

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. (a) Name of Individual, Organization or Corporation CROSSROADS GRASSROOTS POLICY STRATEGIES		3. FEC Identification Number C C90011719
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1401 NEW YORK AVENUE, NW STE. 1200		
(c) City, State and ZIP Code WASHINGTON DC 20005		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

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

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M	M
1	0

 /

D	D
2	6

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	1

 /

D	D
0	2

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

	.00
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7. TOTAL INDEPENDENT EXPENDITURES.....

	337825.00
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Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
D. Margee Clancy	_____	10/26/2010

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

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

CROSSROADS GRASSROOTS POLICY STRATEGIES

Full Name (Last, First, Middle Initial) of Payee
Crossroad Media, LLC

Date

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Mailing Address
66 Canal Center Plaza
Ste. 555

Amount

328325.00

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure
TV/Media Placement

Category/
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:
Jim Costa

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 337825.00

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Up Grade Films

Date

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Mailing Address
3299 K Street, NW
Ste. 200

Amount

9500.00

City State Zip Code
Washington DC 20007

Purpose of Expenditure
TV/Media Placement

Category/
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:
Jim Costa

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 337825.00

Disbursement For: Primary General
2010
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

337825.00

(b) SUBTOTAL of Unitemized Independent Expenditures

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

337825.00