

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Crossroads

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		2726785.56
(b) Cash on Hand at Beginning of Reporting Period.....	6414179.37	
(c) Total Receipts (from Line 19)	266185.00	5812924.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	6680364.37	8539709.56
7. Total Disbursements (from Line 31).....	2087016.68	3946361.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4593347.69	4593347.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Crossroads

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	265750.00	5811250.00
(ii) Unitemized	435.00	1674.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	266185.00	5812924.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	266185.00	5812924.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	266185.00	5812924.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	266185.00	5812924.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	285266.20	1329688.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	285266.20	1329688.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	170132.36	172346.97
24. Independent Expenditures (use Schedule E)	1631618.12	2444325.96
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2087016.68	3946361.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2087016.68	3946361.87

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	266185.00	5812924.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	266185.00	5812924.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	285266.20	1329688.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	285266.20	1329688.94

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3XN

Transaction ID :

Unless otherwise noted, none of the expenditures reported are allocable to a candidate. For all Ultimate Vendor Payee disbursements, any transaction below the itemization threshold in the aggregate will not appear as a memo entry.

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Crossroads

A. PETER BARTHOLOW
Full Name (Last, First, Middle Initial)

Mailing Address 5508 DRANE DRIVE

City DALLAS State TX Zip Code 75209-5506

FEC ID number of contributing federal political committee. **C**

Name of Employer TEXAS CAPITAL BANK Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : SA11.12697

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. ROBERT LESLIE BISHOP
Full Name (Last, First, Middle Initial)

Mailing Address 6983 E THIRSTY CACTUS LN

City SCOTTSDALE State AZ Zip Code 85266-7304

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2014

Transaction ID : SA11.12716

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. JOHN W. CHILDS
Full Name (Last, First, Middle Initial)

Mailing Address 165 SAGO PALM ROAD

City VERO BEACH State FL Zip Code 32963-3702

FEC ID number of contributing federal political committee. **C**

Name of Employer JW CHILDS AND ASSOCIATES, L.P. Occupation CHAIRMAN AND CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11.12719

Amount of Each Receipt this Period
 100000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	101250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Crossroads

A. JOHN HENNELLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1457 ENCINA ROAD
 City SANTA FE State NM Zip Code 87505-4727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FIDELITY NATIONAL FINANCIAL Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 03 / 2014**
Transaction ID : SA11.12698
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

B. ROBERT HOLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 JASMINE ST.
 City DENVER State CO Zip Code 80220-5915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 24 / 2014**
Transaction ID : SA11.12714
 Amount of Each Receipt this Period **500.00**
 CONTRIBUTION

C. THOMAS LANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1308 FRANCES AVE.
 City MAGEE State MS Zip Code 39111-3122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 09 / 2014**
Transaction ID : SA11.12703
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Crossroads

A. RONALD LAZOF
Full Name (Last, First, Middle Initial)

Mailing Address 2555 NORTH PEARL STREET
APT 1601

City DALLAS State TX Zip Code 75201-2247

FEC ID number of contributing federal political committee. **C**

Name of Employer CHURCHHILL NATURAL RESOURCE PARTN Occupation ADVISORY PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
04 / 08 / 2014
Transaction ID : SA11.12701

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. WILLIAM E. OBERNDORF
Full Name (Last, First, Middle Initial)

Mailing Address 505 SANSOME STREET
SUITE 1950

City SAN FRANCISCO State CA Zip Code 94111-3173

FEC ID number of contributing federal political committee. **C**

Name of Employer OBERNDORF ENTERPRISES, LLC Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
04 / 16 / 2014
Transaction ID : SA11.12708

Amount of Each Receipt this Period
100000.00

CONTRIBUTION

C. TIM RYAN
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 10069

City NEWPORT BEACH State CA Zip Code 92658-0069

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 30 / 2014
Transaction ID : SA11.12722

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 105500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial) A. TOBY WARSON		Date of Receipt
Mailing Address 1413 NW 44TH AVE		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
CAMAS	WA	98607-8509
FEC ID number of contributing federal political committee.		Transaction ID : SA11.12717
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	CONTRIBUTION
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. W. GRANT WILLIAMS III		Date of Receipt
Mailing Address 1100 NORTH LINDBERGH BLVD		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAINT LOUIS	MO	63132-2914
FEC ID number of contributing federal political committee.		Transaction ID : SA11.12710
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Name of Employer	Occupation	CONTRIBUTION
SELF-EMPLOYED	INVESTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. WILLIAM WITTER		Date of Receipt
Mailing Address 234 S. 68 STREET		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
BOULDER	CO	80303-4305
FEC ID number of contributing federal political committee.		Transaction ID : SA11.12713
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Name of Employer	Occupation	CONTRIBUTION
RENTSCHLER & WITTER, LLC	MANAGER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="5500.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)
A. CTK CAPITAL CORPORATION, INC.

Mailing Address 6213 SE MAIN STREET

City State Zip Code
PORTLAND OR 97215-2816

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2014
Transaction ID : SA11.12706

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. WILL-DRILL RESOURCES, INC.

Mailing Address NP 63 LAKE CHEROKEE

City State Zip Code
LONGVIEW TX 75603-9701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : SA11.12721

Amount of Each Receipt this Period
50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	52500.00
TOTAL This Period (last page this line number only).....▶	265750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. ANNE BEYERSDORFER

Mailing Address 2315 CHAIN BRIDGE ROAD NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
CONSULTING, MEDIA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : **SB21B.I4309**

Amount of Each Disbursement this Period

7000.00

Full Name (Last, First, Middle Initial)

B. ANDREW BUTTARO

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : **SB21B.I4310**

Amount of Each Disbursement this Period

601.74

Full Name (Last, First, Middle Initial)

C. ANDREW BUTTARO

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : **SB21B.I4311**

Amount of Each Disbursement this Period

601.73

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8203.47

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. JENNIFER FAY

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : SB21B.I4312

Amount of Each Disbursement this Period

1286.86

Category/
Type

Full Name (Last, First, Middle Initial)

B. JENNIFER FAY

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : SB21B.I4313

Amount of Each Disbursement this Period

1286.85

Category/
Type

Full Name (Last, First, Middle Initial)

C. HEATHER HENDERSON

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : SB21B.I4314

Amount of Each Disbursement this Period

1178.26

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3751.97

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. HEATHER HENDERSON

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : SB21B.I4315

Amount of Each Disbursement this Period

1178.26

Full Name (Last, First, Middle Initial)

B. LAUREN KIRSHNER

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : SB21B.I4316

Amount of Each Disbursement this Period

761.34

Full Name (Last, First, Middle Initial)

C. LAUREN KIRSHNER

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : SB21B.I4317

Amount of Each Disbursement this Period

761.34

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2700.94

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. STEVEN LAW

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : **SB21B.I4318**

Amount of Each Disbursement this Period

2121.94

Full Name (Last, First, Middle Initial)

B. STEVEN LAW

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
REIMBURSEMENT - TAXIS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2014

Transaction ID : **SB21B.I4319**

Amount of Each Disbursement this Period

22.25

Full Name (Last, First, Middle Initial)

C. STEVEN LAW

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
ULTIMATE VENDOR - SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2014

Transaction ID : **SB21B.I4320**

Amount of Each Disbursement this Period

13.41

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2157.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. STEVEN LAW

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : **SB21B.I4321**

Amount of Each Disbursement this Period

2121.95

Full Name (Last, First, Middle Initial)

B. PAUL LINDSAY

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : **SB21B.I4322**

Amount of Each Disbursement this Period

1207.64

Full Name (Last, First, Middle Initial)

C. PAUL LINDSAY

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : **SB21B.I4323**

Amount of Each Disbursement this Period

1760.65

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5090.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. JENNIFER MUELLER

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : **SB21B.I4324**

Amount of Each Disbursement this Period

716.39

Full Name (Last, First, Middle Initial)

B. JENNIFER MUELLER

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : **SB21B.I4325**

Amount of Each Disbursement this Period

716.39

Full Name (Last, First, Middle Initial)

C. KELLY NALLEN

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : **SB21B.I4326**

Amount of Each Disbursement this Period

712.10

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2144.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. KELLY NALLEN

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : **SB21B.I4327**

Amount of Each Disbursement this Period

712.09

Full Name (Last, First, Middle Initial)

B. ANNA ROGERS

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : **SB21B.I4328**

Amount of Each Disbursement this Period

1168.56

Full Name (Last, First, Middle Initial)

C. ANNA ROGERS

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
REIMBURSEMENT - TAXIS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2014

Transaction ID : **SB21B.I4329**

Amount of Each Disbursement this Period

69.25

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1949.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. ANNA ROGERS

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SB21B.I4330

Amount of Each Disbursement this Period

1168.55

Full Name (Last, First, Middle Initial)

B. CAITLIN SULLIVAN

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : SB21B.I4331

Amount of Each Disbursement this Period

579.91

Full Name (Last, First, Middle Initial)

C. CAITLIN SULLIVAN

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SB21B.I4332

Amount of Each Disbursement this Period

579.92

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2328.38

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. MATTHEW WALL

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : **SB21B.I4333**

Amount of Each Disbursement this Period

928.25

Full Name (Last, First, Middle Initial)

B. MATTHEW WALL

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : **SB21B.I4334**

Amount of Each Disbursement this Period

928.23

Full Name (Last, First, Middle Initial)

C. JORDAN WIGGINS

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : **SB21B.I4335**

Amount of Each Disbursement this Period

448.83

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2305.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. JORDAN WIGGINS

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	4

Transaction ID : **SB21B.I4336**

Amount of Each Disbursement this Period

4	4	8	.	8	4
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. ADP INC

Mailing Address 504 CLINTON CENTER DRIVE, STE 4400

City CLINTON State MS Zip Code 39056

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	4

Transaction ID : **SB21B.I4337**

Amount of Each Disbursement this Period

1	2	9	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. ALLIED TELECOM

Mailing Address 1120 20TH STREET NW, STE 500-S

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
INTERNET AND PHONE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	4

Transaction ID : **SB21B.I4338**

Amount of Each Disbursement this Period

1	7	0	.	4	1
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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2	2	8	.	1	8	5
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. AMERICA RISING LLC

Mailing Address 138 CONANT STREET, 1ST FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
CONSULTING, RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : **SB21B.I4339**

Amount of Each Disbursement this Period

30000.00

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : **SB.71**

Amount of Each Disbursement this Period

2.80

Full Name (Last, First, Middle Initial)

C. ATCHLEY & ASSOCIATES

Mailing Address 6850 AUSTIN CENTER BLVD, STE 180

City AUSTIN State TX Zip Code 78731

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2014

Transaction ID : **SB21B.I4340**

Amount of Each Disbursement this Period

8375.46

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

308378.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. BLACK ROCK GROUP LLC

Mailing Address 66 CANAL CENTER PLAZA, STE 555

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CONSULTING, ADVOCACY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2014

Transaction ID : SB21B.I4341

Amount of Each Disbursement this Period

10036.50

Full Name (Last, First, Middle Initial)

B. CAPITOL COMPUTER EXPERTS

Mailing Address 4487 FORBES BLVD

City LANHAM State MD Zip Code 20706

Purpose of Disbursement
COMPUTER TECHNICAL SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : SB21B.I4342

Amount of Each Disbursement this Period

1039.75

Full Name (Last, First, Middle Initial)

C. CAREFIRST BCBS

Mailing Address P.O. BOX 79749

City BALTIMORE State MD Zip Code 21279

Purpose of Disbursement
HEALTH INSURANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : SB21B.I4343

Amount of Each Disbursement this Period

5707.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

16783.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. CFC CONSULTING INC

Mailing Address 3724 DUNBARTON DRIVE

City MOUNTAIN BROOK State AL Zip Code 35223

Purpose of Disbursement
BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2014

Transaction ID : SB21B.I4344

Amount of Each Disbursement this Period

3538.85

Full Name (Last, First, Middle Initial)

B. DEEP ROOT ANALYTICS LLC

Mailing Address 1100 WILSON BLVD, STE 950

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : SB21B.I4345

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C. DEPARTMENT OF EMPLOYMENT SERVICES

Mailing Address P.O. BOX 9664

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : SB21B.I4346

Amount of Each Disbursement this Period

363.65

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

23902.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. DEPARTMENT OF EMPLOYMENT SERVICES

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	4

Mailing Address P.O. BOX 9664

Transaction ID : SB21B.I4347

City State Zip Code
WASHINGTON DC 20090

Amount of Each Disbursement this Period

3	9	0	.	7	7
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Purpose of Disbursement
PAYROLL TAXES

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Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. ELAVON

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	4

Mailing Address TWO CONCOURSE PKWY, STE 800

Transaction ID : SB21B.I4348

City State Zip Code
ATLANTA GA 30328

Amount of Each Disbursement this Period

1	9	8	.	9	0
---	---	---	---	---	---

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. GUESTBOOKER.COM LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	4

Mailing Address 1204 VINTAGE GROVE LANE

Transaction ID : SB21B.I4349

City State Zip Code
FRANKLIN TN 37064

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Purpose of Disbursement
CONSULTING, COMMUNICATIONS

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	0	8	9	.	6	7
---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. HOLTZMAN VOGEL JOSEFIK PLLC

Mailing Address 45 NORTH HILL DRIVE, SUITE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	24	/	2014

Transaction ID : SB21B.I4350

Amount of Each Disbursement this Period

12526.00

Full Name (Last, First, Middle Initial)

B. HYNES COMMUNICATIONS

Mailing Address 121 BOW STREET, STE 6

City PORTSMOUTH State NH Zip Code 03801

Purpose of Disbursement
CONSULTING, COMMUNICATIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	10	/	2014

Transaction ID : SB21B.I4351

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. LEXISNEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	10	/	2014

Transaction ID : SB21B.I4352

Amount of Each Disbursement this Period

1974.46

SUBTOTAL of Disbursements This Page (optional)..... ▶

17500.46

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. LIMESTONE STRATEGIES

Mailing Address 12409 BREAN WAY

City State Zip Code
FISHERS IN 46037

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : **SB21B.I4353**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MACON CONSULTING

Mailing Address P.O. BOX 3962

City State Zip Code
GREENVILLE NC 27836

Purpose of Disbursement
DONOR DEVELOPMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : **SB21B.I4354**

Amount of Each Disbursement this Period

5298.53

Full Name (Last, First, Middle Initial)

C. MAIN STREET MEDIA GROUP

Mailing Address P.O. BOX 25093

City State Zip Code
ALEXANDRIA VA 22313-5093

Purpose of Disbursement
SEE SCHEDULE E

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2014

Transaction ID : **SB21B.I4355**

Amount of Each Disbursement this Period

-276823.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

-266524.47

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. MELLON BANK

Mailing Address P.O. BOX 535416

City PITTSBURGH State PA Zip Code 15253

Purpose of Disbursement HEALTH INSURANCE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 15 / 2014

Transaction ID : **SB21B.I4356**

Amount of Each Disbursement this Period: 600.00

Category/Type

Full Name (Last, First, Middle Initial)

B. MELLON BANK

Mailing Address P.O. BOX 535416

City PITTSBURGH State PA Zip Code 15253

Purpose of Disbursement HEALTH INSURANCE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 16 / 2014

Transaction ID : **SB21B.I4357**

Amount of Each Disbursement this Period: 390.00

Category/Type

Full Name (Last, First, Middle Initial)

C. MELLON BANK

Mailing Address P.O. BOX 535416

City PITTSBURGH State PA Zip Code 15253

Purpose of Disbursement HEALTH INSURANCE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2014

Transaction ID : **SB21B.I4358**

Amount of Each Disbursement this Period: 600.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1590.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. OFFICE OF TAX AND REVENUE

Mailing Address P.O. BOX 96385

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : SB21B.I4359

Amount of Each Disbursement this Period

568.51

Full Name (Last, First, Middle Initial)

B. OFFICE OF TAX AND REVENUE

Mailing Address P.O. BOX 96385

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : SB21B.I4360

Amount of Each Disbursement this Period

648.79

Full Name (Last, First, Middle Initial)

C. PNC BANK

Mailing Address ONE FINANCIAL PARKWAY

City KALAMAZOO State MI Zip Code 49009

Purpose of Disbursement
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2014

Transaction ID : SB21B.I4361

Amount of Each Disbursement this Period

22331.21

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

23548.51

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City State Zip Code
FT WORTH TX 76155

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2014

Transaction ID : SB21B.I4386

Amount of Each Disbursement this Period

458.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City State Zip Code
FT WORTH TX 76155

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2014

Transaction ID : SB21B.I4387

Amount of Each Disbursement this Period

372.44

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City State Zip Code
FT WORTH TX 76155

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2014

Transaction ID : SB21B.I4388

Amount of Each Disbursement this Period

300.30

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. AT&T DATA

Mailing Address P.O. BOX 6416

City State Zip Code
CAROL STREAM IL 60197

Purpose of Disbursement
DATA PLAN

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	4

Transaction ID : **SB21B.I4389**

Amount of Each Disbursement this Period

1	1	5	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BROOK FURNITURE RENTAL

Mailing Address 24997 NETWORK PLACE

City State Zip Code
CHICAGO IL 60673

Purpose of Disbursement
OFFICE FURNITURE RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	4

Transaction ID : **SB21B.I4390**

Amount of Each Disbursement this Period

5	0	4	.	5	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE
SUITE 400

City State Zip Code
FALLS CHURCH VA 22043-2245

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	4

Transaction ID : **SB21B.I4392**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0	0	0
---	---	---

0	0	0
---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. CUSTOM SCOOP

Mailing Address P.O. BOX 609

City State Zip Code
CONCORD NH 03302

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : SB21B.I4393

Amount of Each Disbursement this Period

142.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address P.O. BOX 371461

City State Zip Code
PITTSBURGH PA 15250

Purpose of Disbursement
SHIPPING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : SB21B.I4398

Amount of Each Disbursement this Period

87.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FOUR SEASONS HOTEL

Mailing Address 2800 PENNSYLVANIA AVE NW

City State Zip Code
WASHINGTON DC 20007

Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : SB21B.I4399

Amount of Each Disbursement this Period

15000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. LAZ PARKING

Mailing Address P.O. BOX 759311

City State Zip Code
BALTIMORE MD 21275

Purpose of Disbursement
PARKING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	29	/	2014

Transaction ID : SB21B.I4402

Amount of Each Disbursement this Period

267.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NATIONAL JOURNAL GROUP INC

Mailing Address P.O. BOX 64408

City State Zip Code
BALTIMORE MD 21264

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	29	/	2014

Transaction ID : SB21B.I4405

Amount of Each Disbursement this Period

4006.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. OFFICE DEPOT

Mailing Address 6600 N. MILITARY TRAIL

City State Zip Code
BOCA RATON FL 33496

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	29	/	2014

Transaction ID : SB21B.I4406

Amount of Each Disbursement this Period

181.60

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. PREMIERE GLOBAL SERVICES INC

Mailing Address 3399 PEACHTREE ROAD, STE 700

City ATLANTA State GA Zip Code 30326-2832

Purpose of Disbursement
VENDOR REFUND - CONFERENCE CALLS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2014

Transaction ID : SB21B.I4419

Amount of Each Disbursement this Period

-689.05

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address P.O. BOX 66100

City CHICAGO State IL Zip Code 60666

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2014

Transaction ID : SB21B.I4415

Amount of Each Disbursement this Period

3.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2014

Transaction ID : SB21B.I4416

Amount of Each Disbursement this Period

26.25

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. WIDGETMAKR

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2014

Transaction ID : SB21B.I4418

Amount of Each Disbursement this Period

359.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. PNC BANK

Mailing Address ONE FINANCIAL PARKWAY

City State Zip Code
KALAMAZOO MI 49009

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : SB21B.I4362

Amount of Each Disbursement this Period

313.47

Full Name (Last, First, Middle Initial)

C. PRINCIPAL FINANCIAL GROUP

Mailing Address P.O. BOX 10372

City State Zip Code
DES MOINES IA 50306

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2014

Transaction ID : SB21B.I4363

Amount of Each Disbursement this Period

2133.33

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2446.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. PRINCIPAL FINANCIAL GROUP

Mailing Address P.O. BOX 10372

City DES MOINES State IA Zip Code 50306

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2014

Transaction ID : SB21B.I4364

Amount of Each Disbursement this Period

345.77

Full Name (Last, First, Middle Initial)

B. PRINCIPAL FINANCIAL GROUP

Mailing Address P.O. BOX 10372

City DES MOINES State IA Zip Code 50306

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2014

Transaction ID : SB21B.I4365

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

C. RIVERWOOD STRATEGIES

Mailing Address 439 E SHORE DRIVE, STE 100

City EAGLE State ID Zip Code 83616

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : SB21B.I4366

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5420.77

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX ST, STE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement WEBSITE HOSTING / DEVELOPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 10 / 2014

Transaction ID : **SB21B.I4367**

Amount of Each Disbursement this Period: 4500.00

Category/Type

Full Name (Last, First, Middle Initial)

B. THE MK GROUP LLC

Mailing Address 5905 GLOSTER ROAD

City BETHESDA State MD Zip Code 20816

Purpose of Disbursement DONOR DEVELOPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 10 / 2014

Transaction ID : **SB21B.I4368**

Amount of Each Disbursement this Period: 4375.00

Category/Type

Full Name (Last, First, Middle Initial)

C. THINKFILM INC

Mailing Address 1335 WINDSOR RIDGE LANE

City ANNAPOLIS State MD Zip Code 21409

Purpose of Disbursement TV / MEDIA PRODUCTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 16 / 2014

Transaction ID : **SB21B.I4369**

Amount of Each Disbursement this Period: 13422.67

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 22297.67

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. THINKFILM INC

Mailing Address 1335 WINDSOR RIDGE LANE

City ANNAPOLIS State MD Zip Code 21409

Purpose of Disbursement
TV / MEDIA PRODUCTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	16	/	2014

Transaction ID : SB21B.I4370

Amount of Each Disbursement this Period

13422.67

Full Name (Last, First, Middle Initial)

B. THINKFILM INC

Mailing Address 1335 WINDSOR RIDGE LANE

City ANNAPOLIS State MD Zip Code 21409

Purpose of Disbursement
TV / MEDIA PRODUCTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	16	/	2014

Transaction ID : SB21B.I4371

Amount of Each Disbursement this Period

13422.67

Full Name (Last, First, Middle Initial)

C. THINKFILM INC

Mailing Address 1335 WINDSOR RIDGE LANE

City ANNAPOLIS State MD Zip Code 21409

Purpose of Disbursement
TV / MEDIA PRODUCTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	16	/	2014

Transaction ID : SB21B.I4372

Amount of Each Disbursement this Period

13422.67

SUBTOTAL of Disbursements This Page (optional)..... ▶

40268.01

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. THINKFILM INC

Mailing Address 1335 WINDSOR RIDGE LANE

City ANNAPOLIS State MD Zip Code 21409

Purpose of Disbursement
TV / MEDIA PRODUCTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2014

Transaction ID : SB21B.I4373

Amount of Each Disbursement this Period

13422.66

Full Name (Last, First, Middle Initial)

B. THINKFILM INC

Mailing Address 1335 WINDSOR RIDGE LANE

City ANNAPOLIS State MD Zip Code 21409

Purpose of Disbursement
TV / MEDIA PRODUCTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2014

Transaction ID : SB21B.I4374

Amount of Each Disbursement this Period

13422.66

Full Name (Last, First, Middle Initial)

C. US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20220

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : SB21B.I4375

Amount of Each Disbursement this Period

5867.44

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

32712.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20220

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	4

Transaction ID : **SB21B.I4376**

Amount of Each Disbursement this Period

6	2	5	2	.	5	7
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. VIKING STRATEGIES LLC

Mailing Address 1200 N VEITCH ST. #1312
#1312

City ARLINGTON State VA Zip Code 22201-5835

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	4

Transaction ID : **SB21B.I4377**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. VIRGINIA DEPT OF TAXATION

Mailing Address P.O. BOX 1777

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	4

Transaction ID : **SB21B.I4378**

Amount of Each Disbursement this Period

4	6	7	.	4	5
---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	1	7	2	0	.	0	2
---	---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

1	1	7	2	0	.	0	2
---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. VIRGINIA DEPT OF TAXATION

Mailing Address P.O. BOX 1777

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : SB21B.I4379

Amount of Each Disbursement this Period

467.45

Full Name (Last, First, Middle Initial)

B. WILSON-GRAND COMMUNICATIONS

Mailing Address 429 N. ST. ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TV / MEDIA PRODUCTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : SB21B.I4380

Amount of Each Disbursement this Period

8750.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

9217.45

285266.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. CAPITOL COMPUTER EXPERTS

Mailing Address 4487 FORBES BLVD

City LANHAM State MD Zip Code 20706

Purpose of Disbursement
IN-KIND CONTRIB - CONSERVATIVE VICTORY PROJECT - COMPUTER
TECH SUPPORT
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : SB23.I4420

Amount of Each Disbursement this Period

82.36

Full Name (Last, First, Middle Initial)

B. GROW NC STRONG

Mailing Address 324 S. WILMINGTON ST, #322

City RALEIGH State NC Zip Code 27601

Purpose of Disbursement
CONTRIBUTION
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2014

Transaction ID : SB23.I4422

Amount of Each Disbursement this Period

65000.00

Full Name (Last, First, Middle Initial)

C. GROW NC STRONG

Mailing Address 324 S. WILMINGTON ST, #322

City RALEIGH State NC Zip Code 27601

Purpose of Disbursement
CONTRIBUTION
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2014

Transaction ID : SB23.I4423

Amount of Each Disbursement this Period

105000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

170082.36

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. MERE LLC

Mailing Address 1323 WISCONSIN CIRCLE

City State Zip Code
AMES IA 50014

Purpose of Disbursement
IN-KIND CONTRIB - CONSERVATIVE VICTORY PROJECT - WEBSITE DEVELOPMENT
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	4

Transaction ID : SB23.I4421

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

		.		
--	--	---	--	--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

		.		
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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5	0	.	0	0
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1	7	0	1	3	2	.	3	6
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee CHATHAM LIGHT MEDIA LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 01 / 2014
Mailing Address PO BOX 1330	Amount 16490.00
City State Zip Code STOWE VT 05672	Transaction ID : SE24.4425 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 01 / 2014
Purpose of Expenditure TV / MEDIA PRODUCTION - SEE NOTICE FILED 04/01/14	Category/Type
Name of Federal Candidate THOM TILLIS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: NC
Calendar Year-To-Date Per Election for Office Sought 1631618.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CHATHAM LIGHT MEDIA LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 15 / 2014
Mailing Address PO BOX 1330	Amount 16800.00
City State Zip Code STOWE VT 05672	Transaction ID : SE24.4428 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 16 / 2014
Purpose of Expenditure TV / MEDIA PRODUCTION - SEE NOTICE FILED 04/16/14	Category/Type
Name of Federal Candidate THOM TILLIS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: NC
Calendar Year-To-Date Per Election for Office Sought 1631618.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	33290.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee CHATHAM LIGHT MEDIA LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2014
Mailing Address PO BOX 1330	Amount 17090.00
City State Zip Code STOWE VT 05672	Transaction ID : SE24.4430 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2014
Purpose of Expenditure TV / MEDIA PRODUCTION - SEE NOTICE FILED 04/23/14	Category/Type
Name of Federal Candidate THOM TILLIS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: NC
Calendar Year-To-Date Per Election for Office Sought 1631618.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MAIN STREET MEDIA GROUP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014
Mailing Address P.O. BOX 25093	Amount 276823.00
City State Zip Code ALEXANDRIA VA 22313-5093	Transaction ID : SE24.4424 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 28 / 2014
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED 04/01/14	Category/Type
Name of Federal Candidate THOM TILLIS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: NC
Calendar Year-To-Date Per Election for Office Sought 1631618.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 293913.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MAIN STREET MEDIA GROUP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 08 / 2014
Mailing Address P.O. BOX 25093	Amount 276823.00
City State Zip Code ALEXANDRIA VA 22313-5093	Transaction ID : SE24.4426 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 04 / 2014
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED 04/08/14	Category/Type
Name of Federal Candidate THOM TILLIS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: NC
Calendar Year-To-Date Per Election for Office Sought 1631618.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MAIN STREET MEDIA GROUP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 15 / 2014
Mailing Address P.O. BOX 25093	Amount 513797.00
City State Zip Code ALEXANDRIA VA 22313-5093	Transaction ID : SE24.4427 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 11 / 2014
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED 04/16/14	Category/Type
Name of Federal Candidate THOM TILLIS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: NC
Calendar Year-To-Date Per Election for Office Sought 1631618.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	790620.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
05 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee MAIN STREET MEDIA GROUP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2014
Mailing Address P.O. BOX 25093	Amount 513795.12
City State Zip Code ALEXANDRIA VA 22313-5093	Transaction ID : SE24.4429 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2014
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED 04/23/14	Category/Type
Name of Federal Candidate THOM TILLIS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1631618.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	513795.12
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1631618.12

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
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2014