07
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
TIMOTHY L. WALBERG

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3762.85

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3555.30

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: MI
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
ANDREW EDWARD RACZKOWSKI

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3555.30

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

2228.10

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: MI
 Senate District: 15
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
ROBERT L STEELE

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2228.10

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

9546.25

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3728.20

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: MN
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
RANDY LEE DEMMER

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3728.20

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3966.20

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: MN
 Senate District: 08
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
CHIP CRAVAACK

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3966.20

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

1419.25

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: MO
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
EDWARD R JR MARTIN

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1419.25

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

9113.65

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee

Direct Response

Date

MM / DD / YYYY
11 / 01 / 2010

Mailing Address

2340 E. Beardsley Rd
Suite 100

Amount

180.25

City

Phoenix

State

AZ

Zip Code

85024

Purpose of Expenditure

Election Phone Banks

Category/
Type

Office Sought:

House

State: MO

House

Senate

District: 04

President

Name of Federal Candidate Supported or Opposed by Expenditure:

VICKY HARTZLER

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

180.25

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Direct Response

Date

MM / DD / YYYY
11 / 01 / 2010

Mailing Address

2340 E. Beardsley Rd
Suite 100

Amount

2299.15

City

Phoenix

State

AZ

Zip Code

85024

Purpose of Expenditure

Election Phone Banks

Category/
Type

Office Sought:

House

State: MS

House

Senate

District: 01

President

Name of Federal Candidate Supported or Opposed by Expenditure:

PATRICK ALAN NUNNELEE

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

2299.15

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Direct Response

Date

MM / DD / YYYY
11 / 01 / 2010

Mailing Address

2340 E. Beardsley Rd
Suite 100

Amount

2440.55

City

Phoenix

State

AZ

Zip Code

85024

Purpose of Expenditure

Election Phone Banks

Category/
Type

Office Sought:

House

State: MS

House

Senate

District: 04

President

Name of Federal Candidate Supported or Opposed by Expenditure:

STEVEN MCCARTY PALAZZO

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

2440.55

Disbursement For:
2010

Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

4919.95

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee

Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address

2340 E. Beardsley Rd
Suite 100

Amount

3011.05

City

Phoenix

State

AZ

Zip Code

85024

Purpose of Expenditure

Election Phone Banks

Category/
Type

Office Sought:

House

State: NC

House

Senate

District: 02

President

Name of Federal Candidate Supported or Opposed by Expenditure:

RENEE JACISIN ELLMERS

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

3011.05

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address

2340 E. Beardsley Rd
Suite 100

Amount

4120.55

City

Phoenix

State

AZ

Zip Code

85024

Purpose of Expenditure

Election Phone Banks

Category/
Type

Office Sought:

House

State: NC

House

Senate

District: 07

President

Name of Federal Candidate Supported or Opposed by Expenditure:

ILARIO GREGORY PANTANO

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

4120.55

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address

2340 E. Beardsley Rd
Suite 100

Amount

3106.60

City

Phoenix

State

AZ

Zip Code

85024

Purpose of Expenditure

Election Phone Banks

Category/
Type

Office Sought:

House

State: NC

House

Senate

District: 08

President

Name of Federal Candidate Supported or Opposed by Expenditure:

HAROLD NELSON JOHNSON

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

3106.60

Disbursement For:
2010

Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

10238.20

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

584.50

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: ND
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
RICHARD A BERG

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 584.50

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

5677.00

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: NH
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
FRANK GUINTA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 5677.00

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

5310.55

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: NH
 Senate District: 02
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
CHARLES F. BASS

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 5310.55

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

11572.05

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3717.70

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: NJ
 Senate District: 04
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
CHRISTOPHER H. SMITH

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 3717.70

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

2450.00

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: NJ
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
ANNA C LITTLE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 2450.00

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

2537.85

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: NM
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JON BARELA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 25267.24

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

8705.55

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

2009.00

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: NM
 Senate District: 02
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
STEVAN E. PEARCE

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2009.00

Disbursement For:
2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

1451.80

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 623775.14

Disbursement For:
2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4192.65

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: NY
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
RANDOLPH MR. ALTSCHULER

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 4192.65

Disbursement For:
2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

7653.45

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3412.15

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: NY
 Senate District: 13
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL GRIMM

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3412.15

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

5474.70

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: NY
 Senate District: 20
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
CHRIS P GIBSON

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 5474.70

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

1682.45

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: NY
 Senate District: 22
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
GEORGE K PHILLIPS

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1682.45

Disbursement For: Primary General
2010
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

10569.30

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4971.40

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: NY

House

Senate

District: 23

President

Name of Federal Candidate Supported or Opposed by Expenditure:
MATT DOHENY

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

4971.40

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

5920.25

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: NY

House

Senate

District: 25

President

Name of Federal Candidate Supported or Opposed by Expenditure:
ANN MARIE BUERKLE

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

5920.25

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

5419.75

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: NY

House

Senate

District: 29

President

Name of Federal Candidate Supported or Opposed by Expenditure:
THOMAS W II REED

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

5419.75

Disbursement For:
2010

Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

16311.40

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3651.90

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: OH
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
STEVE CHABOT

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3651.90

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4461.45

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL JOHNSON

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 4461.45

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

2632.70

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: OH
 Senate District: 09
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
RICHARD BRADLEY IOTT

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2632.70

Disbursement For: Primary General
2010
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

10746.05

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3626.35

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: OH
 Senate District: 13
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
THOMAS D GANLEY

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3626.35

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3535.35

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: OH
 Senate District: 15
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
STEVE MR. STIVERS

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3535.35

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4937.10

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: OH
 Senate District: 16
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JAMES B RENACCI

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 4937.10

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

12098.80

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4224.15

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: OH
 Senate District: 18
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
ROBERT BRIAN MR. GIBBS

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 27174.42

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

901.25

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: WA
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JAIME HERRERA BEUTLER

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 901.25

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

1119.65

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: OR
 Senate District: 05
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
LORENTZ 'SCOTT' BRUUN

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1119.65

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

6245.05

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee

Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address

2340 E. Beardsley Rd
Suite 100

Amount

5873.00

City

Phoenix

State

AZ

Zip Code

85024

Purpose of Expenditure

Election Phone Banks

Category/
Type

Office Sought:

House

State: PA

House

Senate

District: 03

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MIKE KELLY

Disbursement For:

2010

Primary

General

Other (specify)

Calendar Year-To-Date Per Election
for Office Sought

5873.00

Full Name (Last, First, Middle Initial) of Payee

Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address

2340 E. Beardsley Rd
Suite 100

Amount

5567.45

City

Phoenix

State

AZ

Zip Code

85024

Purpose of Expenditure

Election Phone Banks

Category/
Type

Office Sought:

House

State: PA

House

Senate

District: 04

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

KEITH J ROTHFUS

Disbursement For:

2010

Primary

General

Other (specify)

Calendar Year-To-Date Per Election
for Office Sought

5567.45

Full Name (Last, First, Middle Initial) of Payee

Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address

2340 E. Beardsley Rd
Suite 100

Amount

7214.90

City

Phoenix

State

AZ

Zip Code

85024

Purpose of Expenditure

Election Phone Banks

Category/
Type

Office Sought:

House

State: PA

House

Senate

District: 07

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

PATRICK L MEEHAN

Disbursement For:

2010

Primary

General

Other (specify)

Calendar Year-To-Date Per Election
for Office Sought

7214.90

(a) SUBTOTAL of Itemized Independent Expenditures

18655.35

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

7166.95

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: PA

House

Senate

District: 08

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL G. FITZPATRICK

Calendar Year-To-Date Per Election
for Office Sought

7166.95

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

5217.35

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: PA

House

Senate

District: 10

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
THOMAS ANTHONY MARINO

Calendar Year-To-Date Per Election
for Office Sought

5217.35

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4517.45

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: PA

House

Senate

District: 11

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
LOU BARLETTA

Calendar Year-To-Date Per Election
for Office Sought

4517.45

Disbursement For:
2010

Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

16901.75

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4390.75

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: PA

House

Senate

District: 12

President

Name of Federal Candidate Supported or Opposed by Expenditure:
TIMOTHY RAYMOND BURNS

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

4390.75

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

5684.70

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: PA

House

Senate

District: 17

President

Name of Federal Candidate Supported or Opposed by Expenditure:
DAVID G ARGALL

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

5684.70

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4265.10

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: NY

House

Senate

District: 19

President

Name of Federal Candidate Supported or Opposed by Expenditure:
NAN HAYWORTH

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

4265.10

Disbursement For:
2010

Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

14340.55

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

2539.25

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: RI
House Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOHN J II LOUGHLIN

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2539.25

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4043.55

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: SC
House Senate District: 05
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOHN MICHAEL 'MICK' MULVANEY

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 4043.55

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

1473.50

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: SD
House Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
KRISTI LYNN NOEM

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1473.50

Disbursement For: Primary General
2010
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

8056.30

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3866.80

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: SD

House

Senate

District: 00

President

Name of Federal Candidate Supported or Opposed by Expenditure:
KRISTI LYNN NOEM

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

5340.30

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3542.00

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: TN

House

Senate

District: 04

President

Name of Federal Candidate Supported or Opposed by Expenditure:
SCOTT EUGENE DESJARLAIS

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

479724.00

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

548.80

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: TN

House

Senate

District: 06

President

Name of Federal Candidate Supported or Opposed by Expenditure:
DIANE L MRS. BLACK

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

548.80

Disbursement For:
2010

Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

7957.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount
2446.85

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: TN
 Senate District: 08
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
STEVE FINCHER

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2446.85

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount
1328.60

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: TX
 Senate District: 17
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL FLORES

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1328.60

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount
2277.10

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: TX
 Senate District: 23
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
FRANCISCO 'QUICO' CANSECO

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2277.10

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

6052.55

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

1067.85

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: TX
House Senate District: 30
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
STEPHEN EDWARD BRODEN

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1067.85

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

5342.40

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: UT
House Senate District: 02
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
MORGAN PHILPOT

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 5342.40

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

1338.40

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: VA
House Senate District: 02
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
EDWARD SCOTT MR. RIGELL

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1338.40

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

7748.65

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

2206.05

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: VA

House

Senate

District: 05

President

Name of Federal Candidate Supported or Opposed by Expenditure:
ROBERT HURT

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

2206.05

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3020.15

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: VA

House

Senate

District: 09

President

Name of Federal Candidate Supported or Opposed by Expenditure:
H MORGAN GRIFFITH

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

34790.40

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

2039.45

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: VA

House

Senate

District: 11

President

Name of Federal Candidate Supported or Opposed by Expenditure:
KEITH S. FIMIAN

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

32887.18

Disbursement For:
2010

Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

7265.65

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

401.10

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: WI

House

Senate

District: 03

President

Name of Federal Candidate Supported or Opposed by Expenditure:
DAN KAPANKE

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

4394.65

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3917.90

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: WI

House

Senate

District: 07

President

Name of Federal Candidate Supported or Opposed by Expenditure:
SEAN DUFFY

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

211016.23

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4089.75

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: WI

House

Senate

District: 08

President

Name of Federal Candidate Supported or Opposed by Expenditure:
REID RIBBLE

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

8298.85

Disbursement For:
2010

Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

8408.75

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

498.75

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: WV
House Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
DAVID B MCKINLEY

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 498.75

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

231.70

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: WV
House Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
ELLIOTT EDWARD MAYNARD

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 308613.70

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4101.30

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: AZ
House Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
PAUL ANTHONY ANTHONY GOSAR

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 44810.30

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

4831.75

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3928.40

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: AZ

House

Senate

District: 05

President

Name of Federal Candidate Supported or Opposed by Expenditure:
DAVID SCHWEIKERT

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

3928.40

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

2175.60

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: AZ

House

Senate

District: 07

President

Name of Federal Candidate Supported or Opposed by Expenditure:
RUTH CRAWFORD MCCLUNG

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

232359.60

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4766.30

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: AZ

House

Senate

District: 08

President

Name of Federal Candidate Supported or Opposed by Expenditure:
JESSE KELLY

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

4766.30

Disbursement For:
2010

Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

10870.30

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Mailing Address
2340 E. Beardsley Rd
Suite 100

City State Zip Code
Phoenix AZ 85024

Date
MM / DD / YYYY
11 / 01 / 2010

Amount
3038.00

Purpose of Expenditure
Election Phone Banks

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:
DAVID HARMER

Office Sought: House State: CA
 Senate District: 11
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
3038.00

Disbursement For: 2010 Primary General
 Other (specify)

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

Date
MM / DD / YYYY
11 / 01 / 2010

Amount
1011.85

Purpose of Expenditure
Election Phone Banks

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL CLARE SR BERRYHILL

Office Sought: House State: CA
 Senate District: 18
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1011.85

Disbursement For: 2010 Primary General
 Other (specify)

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

Date
MM / DD / YYYY
11 / 01 / 2010

Amount
1683.85

Purpose of Expenditure
Election Phone Banks

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:
JAMES ANDREW VIDAK

Office Sought: House State: CA
 Senate District: 20
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1683.85

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5733.70

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

1138.20

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: CA

House

Senate

District: 47

President

Name of Federal Candidate Supported or Opposed by Expenditure:
VAN TRAN

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

1138.20

Disbursement For:

2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3552.15

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: CO

House

Senate

District: 03

President

Name of Federal Candidate Supported or Opposed by Expenditure:
SCOTT R. TIPTON

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

3552.15

Disbursement For:

2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

3317.30

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought:

House

State: CO

House

Senate

District: 04

President

Name of Federal Candidate Supported or Opposed by Expenditure:
CORY SCOTT REP. GARDNER

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

3317.30

Disbursement For:

2010

Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

8007.65

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Mailing Address
2340 E. Beardsley Rd
Suite 100

City State Zip Code
Phoenix AZ 85024

Date
MM / DD / YYYY
11 / 01 / 2010

Amount
1904.00

Purpose of Expenditure
Election Phone Banks

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:
RYAN L FRAZIER

Office Sought: House State: CO
 Senate District: 07
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1904.00

Disbursement For: 2010 Primary General
 Other (specify)

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

Date
MM / DD / YYYY
11 / 01 / 2010

Amount
5141.15

Purpose of Expenditure
Election Phone Banks

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:
DAN DEBICELLA

Office Sought: House State: CT
 Senate District: 04
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
5141.15

Disbursement For: 2010 Primary General
 Other (specify)

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

Date
MM / DD / YYYY
11 / 01 / 2010

Amount
4890.55

Purpose of Expenditure
Election Phone Banks

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:
SAM CALIGIURI

Office Sought: House State: CT
 Senate District: 05
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
4890.55

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 11935.70

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

5318.60

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: DE
House Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
GLEN URQUHART

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

5318.60

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4483.15

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: FL
House Senate District: 02
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
WILLIAM STEVE II SOUTHERLAND

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

4483.15

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4432.75

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: FL
House Senate District: 08
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
DANIEL WEBSTER

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

4432.75

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

14234.50

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

5192.95

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: FL
House Senate District: 24
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
SANDRA 'SANDY' ADAMS

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 5192.95

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

2107.70

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: GA
House Senate District: 02
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL (MIKE) HUEL KEOWN

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 322296.13

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

2867.90

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: GA
House Senate District: 08
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JAMES AUSTIN SCOTT

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 6573.06

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

10168.55

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

1815.45

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: GA
 Senate District: 12
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
O MAXIE BURNS

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1815.45

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

4151.70

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: IA
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BRAD ZAUN

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 4151.70

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

2547.65

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: ID
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
RAUL RAFAEL LABRADOR

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 2547.65

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

8514.80

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
11 / 01 / 2010

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

5695.55

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: IL
House Senate District: 11
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
ADAM KINZINGER

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 5695.55

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
11 / 01 / 2010

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

5457.20

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: IL
House Senate District: 14
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
RANDY HULTGREN

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 5457.20

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Date

M M / D D / Y Y Y Y
11 / 01 / 2010

Mailing Address
2340 E. Beardsley Rd
Suite 100

Amount

5235.65

City State Zip Code
Phoenix AZ 85024

Purpose of Expenditure
Election Phone Banks

Category/
Type

Office Sought: House State: IL
House Senate District: 17
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
ROBERT T MR. SCHILLING

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 5235.65

Disbursement For: Primary General
2010
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

16388.40

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Direct Response

Mailing Address
2340 E. Beardsley Rd
Suite 100

City State Zip Code
Phoenix AZ 85024

Date
MM / DD / YYYY
11 / 01 / 2010

Amount
2188.55

Purpose of Expenditure
Election Phone Banks

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:
JACKIE (SWIHART) WALORSKI

Office Sought: House State: IN
 Senate District: 02
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
2188.55

Disbursement For: 2010 Primary General
 Other (specify)

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

Date
MM / DD / YYYY
11 / 01 / 2010

Amount
1905.40

Purpose of Expenditure
Election Phone Banks

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:
ERIC ALAN RICK CRAWFORD

Office Sought: House State: AR
 Senate District: 01
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1905.40

Disbursement For: 2010 Primary General
 Other (specify)

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

Date
MM / DD / YYYY
11 / 01 / 2010

Amount
1216.95

Purpose of Expenditure
Election Phone Banks

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:
JOHN TIMOTHY GRIFFIN

Office Sought: House State: AR
 Senate District: 02
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1216.95

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5310.90

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount

10335.54

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Video Production - 'Working'

Category/
Type

Office Sought: House State: AZ
 Senate District: 07
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
RAUL M GRIJALVA

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 10335.54

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount

219848.46

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Media Buy - 'Working'

Category/
Type

Office Sought: House State: AZ
 Senate District: 07
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
RAUL M GRIJALVA

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 230184.00

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount

9747.29

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Production Cost - 'Caught'

Category/
Type

Office Sought: House State: GA
 Senate District: 02
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
SANFORD D JR. BISHOP

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 19383.72

Disbursement For: Primary General
2010
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

239931.29

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount

300804.71

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Media Buy - 'Caught'

Category/
Type

Office Sought: House State: GA
 Senate District: 02
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
SANFORD D JR. BISHOP

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 320188.43

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount

512713.16

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Media Buy - 'Going Home'

Category/
Type

Office Sought: House State: MI
 Senate District: 09
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
GARY PETERS

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 512713.16

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount

10570.84

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Video Production - 'Going Home'

Category/
Type

Office Sought: House State: MI
 Senate District: 09
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
GARY PETERS

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 523284.00

Disbursement For: Primary General
2010
 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures

824088.71

(b) **SUBTOTAL** of Unitemized Independent Expenditures.....

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount

13394.44

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Video Production - 'Going Home'

Category/
Type

Office Sought: House State: TN
 House Senate District: 04
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
LINCOLN EDWARD DAVIS

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 13394.44

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount

462787.56

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Media Buy - 'Going Home'

Category/
Type

Office Sought: House State: TN
 House Senate District: 04
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
LINCOLN EDWARD DAVIS

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 476182.00

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount

321952.02

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Media Buy - 'Going Home'

Category/
Type

Office Sought: House State: TX
 House Senate District: 29
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JACK RODRIGUEZ

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 321952.02

Disbursement For: Primary General
2010
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

798134.02

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

MM / DD / YYYY
10 / 13 / 2010

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount

10217.98

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Video Production - 'Going Home'

Category/
Type

Office Sought: House State: TX
 Senate District: 29
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JACK RODRIGUEZ

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
332170.00

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

MM / DD / YYYY
10 / 13 / 2010

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount

7882.55

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Video Production - 'Skipped'

Category/
Type

Office Sought: House State: WV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
NICK JOE II RAHALL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
7882.55

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Mentzer Media Services Inc.

Date

MM / DD / YYYY
10 / 13 / 2010

Mailing Address
600 Fairmount Avenue, Ste. 306

Amount

300499.45

City State Zip Code
Towson MD 21286

Purpose of Expenditure
Media Buy - 'Skipped'

Category/
Type

Office Sought: House State: WV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
NICK JOE II RAHALL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
308382.00

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

318599.98

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee
Neylan & Partners

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Mailing Address
9401 Brookmay Court

Amount

315520.85

City State Zip Code
Alexandria VA 22309

Purpose of Expenditure
Media Buy - 'Gas'

Category/
Type

Office Sought: House State: PA
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 315520.85

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
UPGRADE FILMS

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Mailing Address
3299 K Street NW, #200

Amount

1395.00

City State Zip Code
Washington DC 20007

Purpose of Expenditure
Audio Design - 'GAS'

Category/
Type

Office Sought: House State: PA
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 316915.85

Disbursement For: 2010 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
UPGRADE FILMS

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Mailing Address
3299 K Street NW, #200

Amount

9574.00

City State Zip Code
Washington DC 20007

Purpose of Expenditure
Video Editing - 'GAS'

Category/
Type

Office Sought: House State: PA
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSEPH A JR SESTAK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 326489.85

Disbursement For: 2010 Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

326489.85

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

AMERICANS FOR TAX REFORM

Full Name (Last, First, Middle Initial) of Payee

UPGRADE FILMS

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Mailing Address

3299 K Street NW, #200

Amount

1583.00

City

Washington

State

DC

Zip Code

20007

Purpose of Expenditure

Voice Over Talant - 'GAS'

Category/
Type

Office Sought:

House

State: PA

Senate

Senate

District: 00

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

328072.85

Disbursement For:
2010

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee

UPGRADE FILMS

Date

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Mailing Address

3299 K Street NW, #200

Amount

320.00

City

Washington

State

DC

Zip Code

20007

Purpose of Expenditure

DG - 'GAS'

Category/
Type

Office Sought:

House

State: PA

Senate

Senate

District: 00

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSEPH A JR SESTAK

Calendar Year-To-Date Per Election
for Office Sought

328392.85

Disbursement For:
2010

Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

1903.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

3029940.37

EXHIBIT D

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **AMERICANS FOR TAX REFORM**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **722 12TH STREET, N.W. 4TH FL**
 City or town, state or country, and ZIP + 4: **WASHINGTON, DC 20005**

D Employer identification number: **52-1403587**

E Telephone number: **(202) 785-0266**

G Gross receipts \$: **12,393,076.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

F Name and address of principal officer: **GROVER NORQUIST
 SAME AS C ABOVE**

I Tax-exempt status: 501(c)(3) 501(c) (**4**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.ATR.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1985** **M** State of legal domicile: **DC**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	ATR IS A NATIONAL GRASSROOTS ORGANIZATION FOCUSED ON INCREASING PUBLIC AWARENESS ABOUT THE SIZE	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	52
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,881,070.	12,319,576.
	10	Investment income (Part VIII, column (A), lines 3 and 4)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,026.	2,388.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	186,300.	71,112.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), line 1)	4,069,396.	12,393,076.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	37,100.	66,370.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,271,511.	1,035,709.
	b	Total fundraising expenses (Part IX, column (D), line 25)	241,611.	166,467.
	17	Other expenses (Part IX, column (A), lines 11a 11d, 11f-24f)	3,043,321.	10,111,122.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	4,593,543.	11,379,668.
19	Revenue less expenses - Subtract line 18 from line 12	-524,147.	1,013,408.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	7,217,428.	8,246,306.
	22	Net assets or fund balances - Subtract line 21 from line 20	615,620.	631,090.
			6,601,808.	7,615,216.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: **GROVER NORQUIST, PRESIDENT**
 Signature of officer: *Grover Norquist*
 Date: **10/24/11**

Paid Preparer Use Only:
 Print/Type preparer's name: **CAROL MOUNT**
 Preparer's signature: *Carol Mount*
 Date: **10/18/11**
 Check if self-employed:
 PTIN:
 Firm's name: **HALT, BUZAS & POWELL, LTD.**
 Firm's EIN:
 Firm's address: **1199 NORTH FAIRFAX STREET, 10TH FLOOR
 ALEXANDRIA, VA 22314**
 Phone no.: **(703) 836-1350**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

913-25 21

CANINE NOV 02 2011

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

1 Briefly describe the organization's mission:

AMERICAN FOR TAX REFORM (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 CONGRESSIONAL ACCOUNTABILITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 2,337,636. including grants of \$ 20,800.) (Revenue \$)

PLEDGE CAMPAIGN: THE IDEA OF THE PLEDGE IS SIMPLE: MAKE POLITICIANS PUT THEIR NO-NEW-TAXES RHETORIC IN WRITING. THE TAXPAYER PROTECTION PLEDGE IS OFFERED TO EVERY CANDIDATE FOR OFFICE, STATE AND FEDERAL, AND ALL INCUMBENTS.

4b (Code) (Expenses \$ 4,581,878. including grants of \$ 6,240.) (Revenue \$)

OUTREACH: ATR USES ITS NETWORK OF PLEDGE SIGNERS AND WORKS WITH A COALITION OF LIKE-MINDED GROUPS TO PROMOTE PRO-TAXPAYER, SMALL GOVERNMENT POLICIES.

4c (Code) (Expenses \$ 2,468,100. including grants of \$ 14,560.) (Revenue \$)

ISSUE DEVELOPMENT AND EDUCATION: ATR WATCHES AND TRACKS POLICIES AND INITIATIVES BEYOND THE TRADITIONAL TAX INCREASE MODEL.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 295,226. including grants of \$ 24,770.) (Revenue \$)

4e Total program service expenses 9,682,840.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	X	
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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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 as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <i>Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)</i>		

Form 990 (2010)

Part IV Checklist of Required Schedules (continued)

	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	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		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b 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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		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	X	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 21		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 52		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d _____		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a _____		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b _____		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a _____		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b _____		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b _____		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> 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 organization is licensed to issue qualified health plans. 13b _____		
c	Enter the amount of reserves on hand. 13c _____		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a		X
10b		
11a	X	
11b		
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **DC**
- 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 for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 organization **THE ORGANIZATION - (202) 785-0266**
722 12TH STREET, N.W., NO. 4TH FL, WASHINGTON, DC 20005

Part VIII Statement of Revenue

			(A) Total revenue	(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	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 12319576.				
	g	Noncash contributions included in lines 1a-1f \$	25,269.				
	h	Total. Add lines 1a-1f		12319576.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,388.		2,388.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		67,221.		67,221.	
	6 a	Gross Rents	(i) Real (ii) Personal				
		Less rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		Less direct expenses	b				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities See Part IV, line 19	a				
Less direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	CONFERENCE REGISTRATIO	900099	3,550.			3,550.	
b	MISC INCOME	900099	341.			341.	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		3,891.				
12	Total revenue. See instructions.		12393076.	0.	0.	73,500.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and 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 U S See Part IV, lines 15 and 16	15,000.	15,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	145,345.	96,203.	28,190.	20,952.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	694,281.	486,057.	141,140.	67,084.
8 Pension plan contributions (include section 401(k) 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.
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.
c Accounting	38,283.	26,595.	7,409.	4,279.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	166,467.			166,467.
f Investment management fees				
g Other	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 Royalties				
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				
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 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PRINTING & MAILING	725,293.			725,293.
b LIST RENTAL & MAINT.	151,004.			151,004.
c MISCELLANEOUS	124.	88.	23.	13.
d CONTRACT SERVICE REVENUE	-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 <input checked="" type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	514,743.	2 664,169.
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net		4 26,303.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	4,594.	9
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 246,657.	
	10b	Less accumulated depreciation	10b 147,234.	10c 99,423.
	11	Investments - publicly traded securities		11
	12	Investments - other securities. See Part IV, line 11		12
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	6,565,844.	15 7,456,411.
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,217,428.	16 8,246,306.	
Liabilities	17	Accounts payable and accrued expenses	615,620.	17 631,090.
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities. Complete Part X of Schedule D		25
	26	Total liabilities. Add lines 17 through 25	615,620.	26 631,090.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	6,601,808.	27 7,615,216.
	28	Temporarily restricted net assets		28
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	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 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	12,393,076.
2	Total expenses (must equal Part IX, column (A), line 25)	11,379,668.
3	Revenue less expenses Subtract line 2 from line 1	1,013,408.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	6,601,808.
5	Other changes in net assets or fund balances (explain in Schedule O)	0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	7,615,216.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990. Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
 Separate basis 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 Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

Form 990 (2010)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2010

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization **AMERICANS FOR TAX REFORM** Employer identification number **52-1403587**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 1,859,239.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ 1,859,239.
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2010
LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

Yes No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 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))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

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	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described 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 managers 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 under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 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 nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	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, and Part II-B, line 1. Also, complete this part for any additional information

PART I-A, LINE 1:

ENGAGED SOLELY IN THE MAKING OF INDEPENDENT EXPENDITURES SUPPORTING AND OPPOSING CANDIDATES FOR FEDERAL OFFICE.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

AMERICANS FOR TAX REFORM

Employer identification number

52-1403587

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 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? Yes No

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? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- 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
1a Beginning of year balance					
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
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 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 basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
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))				99,423.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM ATRF	7,443,044.
(2) OTHER ASSETS	13,367.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	7,456,411.

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

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	Prior 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	10	1,013,408.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per 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		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	4,559.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	1,551,987.
e	Add lines 2a through 2d	2e	1,556,546.
3	Subtract line 2e from line 1	3	12,393,076.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	12,393,076.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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.		
a	Donated services and use of facilities	2a	4,559.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	1,551,987.
e	Add lines 2a through 2d	2e	1,556,546.
3	Subtract line 2e from line 1	3	11,379,668.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
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, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part 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 FINANCIAL

ACCOUNTING STANDARDS BOARD INTERPRETATION (FIN) NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. IN APPLYING FIN 48, ORGANIZATIONS WILL NEED TO DETERMINE AND ASSESS ALL MATERIAL POSITIONS TAKEN IN ANY INCOME TAX RETURN AS OF THE DATE THEY ADOPT FIN 48, INCLUDING ALL SIGNIFICANT UNCERTAIN POSITIONS, IN ALL TAX YEARS THAT ARE STILL SUBJECT TO ASSESSMENT OR CHALLENGE BY RELEVANT TAXING AUTHORITIES. A BENEFIT RELATED TO AN UNCERTAIN TAX POSITION MAY NOT BE RECOGNIZED IN THE FINANCIAL STATEMENTS

Part XIV Supplemental Information (continued)

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.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

Employer identification number

AMERICANS FOR TAX REFORM

52-1403587

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 For grantmakers. 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 criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		15,000.
EUROPE	0	0	PROGRAM SERVICES	HOSTS A FORUM FOR THE OPEN EXCHANGE OF FREE MARKET IDEAS BETWEEN POLICY ADVOCATES	12,100.
3 a Sub-total	0	0			27,100.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			27,100.

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

Schedule F (Form 990) 2010

Part IV Foreign Forms

- 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 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 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 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 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 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 No

Schedule F (Form 990) 2010

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open To Public
Inspection

Name of the organization

AMERICANS FOR TAX REFORM

Employer identification number
52-1403587

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
HSP DIRECT - 13755 SUNRISE VALLEY DRIVE #450, HERNDON,	MAIL SOLICITATIONS	X		965,283.	166,467.	120,000.
Total				965,283.	166,467.	120,000.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IN, KY, LA, ME, MI, MO, MS, MT, NC, NH, NM, NV, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, WI, WV, WY, VT, NE, NY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	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 \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 No
 b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in

		%
13a		
13b		

 - a The organization's facility
 - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c 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

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: HSP DIRECT

(I) ADDRESS OF FUNDRAISER:

13755 SUNRISE VALLEY DRIVE #450, HERNDON, VA 20171

SCHEDULE G, PART I, LINE 2B, COLUMN (V): THE ORGANIZATION ALSO PAID

\$925,212 IN MAILING, PRINTING, LIST, CAGING, AND DATABASE MAINTENANCE EXPENSES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2010

Open to Public
Inspection

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization **AMERICANS FOR TAX REFORM** Employer identification number **52-1403587**

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 criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIZENS FOR LIMITED TAXATION PO BOX 1147 MARBLEHEAD, MA 01945	04-2633709	527	8,100.	0.			MA STATE COALITION MEETING
ALLIANCE FOR AMERICA'S FUTURE 1006 PENDELETON ST. ALEXANDRIA, VA 22314	27-1937961	501(C)(4)	25,000.	0.			GRANT
CPAC 1007 CAMERON STREET ALEXANDRIA, VA 22314	52-1294680	501(C)(3)	5,500.	0.			ANNUAL EVENT

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

1.
2.

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

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed

(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 information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: STATE COALITION SCHOLARSHIP RECIPIENTS SEND MONTHLY REPORTS ON THE ACTIVITIES IN THEIR STATES. ATR HAS DEDICATED STAFF TO FLY TO EACH STATE AND OVERSEE ACTIVITIES. THERE IS A MONTHLY CONFERENCE CALL WHICH IS JOINED BY GROVER NORQUIST AND THE DEDICATED STAFF WITH ALL STATE COALITION LEADERS. IN ADDITION, GROVER NORQUIST PERSONALLY CALLS EACH SCHOLARSHIP RECIPIENT AT LEAST ONCE A MONTH TO RECEIVE AN UPDATE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

52-1403587

AMERICANS FOR TAX REFORM

Part I Questions Regarding Compensation

1a Check the 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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GROVER G. NORQUIST	(i)	119,534.	0.	6,000.	19,811.	145,345.	0.
	(ii)	79,690.	0.	0.	0.	79,690.	0.
2 CHRISTOPHER BUTLER	(i)	86,032.	0.	3,767.	15,675.	105,474.	0.
	(ii)	50,527.	0.	0.	0.	50,527.	0.
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

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 ORGANIZATION. IN 2010, MR. NORQUIST'S COMPENSATION DID NOT INCLUDE PAYMENT OF ANY DEFERRED PAY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

AMERICANS FOR TAX REFORM

Employer identification number

52-1403587

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
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				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>AIRLINE MILES</u>)	X	1	25,269.	ASSESSED VALUE
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Schedule M (Form 990) (2010)

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

AMERICANS FOR TAX REFORM

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.

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)

032211
01-24-11

Name of the organization

AMERICANS FOR TAX REFORM

Employer identification number

52-1403587

990 IS TRANSMITTED VIA EMAIL TO ALL BOARD MEMBERS. SUBSEQUENTLY, 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:

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

49

16281018 756386 11033

2010.04041 AMERICANS FOR TAX REFORM

11033 1

Name of the organization

AMERICANS FOR TAX REFORM

Employer identification number

52-1403587

IN 2010, ATR SPENT OVER \$8 MILLION IN ELECTION RELATED ADVERTISEMENTS.

OVER \$4 MILLION OF THE ADVERTISEMENTS SUPPORTED SPECIFIC LEGISLATION OR

CANDIDATES. THE REMAINING ADVERTISEMENTS WERE PROGRAM RELATED

ADVERTISEMENTS.

AMERICANS FOR TAX REFORM

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1) AMERICAN FOR TAX REFORM FOUNDATION	P	1,344,838.			X
(2) AMERICAN FOR TAX REFORM FOUNDATION	D	7,443,044.			X
(3)					
(4)					
(5)					
(6)					

Form **4562**

Depreciation and Amortization 990
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return	Business or activity to which this form relates	Identifying number
AMERICANS FOR TAX REFORM	FORM 990 PAGE 10	52-1403587

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	35,316.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27 5 yrs.	MM	S/L	
i	Nonresidential real property	/	27 5 yrs.	MM	S/L	
		/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year	/	40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	35,316.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year.					
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- 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 Charities & Nonprofits*

Part I 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 print	Name of exempt organization AMERICANS FOR TAX REFORM	Employer identification number 52-1403587
File by the due date for filing your return See instructions	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) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990 T (corporation)	07
Form 990-BL	02	Form 1041 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) 785-0266** 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
▶ calendar year **2010** 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 Final 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 nonrefundable 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	3b	\$	0.
c 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	3c	\$	0.

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1 2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II. Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return See instructions	Name of exempt organization AMERICANS FOR TAX REFORM	Employer identification number 52-1403587
	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) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

- The books are in the care of **722 12TH STREET, N.W., NO. 4TH FL - WASHINGTON, DC 20005**
Telephone No. **(202) 785-0266** 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.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**

5 For calendar year **2010**, or other tax year beginning _____, and ending _____

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$	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 and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Carol m... ..** Title **CPA** Date **8/9/11**