24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES
(SCHEDULE E)

NAME OF COMMITTE (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 (Last, First, Middle Initial) of Payee
MENTZER MEDIA SERVICES INC

Mailing Address 600 FAIRMOUNT AVENUE STE 306

City	State	Zip Code
TOWSON	MD	21286

Date   10 / 02 / 2012

Amount   1972987.84

Transaction ID : E.001

Purpose of Expenditure
TV / MEDIA PLACEMENT

Category/Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON

Check One: ☐ Support   ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought   3672503.36

Disbursement For: ☐ Primary   ☒ General
2012   ☐ Other (specify) ▶ ____

Full Name (Last, First, Middle Initial) of Payee
RISING TIDE MEDIA GROUP LLC

Mailing Address 226 S FAYETTE

City	State	Zip Code
ALEXANDRIA	VA	22314

Date   10 / 02 / 2012

Amount   15513.00

Transaction ID : E.002

Purpose of Expenditure
TV / MEDIA PRODUCTION

Category/Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON

Check One: ☐ Support   ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought   3672503.36

Disbursement For: ☐ Primary   ☒ General
2012   ☐ Other (specify) ▶ ____

(a) SUBTOTAL of Itemized Independent Expenditures.............................▶   1988500.84

(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   10 / 03 / 2012
_____
Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES
(SCHEDULE E)

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Full Name (Last, First, Middle Initial) of Payee
TARGETED VICTORY

Mailing Address PO BOX 2187

City	State	Zip Code
ARLINGTON	VA	22202

Date 10 / 02 / 2012

Amount 38000.00

Transaction ID : E.003

Purpose of Expenditure
WEB ADS

Category/Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election for Office Sought 3672503.36

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City	State	Zip Code

Date M M / D D / Y Y Y Y

Amount

Purpose of Expenditure

Category/Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

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

(a) **SUBTOTAL** of Itemized Independent Expenditures... ▶ 38000.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .... ▶

(c) **TOTAL** Independent Expenditures.. ▶ 2026500.84

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]*

Signature

Date 10 / 03 / 2012