

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

CROSSLAND FOR CONGRESS

ADDRESS (number and street) 337 E BRAMBLE CIR

Check if different than previously reported. (ACC)

AKRON

OH

44321

2. **FEC IDENTIFICATION NUMBER** ▼

C C00558981

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

OH

16

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Debra L Deane

Signature of Treasurer Debra L Deane

[Electronically Filed]

Date

/ /

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CROSSLAND FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3405.00	10335.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3405.00	10335.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4541.67	4829.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4541.67	4829.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5505.64	
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	

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 3 (Revised 12/2003)

Write or Type Committee Name

CROSSLAND FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2100.00	2950.00
(ii) Unitemized.....	1305.00	6385.00
(iii) TOTAL of contributions from individuals ▶	3405.00	9335.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3405.00	10335.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3405.00	10335.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4541.67	4829.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4541.67	4829.36

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6642.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3405.00
25. SUBTOTAL (add Line 23 and Line 24).....	10047.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4541.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5505.64

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 12
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
CROSSLAND FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
David Broehl

Mailing Address 900 Quinby Ave

City: Wooster State: OH Zip Code: 44691

FEC ID number of contributing federal political committee: C

Name of Employer: self-employed Occupation: attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 05 / 18 / 2014

Transaction ID : SA11AI.4267

Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Gary Herrington

Mailing Address 343 W Bramble Cir

City: Copley State: OH Zip Code: 44321

FEC ID number of contributing federal political committee: C

Name of Employer: none Occupation: information technology

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 05 / 02 / 2014

Transaction ID : SA11AI.4250

Amount of Each Receipt this Period: 200.00

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

Mailing Address 1633 Wildwood Dr

City: Wooster State: OH Zip Code: 44691

FEC ID number of contributing federal political committee: C

Name of Employer: University Hospitals Occupation: physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 02 / 2014

Transaction ID : SA11AI.4280

Amount of Each Receipt this Period: 250.00

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CROSSLAND FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Patrick McTeague

Mailing Address 571 Fosters Point Rd

City State Zip Code
West Bath ME 04530

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

Name of Employer none Occupation attorney, retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 07 / 2014

Transaction ID : SA11AI.4284

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Steve Shechter

Mailing Address 4620 Bramble Dr

City State Zip Code
Copley OH 44321

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

Name of Employer Dawson Insurance Occupation insurance agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period
250.00

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

Mailing Address 121 Franz Dr

City State Zip Code
Fairlawn OH 44333

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

Name of Employer none Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11AI.4260

Amount of Each Receipt this Period
200.00

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

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

1450.00

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CROSSLAND FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PETE CROSSLAND		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 337 E BRAMBLE CIR		Amount of Each Disbursement this Period 425.00 Transaction ID : SB17.4350
City AKRON State OH Zip Code 44321	Purpose of Disbursement Reimbursement for advertising-newspaper Category/Type 004	
Candidate Name CROSSLAND FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 16		

Full Name (Last, First, Middle Initial) B. NE Ohio Media Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 1801 Superior Ave Suite 100		Amount of Each Disbursement this Period 425.00 Transaction ID : SB17.4350.0 [MEMO ITEM]
City Cleveland State OH Zip Code 44114	Purpose of Disbursement Advertising-newspaper Category/Type 004	
Candidate Name CROSSLAND FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 16		

Full Name (Last, First, Middle Initial) C. PETE CROSSLAND		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 337 E BRAMBLE CIR		Amount of Each Disbursement this Period 258.84 Transaction ID : SB17.4354
City AKRON State OH Zip Code 44321	Purpose of Disbursement Reimbursement for advertising-newspaper Category/Type 004	
Candidate Name CROSSLAND FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 16		

SUBTOTAL of Disbursements This Page (optional).....	683.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 12			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CROSSLAND FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Leader Publications		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 3075 Smith Rd Suite 204		Amount of Each Disbursement this Period 258.84
City Akron	State OH Zip Code 44333	
Purpose of Disbursement Advertising-newspaper	Category/Type 004	Transaction ID : SB17.4354.0 [MEMO ITEM]
Candidate Name CROSSLAND FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 16		

Full Name (Last, First, Middle Initial) B. PETE CROSSLAND		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 337 E BRAMBLE CIR		Amount of Each Disbursement this Period 230.85
City AKRON	State OH Zip Code 44321	
Purpose of Disbursement Reimbursement for advertising-newspaper	Category/Type 004	Transaction ID : SB17.4359 [MEMO ITEM]
Candidate Name CROSSLAND FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 16		

Full Name (Last, First, Middle Initial) c. Post Newspapers		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 5164 Normandy Park Dr Suite 100		Amount of Each Disbursement this Period 230.85
City Medina	State OH Zip Code 44256	
Purpose of Disbursement Advertising-newspaper	Category/Type 004	Transaction ID : SB17.4359.0 [MEMO ITEM]
Candidate Name CROSSLAND FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 16		

SUBTOTAL of Disbursements This Page (optional).....	230.85
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 12			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CROSSLAND FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PETE CROSSLAND		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 337 E BRAMBLE CIR		Amount of Each Disbursement this Period 221.00 Transaction ID : SB17.4363
City AKRON State OH Zip Code 44321	Purpose of Disbursement Advertising-newspaper Category/Type 004	
Candidate Name CROSSLAND FOR CONGRESS		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16		

Full Name (Last, First, Middle Initial) B. Wooster Daily Record		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address 212 E. Liberty St		Amount of Each Disbursement this Period 221.00 Transaction ID : SB17.4363.0 [MEMO ITEM]
City Wooster State OH Zip Code 44691	Purpose of Disbursement Advertising-newspaper Category/Type 004	
Candidate Name CROSSLAND FOR CONGRESS		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16		

Full Name (Last, First, Middle Initial) C. PETE CROSSLAND		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 337 E BRAMBLE CIR		Amount of Each Disbursement this Period 29.00 Transaction ID : SB17.4377
City AKRON State OH Zip Code 44321	Purpose of Disbursement Reimbursement for campaign website Category/Type 001	
Candidate Name CROSSLAND FOR CONGRESS		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16		

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CROSSLAND FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PETE CROSSLAND		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 337 E BRAMBLE CIR		Amount of Each Disbursement this Period 29.00 Transaction ID : SB17.4379
City AKRON State OH Zip Code 44321	Purpose of Disbursement Reimbursement for campaign website Category/Type 001	
Candidate Name CROSSLAND FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: OH District: 16		

Full Name (Last, First, Middle Initial) B. PETE CROSSLAND		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 337 E BRAMBLE CIR		Amount of Each Disbursement this Period 29.00 Transaction ID : SB17.4381
City AKRON State OH Zip Code 44321	Purpose of Disbursement Reimbursement for campaign website Category/Type 001	
Candidate Name CROSSLAND FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: OH District: 16		

Full Name (Last, First, Middle Initial) C. PETE CROSSLAND		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 337 E BRAMBLE CIR		Amount of Each Disbursement this Period 1897.83 Transaction ID : SB17.4368
City AKRON State OH Zip Code 44321	Purpose of Disbursement Reimbursement for printing literature Category/Type 001	
Candidate Name CROSSLAND FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: OH District: 16		

SUBTOTAL of Disbursements This Page (optional).....	1955.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 12			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CROSSLAND FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hotcards Akron		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 2086 Romig Rd Suite 2		Amount of Each Disbursement this Period 1897.83
City Akron	State OH Zip Code 44320	
Purpose of Disbursement Printing literature	Category/Type 001	Transaction ID : SB17.4368.0 [MEMO ITEM]
Candidate Name CROSSLAND FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 16		

Full Name (Last, First, Middle Initial) B. PETE CROSSLAND		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 337 E BRAMBLE CIR		Amount of Each Disbursement this Period 29.00
City AKRON	State OH Zip Code 44321	
Purpose of Disbursement Reimbursement for campaign website	Category/Type 001	Transaction ID : SB17.4383
Candidate Name CROSSLAND FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 16		

Full Name (Last, First, Middle Initial) c. Dansizen Printing Co., Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 4525 Aultman Ave. NW		Amount of Each Disbursement this Period 242.82
City North Canton	State OH Zip Code 44720	
Purpose of Disbursement Printing letterhead	Category/Type 001	Transaction ID : SB17.4311
Candidate Name CROSSLAND FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 16		

SUBTOTAL of Disbursements This Page (optional).....	271.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CROSSLAND FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dawn Tindal & Associates		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 2354 Olde Farm Ln		Amount of Each Disbursement this Period 533.75 Transaction ID : SB17.4315
City Hudson State OH Zip Code 44236	Purpose of Disbursement Literature design Category/Type 001	
Candidate Name CROSSLAND FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 16		

Full Name (Last, First, Middle Initial) B. Tim Peyton		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 115 N. Portage Path		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4313
City Akron State OH Zip Code 44303	Purpose of Disbursement Campaign management & consulting Category/Type 001	
Candidate Name CROSSLAND FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 16		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1133.75
TOTAL This Period (last page this line number only).....	4526.09