24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
American Crossroads

FEC IDENTIFICATION NUMBER ▼
C C00487363

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
McCarthy Hennings Whalen, Inc.

Mailing Address 1850 M Street NW
Suite 235

City: Washington | State: DC | Zip Code: 20036

Purpose of Expenditure
TV / Media Production

Category/ Type:

Date of Public Distribution/Dissemination: 09 / 16 / 2014

Amount: 17367.98

Transaction ID : 1

Date of Disbursement or Obligation: 09 / 16 / 2014

Name of Federal Candidate
Bruce Braley

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: ____ State: IA

Calendar Year-To-Date Per Election for Office Sought: 1754696.62

Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ ____

Full Name of Payee
Main Street Media

Mailing Address P.O. BOX 25093

City: Alexandria | State: VA | Zip Code: 22313

Purpose of Expenditure
TV / Media Placement

Category/ Type:

Date of Public Distribution/Dissemination: 09 / 16 / 2014

Amount: 561462.60

Transaction ID : 2

Date of Disbursement or Obligation: 09 / 12 / 2014

Name of Federal Candidate
Bruce Braley

☐ Support ☒ Oppose

Office Sought: ☐ House ☐ President ☒ Senate District: ____ State: IA

Calendar Year-To-Date Per Election for Office Sought: 1754696.62

Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ ____

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 578830.58

(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 ***[Electronically Filed]*** Date 09 / 17 / 2014

Signature

Image# 14970789273

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
Targeted Victory

Mailing Address 1033 North Fairfax St
Suite 400

City: Alexandria | State: VA | Zip Code: 22314

Purpose of Expenditure: Online Advertising

Category/ Type:

Date of Public Distribution/Dissemination: 09 / 16 / 2014

Amount: 166667.00

Transaction ID : 3

Date of Disbursement or Obligation: 09 / 16 / 2014

Name of Federal Candidate: Bruce Braley

☐ Support ☒ Oppose

Office Sought: ☐ House ☒ Senate ☐ President District: ____ State: IA

Calendar Year-To-Date Per Election for Office Sought: 1754696.62

Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ ____

Full Name of Payee

Mailing Address

City | State | Zip Code

Purpose of Expenditure

Category/ Type

Date of Public Distribution/Dissemination: M M / D D / Y Y Y Y

Amount

Date of Disbursement or Obligation: M M / D D / Y Y Y Y

Name of Federal Candidate

☐ Support ☐ Oppose

Office Sought: ☐ House ☐ Senate ☐ President District: ____ State: ____

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ ____

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 166667.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶ 745497.58

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby ***[Electronically Filed]*** Date 09 / 17 / 2014

Signature