24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Crossroads	C C00487363
Check If 24-hour report X 48-hour report Amends report filed on M M / D D / Y Y Y Y Y	
Full Name (Last, First, Middle Initial) of Payee CROSSROADS MEDIA	Man / Dad / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 66 CANAL CENTER PLAZA, STE 555 Ar	mount
City State Zip Code ALEXANDRIA VA 22314	166846.36
Purpose of Expenditure TV / MEDIA PLACEMENT Category/ Type Office S	ought: House State: NV Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: SHELLEY BERKLEY Check C	
Calendar Year-To-Date Per Election for Office Sought 346582.50 Disburse 2012	ement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	ate
Mailing Address Ar	mount
City State Zip Code	
Purpose of Expenditure Category/ Type Office S	ought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure: Check C	President One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	ement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	166846.36
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	166846.36
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Caleb Crosby [Electronically Filed] Date 06	/ D D / Y Y Y Y Y Y Y Z Y Z Y Z Z Z Z Z Z Z Z
Signature	