



A. Form/Schedule : **F3XN**

Unless otherwise noted, none of the expenditures reported are allocable to a candidate.

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Crossroads

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	8

D	D
2	4

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		758335.36
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	3281348.71									
(c) Total Receipts (from Line 19) .....	2713876.17	6643257.58								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	5995224.88	7401592.94								
7. Total Disbursements (from Line 31) .....	394533.37	1800901.43								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5600691.51	5600691.51								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name  
American Crossroads

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	8

D	D
2	4

Y	Y	Y	Y
2	0	1	1

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) .....	2602515.00	6499615.00
(ii) Unitemized .....	2505.00	8103.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2605020.00	6507718.00
(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) .....	2605020.00	6507718.00
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) .....	108856.17	135539.58
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 Transfer (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)) .....	2713876.17	6643257.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2713876.17	6643257.58

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	275031.13	991033.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	275031.13	991033.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	119502.24	809867.94
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	394533.37	1800901.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	394533.37	1800901.43

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) .....	2605020.00	6507718.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2605020.00	6507718.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	275031.13	991033.49
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	108856.17	135539.58
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	166174.96	855493.91

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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

<p><b>A.</b> Full Name (Last, First, Middle Initial) JOHN ATHERTON</p> <p>Mailing Address 16 COACHLIGHT DRIVE</p> <p>City State Zip Code POUGHKEEPSIE NY 12603-4241</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">600.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">07 / 14 / 2011</span></p> <p><b>Transaction ID:</b> SA11.4488</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>CONTRIBUTION</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>B.</b> Full Name (Last, First, Middle Initial) BRIAN DUNCAN</p> <p>Mailing Address 2332 EVERGREEN ST</p> <p>City State Zip Code PAMPA TX 79065-2901</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation SELF-EMPLOYED INSURANCE AGENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">400.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">07 / 07 / 2011</span></p> <p><b>Transaction ID:</b> SA11.4432</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>CONTRIBUTION</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>C.</b> Full Name (Last, First, Middle Initial) JOSHUA FILLER</p> <p>Mailing Address 1711 MASSACHUSETTS AVENUE NW APT.20</p> <p>City State Zip Code WASHINGTON DC 20036-2101</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation FILLER SECURITY STRATEGIE-S, INC. CONSULTANT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 14 / 2011</span></p> <p><b>Transaction ID:</b> SA11.4499</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>CONTRIBUTION</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">450.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 8 / 50  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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.** Full Name (Last, First, Middle Initial)  
JOSEPH FRANCH

Mailing Address 18 DEVON DRIVE

City State Zip Code  
NEW HOPE PA 18938-9210

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

Name of Employer Occupation  
FRANCH CONSULTING CONSULTING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 04 / 2011

Transaction ID: SA11.4434

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM FRANK

Mailing Address 328 N SEA LAKE LANE

City State Zip Code  
PONTE VEDRA BEACH FL 32082-4755

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

Name of Employer Occupation  
PAYCHEX INC ACCOUNT EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2011

Transaction ID: SA11.4500

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
KENNETH C. GRIFFIN

Mailing Address 800 N MICHIGAN AVENUE, 67PH

City State Zip Code  
CHICAGO IL 60611-2105

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

Name of Employer Occupation  
CITADEL INVESTMENT GROUP CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2011

Transaction ID: SA11.4471

Amount of Each Receipt this Period  
300000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300750.00

**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 9 / 50  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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.**

Full Name (Last, First, Middle Initial) FRED S. KLIPSCH		Date of Receipt MM / DD / YYYY 07 / 26 / 2011
Mailing Address 3502 WOODVIEW TRCE STE. 200		Transaction ID: SA11.4469
City INDIANAPOLIS	State IN	Zip Code 46268-3182
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer KLIPSCH & ASSOCIATES	Occupation CEO	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) KENNETH G. LANGONE		Date of Receipt MM / DD / YYYY 07 / 14 / 2011
Mailing Address 375 PARK AVENUE STE. 2205		Transaction ID: SA11.4468
City NEW YORK	State NY	Zip Code 10152-2201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25000.00
Name of Employer INVEMED ASSOCIATES	Occupation CHAIRMAN, PRESIDENT & CEO	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

**C.**

Full Name (Last, First, Middle Initial) KADE L. MATTHEWS		Date of Receipt MM / DD / YYYY 08 / 03 / 2011
Mailing Address P.O. BOX 1170		Transaction ID: SA11.4472
City CLARENDON	State TX	Zip Code 79226-1170
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20000.00
Name of Employer SELF-EMPLOYED	Occupation RANCHER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>50000.00</b>
<b>TOTAL</b> 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 / 50  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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.**

Full Name (Last, First, Middle Initial) THOMAS E. MCINERNEY		Date of Receipt MM / DD / YYYY 07 / 14 / 2011
Mailing Address 16 BLUFF COURT		Transaction ID: SA11.4467
City WESTPORT	State CT	Zip Code 06880-6902
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50000.00
Name of Employer BLUFF POINT ASSOCIATES	Occupation INVESTOR	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

**B.**

Full Name (Last, First, Middle Initial) RICHARD NIMON		Date of Receipt MM / DD / YYYY 07 / 18 / 2011
Mailing Address 3033 HEATHERHILL DR SE		Transaction ID: SA11.4509
City HUNTSVILLE	State AL	Zip Code 35802-1138
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer ARMY	Occupation MANAGER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) BOB J. PERRY		Date of Receipt MM / DD / YYYY 08 / 24 / 2011
Mailing Address P.O. BOX 34153		Transaction ID: SA11.4514
City HOUSTON	State TX	Zip Code 77234-4153
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000000.00
Name of Employer PERRY HOMES	Occupation HOME BUILDER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2050250.00
<b>TOTAL</b> 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 11 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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

<b>A.</b>	Full Name (Last, First, Middle Initial) THOMAS SCOTT	Date of Receipt MM / DD / YYYY 07 / 15 / 2011
	Mailing Address 1403 KNOX VALLEY DR.	<b>Transaction ID:</b> SA11.4475
	City State Zip Code BRENTWOOD TN 37027-7123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer AMSURG	Occupation ACCOUNTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) THOMAS SCOTT	Date of Receipt MM / DD / YYYY 07 / 22 / 2011
	Mailing Address 1403 KNOX VALLEY DR.	<b>Transaction ID:</b> SA11.4476
	City State Zip Code BRENTWOOD TN 37027-7123	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer AMSURG	Occupation ACCOUNTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) THOMAS SCOTT	Date of Receipt MM / DD / YYYY 08 / 05 / 2011
	Mailing Address 1403 KNOX VALLEY DR.	<b>Transaction ID:</b> SA11.4477
	City State Zip Code BRENTWOOD TN 37027-7123	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer AMSURG	Occupation ACCOUNTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	55.00
<b>TOTAL</b> 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 12 / 50  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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.** Full Name (Last, First, Middle Initial)  
THOMAS SCOTT

Mailing Address 1403 KNOX VALLEY DR.

City State Zip Code  
BRENTWOOD TN 37027-7123

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

Name of Employer Occupation  
AMSURG ACCOUNTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2011

Transaction ID: SA11.4478

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM WITTER

Mailing Address 234 S. 68 STREET

City State Zip Code  
BOULDER CO 80303-4305

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

Name of Employer Occupation  
RENTSCHLER & WITTER, LLC MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2011

Transaction ID: SA11.4486

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
WEAVER POPCORN COMPANY, INC.

Mailing Address 9850 WESTPOINT DRIVE  
STE. 100

City State Zip Code  
INDIANAPOLIS IN 46256-3365

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200000.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2011

Transaction ID: SA11.4470

Amount of Each Receipt this Period  
200000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	201010.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2602515.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 50	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Crossroads Media, LLC		Date of Receipt
	Mailing Address 66 Canal Center Plaza Ste. 555		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="108856.17"/>	Transaction ID: Offset01
			Amount of Each Receipt this Period <input type="text" value="108856.17"/>
			Vendor Refund

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="108856.17"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="108856.17"/>

**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

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.	Full Name (Last, First, Middle Initial) Gregory Carey	Transaction ID: 10275 Date of Disbursement 07 / 15 / 2011
	Mailing Address 7543 Flamewood Drive	Amount of Each Disbursement this Period 1102.14
	City Clarksville State MD Zip Code 21029	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Gregory Carey	Transaction ID: 10299 Date of Disbursement 07 / 29 / 2011
	Mailing Address 7543 Flamewood Drive	Amount of Each Disbursement this Period 1102.15
	City Clarksville State MD Zip Code 21029	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gregory Carey	Transaction ID: 10306 Date of Disbursement 08 / 15 / 2011
	Mailing Address 7543 Flamewood Drive	Amount of Each Disbursement this Period 1102.14
	City Clarksville State MD Zip Code 21029	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3306.43</b>
<b>TOTAL</b> 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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jonathan Collegio</p> <p>Mailing Address 421 E Columbia Street</p> <p>City Falls Church State VA Zip Code 22046</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10276</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1648.08"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Jonathan Collegio</p> <p>Mailing Address 421 E Columbia Street</p> <p>City Falls Church State VA Zip Code 22046</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10290</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="921.08"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Jonathan Collegio</p> <p>Mailing Address 421 E Columbia Street</p> <p>City Falls Church State VA Zip Code 22046</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10307</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1648.07"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4217.23"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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

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.	Full Name (Last, First, Middle Initial) Caleb Crosby	Transaction ID: 5465 Date of Disbursement
	Mailing Address 8 Alden Lane	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
	City Mountain Brook State AL Zip Code 35213	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursement, travel	<input type="text" value="376.82"/>
	Candidate Name	Category/Type
	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:	

B.	Full Name (Last, First, Middle Initial) Jennifer Fay	Transaction ID: 10308 Date of Disbursement
	Mailing Address 811 4th Street, NW Unit 309	<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="778.97"/>
	Candidate Name	Category/Type
	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:	

C.	Full Name (Last, First, Middle Initial) Leslie Hagar	Transaction ID: 10277 Date of Disbursement
	Mailing Address 425 S Hubbards Lane, #229 Apt. 710	<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City Louisville State KY Zip Code 40207	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="428.81"/>
	Candidate Name	Category/Type
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1584.60"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

PAGE 17 / 50

<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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Leslie Hagar</p> <p>Mailing Address 425 S Hubbards Lane, #229 Apt. 710</p> <p>City Louisville State KY Zip Code 40207</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10291 <b>Date of Disbursement</b> 07 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 428.80</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Leslie Hagar</p> <p>Mailing Address 425 S Hubbards Lane, #229 Apt. 710</p> <p>City Louisville State KY Zip Code 40207</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10309 <b>Date of Disbursement</b> 08 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 428.81</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Steven Law</p> <p>Mailing Address 7726 Falstaff Road</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10278 <b>Date of Disbursement</b> 07 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 3455.54</p>

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

4313.15

**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

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.	Full Name (Last, First, Middle Initial) Steven Law	Transaction ID: 10292 Date of Disbursement 07 / 29 / 2011
	Mailing Address 7726 Falstaff Road	Amount of Each Disbursement this Period 2761.55
	City McLean State VA Zip Code 22102	
	Purpose of Disbursement Payroll	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:	

B.	Full Name (Last, First, Middle Initial) Steven Law	Transaction ID: 10310 Date of Disbursement 08 / 15 / 2011
	Mailing Address 7726 Falstaff Road	Amount of Each Disbursement this Period 3455.54
	City McLean State VA Zip Code 22102	
	Purpose of Disbursement Payroll	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:	

C.	Full Name (Last, First, Middle Initial) Amy Leedecke	Transaction ID: 10279 Date of Disbursement 07 / 15 / 2011
	Mailing Address 632 Independence Avenue, SE	Amount of Each Disbursement this Period 2440.03
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Payroll	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8657.12
<b>TOTAL</b> 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)

PAGE 19 / 50

<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

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.	Full Name (Last, First, Middle Initial) Amy Leedecke	Transaction ID: 10293 Date of Disbursement 07 / 29 / 2011
	Mailing Address 632 Independence Avenue, SE	Amount of Each Disbursement this Period 2440.02
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Amy Leedecke	Transaction ID: 10311 Date of Disbursement 08 / 15 / 2011
	Mailing Address 632 Independence Avenue, SE	Amount of Each Disbursement this Period 2440.03
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chris McInerney	Transaction ID: 10280 Date of Disbursement 07 / 15 / 2011
	Mailing Address 2914 S Buchanan Street	Amount of Each Disbursement this Period 3954.58
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8834.63</b>
<b>TOTAL</b> 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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Chris McInerney</p> <p>Mailing Address 2914 S Buchanan Street</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10294</p> <p>Date of Disbursement 07 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 3954.58</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Chris McInerney</p> <p>Mailing Address 2914 S Buchanan Street</p> <p>City Arlington State VA Zip Code 22206</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10312</p> <p>Date of Disbursement 08 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 3954.59</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Stephen Meyer</p> <p>Mailing Address 2607 Tulip Drive</p> <p>City Richardson State TX Zip Code 75082</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10267</p> <p>Date of Disbursement 07 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 463.57</p>

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

8372.74

**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)

PAGE 21 / 50

<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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Stephen Meyer</p> <p>Mailing Address 2607 Tulip Drive</p> <p>City Richardson State TX Zip Code 75082</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10281</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="463.07"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Stephen Meyer</p> <p>Mailing Address 2607 Tulip Drive</p> <p>City Richardson State TX Zip Code 75082</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10282</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="463.06"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Stephen Meyer</p> <p>Mailing Address 2607 Tulip Drive</p> <p>City Richardson State TX Zip Code 75082</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10295</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="463.07"/></p>

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

**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)

PAGE 22 / 50

<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

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.	Full Name (Last, First, Middle Initial) John Milam	Transaction ID: 10283 Date of Disbursement 07 / 15 / 2011
	Mailing Address 2666 Northplace Drive	Amount of Each Disbursement this Period 1126.02
	City Tupelo State MS Zip Code 38804	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) John Milam	Transaction ID: 10296 Date of Disbursement 07 / 29 / 2011
	Mailing Address 2666 Northplace Drive	Amount of Each Disbursement this Period 1126.01
	City Tupelo State MS Zip Code 38804	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) John Milam	Transaction ID: 10313 Date of Disbursement 08 / 15 / 2011
	Mailing Address 2666 Northplace Drive	Amount of Each Disbursement this Period 1126.02
	City Tupelo State MS Zip Code 38804	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3378.05</b>
<b>TOTAL</b> 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)

PAGE 23 / 50

<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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Brandon Mills</p> <p>Mailing Address 1047 N Monroe St.</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10284 <b>Date of Disbursement</b> 07 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 1500.43</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Brandon Mills</p> <p>Mailing Address 1047 N Monroe St.</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10297 <b>Date of Disbursement</b> 07 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 1500.42</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Brandon Mills</p> <p>Mailing Address 1047 N Monroe St.</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10314 <b>Date of Disbursement</b> 08 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 1500.43</p>

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

4501.28

**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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Andrew Moore</p> <p>Mailing Address 2400 M Street, NW Apt. 419</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10315</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1166.26"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paul Mouton</p> <p>Mailing Address PO Box 545</p> <p>City Carthage State MO Zip Code 64836</p> <p>Purpose of Disbursement Consulting, Research Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5460</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jennifer Mueller</p> <p>Mailing Address 1700 Q Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10316</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1419.18"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7585.44"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kelly Nallen</p> <p>Mailing Address 16 5th Street, SE #201</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10285</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.22"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kelly Nallen</p> <p>Mailing Address 16 5th Street, SE #201</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10298</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.23"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kelly Nallen</p> <p>Mailing Address 16 5th Street, SE #201</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10317</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.22"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="900.67"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

PAGE 26 / 50

<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

Any Information copied from such Reports and Statements and 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kelly Nallen</p> <p>Mailing Address 16 5th Street, SE #201</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Reimb., travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5437</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="358.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Theodore Tanzer</p> <p>Mailing Address 221 3rd Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> WIRE81711</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="1187.93"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ACCION International</p> <p>Mailing Address 1401 New York Avenue, NW Suite 500</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Office Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5439</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="4500.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6045.93"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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

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.** Full Name (Last, First, Middle Initial) **Transaction ID:** 5463  
ACCION International Date of Disbursement

Mailing Address 1401 New York Avenue, NW  
Suite 500

/   /

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement  
Office Rent

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**B.** Full Name (Last, First, Middle Initial) **Transaction ID:** 5440  
Allied Telecom Date of Disbursement

Mailing Address 1120 20th Street, NW  
Ste. 500-S

/   /

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

Purpose of Disbursement  
Internet & Telephone

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**C.** Full Name (Last, First, Middle Initial) **Transaction ID:** 5444  
Allied Telecom Date of Disbursement

Mailing Address 1120 20th Street, NW  
Ste. 500-S

/   /

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

Purpose of Disbursement  
Internet & Telephone

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

**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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Allied Telecom</p> <p>Mailing Address 1120 20th Street, NW Ste. 500-S</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Internet &amp; Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5473</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="450.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Action Network</p> <p>Mailing Address 1401 New York Avenue, NW Ste. 1200</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Voided Check, originally issued 12/31/10</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> Void082411</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="-100.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Arena Communications</p> <p>Mailing Address 1780 W Sequoia Circle</p> <p>City Salt Lake City State UT Zip Code 84104</p> <p>Purpose of Disbursement See Schedule E</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 082211</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="-14751.12"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="-14401.12"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

PAGE 29 / 50

<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

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.	Full Name (Last, First, Middle Initial) Arena Communications	Transaction ID: 082411 Date of Disbursement																			
	Mailing Address 1780 W Sequoia Circle	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	4		2	0	1	1												
	City Salt Lake City State UT Zip Code 84104	Amount of Each Disbursement this Period																			
	Purpose of Disbursement See Schedule E	<table border="1"><tr><td>-14751.12</td></tr></table>	-14751.12																		
-14751.12																					
	Candidate Name	Category/Type																			
	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:																				

B.	Full Name (Last, First, Middle Initial) Arena Communications	Transaction ID: 2Wire081911 Date of Disbursement																			
	Mailing Address 1780 W Sequoia Circle	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	1	1												
	City Salt Lake City State UT Zip Code 84104	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Postage, Printing/Production	<table border="1"><tr><td>14751.12</td></tr></table>	14751.12																		
14751.12																					
	Candidate Name	Category/Type																			
	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:																				

C.	Full Name (Last, First, Middle Initial) Arena Communications	Transaction ID: Wire082311 Date of Disbursement																			
	Mailing Address 1780 W Sequoia Circle	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	3		2	0	1	1												
	City Salt Lake City State UT Zip Code 84104	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Postage, Printing/Production	<table border="1"><tr><td>21683.24</td></tr></table>	21683.24																		
21683.24																					
	Candidate Name	Category/Type																			
	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:	See Schedule E on 30S Report																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>21683.24</td></tr></table>	21683.24
21683.24		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Arena Communications</p> <p>Mailing Address 1780 W Sequoia Circle</p> <p>City Salt Lake City State UT Zip Code 84104</p> <p>Purpose of Disbursement Postage, Printing/Production</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> Wire81911</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="14751.12"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Black Rock Group, LLC</p> <p>Mailing Address 66 Canal Center Plaza Ste. 555</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Consulting, advocacy communication</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5429</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2496.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Black Rock Group, LLC</p> <p>Mailing Address 66 Canal Center Plaza Ste. 555</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Consulting, advocacy communication</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5455</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3068.00"/></p>

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

**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

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.	Full Name (Last, First, Middle Initial) Brook Furniture Rental	Transaction ID: 5445 Date of Disbursement
	Mailing Address 24997 Network Place	<input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Chicago State IL Zip Code 60673	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Furniture Rental	<input type="text" value="634.84"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Brook Furniture Rental	Transaction ID: 5469 Date of Disbursement
	Mailing Address 24997 Network Place	<input type="text" value="08"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Chicago State IL Zip Code 60673	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Furniture Rental	<input type="text" value="634.84"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Capitol Computer Experts	Transaction ID: 5430 Date of Disbursement
	Mailing Address 9700-G M. L. King Jr. Highway	<input type="text" value="07"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Lanham State MD Zip Code 20706	Amount of Each Disbursement this Period
	Purpose of Disbursement Computer Technical Support	<input type="text" value="571.34"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1841.02"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

PAGE 32 / 50

<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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Capitol Computer Experts Mailing Address 9700-G M. L. King Jr. Highway City Lanham State MD Zip Code 20706 Purpose of Disbursement Computer Technical Support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5446 Date of Disbursement 07 / 14 / 2011
	Amount of Each Disbursement this Period 312.59

<b>B.</b> Full Name (Last, First, Middle Initial) Capitol Computer Experts Mailing Address 9700-G M. L. King Jr. Highway City Lanham State MD Zip Code 20706 Purpose of Disbursement Computer Tech Support & Equip. Purchase Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5452 Date of Disbursement 07 / 25 / 2011
	Amount of Each Disbursement this Period 4938.50

<b>C.</b> Full Name (Last, First, Middle Initial) Capitol Computer Experts Mailing Address 9700-G M. L. King Jr. Highway City Lanham State MD Zip Code 20706 Purpose of Disbursement Computer Tech Support & Soft. Purchase Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5457 Date of Disbursement 08 / 03 / 2011
	Amount of Each Disbursement this Period 1576.75

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6827.84</b>
<b>TOTAL</b> 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)

PAGE 33 / 50

<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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Capitol Computer Experts Mailing Address 9700-G M. L. King Jr. Highway City Lanham State MD Zip Code 20706 Purpose of Disbursement Computer Tech Support & Equip. Purchase Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5470 Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2011
	Amount of Each Disbursement this Period 2469.25

<b>B.</b> Full Name (Last, First, Middle Initial) CareFirst, Blue Cross Blue Shield Mailing Address PO Box 79749 City Baltimore State MD Zip Code 21279-749 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5456 Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2011
	Amount of Each Disbursement this Period 4174.00

<b>C.</b> Full Name (Last, First, Middle Initial) CFL Associates Mailing Address 4189 Four Mile Run Drive #404 City Arlington State VA Zip Code 22204 Purpose of Disbursement Consulting, Donor Development Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5431 Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2011
	Amount of Each Disbursement this Period 2000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8643.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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

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.

Full Name (Last, First, Middle Initial)  
CFL Associates

Transaction ID: 5464  
Date of Disbursement

Mailing Address 4189 Four Mile Run Drive  
#404

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

City Arlington State VA Zip Code 22204

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Consulting, Donor Development

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Clark Schaefer Hackett

Transaction ID: 10318  
Date of Disbursement

Mailing Address 160 North Breiel Blvd.

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	1

City Middleton State OH Zip Code 45042

Amount of Each Disbursement this Period

80.00
-------

Purpose of Disbursement  
Payroll Processing

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
CNA Insurance

Transaction ID: 5432  
Date of Disbursement

Mailing Address PO Box 382033

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	1	1

City Pittsburgh State PA Zip Code 15250

Amount of Each Disbursement this Period

1827.00
---------

Purpose of Disbursement  
Insurance

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3907.00
---------

**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)

PAGE 35 / 50

<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

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.	Full Name (Last, First, Middle Initial) Department of Employment Services	Transaction ID: 10301 Date of Disbursement
	Mailing Address PO Box 9664	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20090	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes Candidate Name	<input type="text" value="762.43"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Financial Agent	Transaction ID: 10287 Date of Disbursement
	Mailing Address PO Box 970030	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="15"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/> <input type="text" value="11"/>
	City St. Louis State MO Zip Code 63197	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes Candidate Name	<input type="text" value="5601.36"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Financial Agent	Transaction ID: 10302 Date of Disbursement
	Mailing Address PO Box 970030	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="11"/> <input type="text" value="11"/> <input type="text" value="11"/>
	City St. Louis State MO Zip Code 63197	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes Candidate Name	<input type="text" value="5499.32"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="11863.11"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Financial Agent <hr/> Mailing Address PO Box 970030 <hr/> City St. Louis State MO Zip Code 63197 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10319 Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2011
	Amount of Each Disbursement this Period 6342.22

<b>B.</b> Full Name (Last, First, Middle Initial) Frank Parsons, Inc. <hr/> Mailing Address PO Box 759070 <hr/> City Baltimore State MD Zip Code 21275 <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5467 Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2011
	Amount of Each Disbursement this Period 268.16

<b>C.</b> Full Name (Last, First, Middle Initial) Gravity, LLC <hr/> Mailing Address 450 Massachusetts Avenue, NW #1411 <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Survey & Polling Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5458 Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2011
	Amount of Each Disbursement this Period 5000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>11610.38</b>
<b>TOTAL</b> 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

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.	Full Name (Last, First, Middle Initial) Hackney & Hackney <hr/> Mailing Address 1407 W 31st Avenue Ste. 100 <hr/> City Anchorage State AK Zip Code 99503 <hr/> Purpose of Disbursement Radio Production <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5442 Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2011	Amount of Each Disbursement this Period 2123.00
B.	Full Name (Last, First, Middle Initial) HoltzmanVogel, PLLC <hr/> Mailing Address 45 North Hill Drive Ste. 100 <hr/> City Warrenton State VA Zip Code 20186 <hr/> Purpose of Disbursement Legal Fees <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5474 Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2011	Amount of Each Disbursement this Period 34303.50
C.	Full Name (Last, First, Middle Initial) HoltzmanVogel, PLLC <hr/> Mailing Address 45 North Hill Drive Ste. 100 <hr/> City Warrenton State VA Zip Code 20186 <hr/> Purpose of Disbursement Legal Fees <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5477 Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2011	Amount of Each Disbursement this Period 28768.75

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

**65195.25**

**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

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.	Full Name (Last, First, Middle Initial) Kintera Blackbud	Transaction ID: Credit08242011 Date of Disbursement 08 / 24 / 2011
	Mailing Address 2000 Daniel Island Drive	Amount of Each Disbursement this Period 261.41
	City Charleston State SC Zip Code 29492	
	Purpose of Disbursement Website contribution fees	
	Candidate Name	Category/Type
	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:	

B.	Full Name (Last, First, Middle Initial) Konica Minolta	Transaction ID: 5447 Date of Disbursement 07 / 14 / 2011
	Mailing Address Dept. 19188	Amount of Each Disbursement this Period 206.42
	City Palatine State IL Zip Code 60055	
	Purpose of Disbursement Equipment Lease	
	Candidate Name	Category/Type
	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:	

C.	Full Name (Last, First, Middle Initial) Konica Minolta	Transaction ID: 5468 Date of Disbursement 08 / 04 / 2011
	Mailing Address Dept. 19188	Amount of Each Disbursement this Period 221.50
	City Palatine State IL Zip Code 60055	
	Purpose of Disbursement Equipment Lease	
	Candidate Name	Category/Type
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>689.33</b>
<b>TOTAL</b> 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

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.	Full Name (Last, First, Middle Initial) MAXimum Compliance, LLC	Transaction ID: 5448 Date of Disbursement
	Mailing Address 4703 Woodway Lane, NW	<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20016	Amount of Each Disbursement this Period
	Purpose of Disbursement Bookkeeping & Compliance	<input type="text" value="4251.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MB Public Affairs	Transaction ID: 5478 Date of Disbursement
	Mailing Address 1215 K Street #790	<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement Research Services	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mckenna & Associates	Transaction ID: 5436 Date of Disbursement
	Mailing Address 2321 North Kentucky St.	<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
	City Arlington State VA Zip Code 22205	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting, Donor Development	<input type="text" value="7500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12751.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MDC &amp; Associates, Inc.</p> <p>Mailing Address 1701 Esquire Lane</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Bookkeeping &amp; Compliance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5459</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6609.78"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mellon Bank</p> <p>Mailing Address PO Box 535161</p> <p>City Pittsburgh State PA Zip Code 15253</p> <p>Purpose of Disbursement Health Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> Wire_082211</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12060.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Merchant Payment Services</p> <p>Mailing Address 7300 Chapman Highway</p> <p>City Knoxville State TN Zip Code 37920</p> <p>Purpose of Disbursement Credit Card Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> Debit01</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="55.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="18724.78"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# 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

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.	Full Name (Last, First, Middle Initial) Merchant Payment Services	Transaction ID: Debit02 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing	<input type="text" value="55.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Office of Tax and Revenue	Transaction ID: 10304 Date of Disbursement
	Mailing Address PO Box 96385	<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20090	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1402.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Old Dominion Research Group	Transaction ID: 5475 Date of Disbursement
	Mailing Address PO Box 151444	<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City Alexandria State VA Zip Code 22315	Amount of Each Disbursement this Period
	Purpose of Disbursement Research Services	<input type="text" value="11000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12457.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Principal Financial Group <hr/> Mailing Address 711 High Street <hr/> City Des Moines State IA Zip Code 50392 <hr/> Purpose of Disbursement Insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5472 Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2011
	Amount of Each Disbursement this Period 367.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Public Pulse Research <hr/> Mailing Address 16100 Chesterfield Parkway West Ste. 175 <hr/> City Chesterfield State MO Zip Code 63017 <hr/> Purpose of Disbursement Voided Check, orig. issued on 6/22/11 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: Void01 Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2011
	Amount of Each Disbursement this Period -5000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Sales Media <hr/> Mailing Address 9010 S 10th Street <hr/> City Phoenix State AZ Zip Code 85042 <hr/> Purpose of Disbursement Web Production Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5443 Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2011
	Amount of Each Disbursement this Period 7000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2367.00
<b>TOTAL</b> 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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rock Creek Advisors LLC</p> <p>Mailing Address PO Box 4963</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Consulting, Donor Development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5438</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) System Parking</p> <p>Mailing Address 2300 M Street, NW #900</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Office Parking</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5451</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Targeted Victory</p> <p>Mailing Address 66 Canal Center Plaza Ste. 501</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Website Hosting &amp; Maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5449</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6000.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Targeted Victory</p> <p>Mailing Address 66 Canal Center Plaza Ste. 501</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Website Hosting &amp; Maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5476 <b>Date of Disbursement</b> 08 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 6000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Virginia Department of Taxation</p> <p>Mailing Address PO Box 27264</p> <p>City Richmond State VA Zip Code 23261</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10288 <b>Date of Disbursement</b> 07 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 377.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Virginia Department of Taxation</p> <p>Mailing Address PO Box 27264</p> <p>City Richmond State VA Zip Code 23261</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10305 <b>Date of Disbursement</b> 07 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 377.00</p>

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

6754.00

**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)

PAGE 45 / 50

<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

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.	Full Name (Last, First, Middle Initial) Virginia Department of Taxation	Transaction ID: 10320 Date of Disbursement 08 / 15 / 2011
	Mailing Address PO Box 27264	
	City Richmond State VA Zip Code 23261	Amount of Each Disbursement this Period 377.00
	Purpose of Disbursement Payroll Taxes	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: SB21CCP.2 Date of Disbursement 08 / 03 / 2011
	Mailing Address PO Box 4513	
	City Carol Stream State IL Zip Code 60197	Amount of Each Disbursement this Period 2490.34
	Purpose of Disbursement Credit Card Payment	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CDMI	Transaction ID: SC21CCD.5 Date of Disbursement 08 / 03 / 2011
	Mailing Address 7704 Leesburg Pike	
	City Falls Church State VA Zip Code 22043	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Database Management	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2867.34
<b>TOTAL</b> 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)

PAGE 46 / 50

<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

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.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: SC21CCD.7 Date of Disbursement 08 / 03 / 2011
	Mailing Address 942 S Shady Grove Road	Amount of Each Disbursement this Period 256.28
	City Memphis State TN Zip Code 38120	
	Purpose of Disbursement Shipping	[MEMO ITEM]
	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:	

B.	Full Name (Last, First, Middle Initial) United	Transaction ID: SC21CCD.4 Date of Disbursement 08 / 03 / 2011
	Mailing Address PO Box 66100	Amount of Each Disbursement this Period 1278.80
	City Chicago State IL Zip Code 60666	
	Purpose of Disbursement Airfare	[MEMO ITEM]
	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:	

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: SB21CCP.3 Date of Disbursement 08 / 23 / 2011
	Mailing Address PO Box 4513	Amount of Each Disbursement this Period 425.00
	City Carol Stream State IL Zip Code 60197	
	Purpose of Disbursement Credit Card Payment - See Memo Entries	[MEMO ITEM]
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	425.00
<b>TOTAL</b> 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)

PAGE 47 / 50

<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

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.	Full Name (Last, First, Middle Initial) United	Transaction ID: SC21CCD.13 Date of Disbursement 08 / 23 / 2011
	Mailing Address PO Box 66100	Amount of Each Disbursement this Period 425.00
	City Chicago State IL Zip Code 60666	
	Purpose of Disbursement Airfare	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: SB21CCP.4 Date of Disbursement 08 / 23 / 2011
	Mailing Address PO Box 4513	Amount of Each Disbursement this Period 29.00
	City Carol Stream State IL Zip Code 60197	
	Purpose of Disbursement Credit Card Payment - See Memo Entries	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SC21CCD.14 Date of Disbursement 08 / 23 / 2011
	Mailing Address PO Box 6416	Amount of Each Disbursement this Period 29.00
	City Carol Stream State IL Zip Code 60197	
	Purpose of Disbursement Data Plan	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	29.00
<b>TOTAL</b> This Period (last page this line number only) .....	273648.39

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER <b>C</b> C00487363
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

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

Mailing Address  
1780 W Sequoia Vista Circle

City Salt Lake City	State UT	Zip Code 84104
------------------------	-------------	-------------------

Purpose of Expenditure Postage, Printing/Production	Category/Type
--------------------------------------------------------	---------------

Name of Federal Candidate supported or Opposed by expenditure:  
Kate Marshall

Calendar Year-To-Date Per Election for Office Sought	119502.24
------------------------------------------------------	-----------

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

Mailing Address  
1780 W Sequoia Vista Circle

City Salt Lake City	State UT	Zip Code 84104
------------------------	-------------	-------------------

Purpose of Expenditure Postage, Printing/Production	Category/Type
--------------------------------------------------------	---------------

Name of Federal Candidate supported or Opposed by expenditure:  
Mark Amodei

Calendar Year-To-Date Per Election for Office Sought	119502.24
------------------------------------------------------	-----------

Date  
MM / DD / YYYY  
08 / 22 / 2011

Amount  
7375.56

Transaction ID: E.001

Office Sought:  House State: NV  
 Senate District: 02  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : Special General 2011

48-Hour Notice filed on 8/24/2011

Date  
MM / DD / YYYY  
08 / 22 / 2011

Amount  
7375.56

Transaction ID: E.002

Office Sought:  House State: NV  
 Senate District: 02  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : Special General 2011

48-Hour Notice filed on 8/24/2011

(a) SUBTOTAL of Itemized Independent Expenditures .....	14751.12
(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.

Margee Clancy  
Signature

Date MM / DD / YYYY  
09 / 01 / 2011

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER <b>C</b> C00487363
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

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

---

Mailing Address  
1780 W Sequoia Vista Circle

---

City Salt Lake City	State NV	Zip Code 84104
------------------------	-------------	-------------------

---

Purpose of Expenditure Postage, Printing/Production	Category/Type
--------------------------------------------------------	---------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Kate Marshall

---

Calendar Year-To-Date Per Election for Office Sought	119502.24
------------------------------------------------------	-----------

Date  
08 / 24 / 2011

Amount  
7375.56

Transaction ID: E.003

Office Sought:  House State: NV  
 Senate District: 02  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : Special General 2011

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

---

Mailing Address  
1780 W Sequoia Vista Circle

---

City Salt Lake City	State UT	Zip Code 84104
------------------------	-------------	-------------------

---

Purpose of Expenditure Postage, Printing/Production	Category/Type
--------------------------------------------------------	---------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Mark Amodei

---

Calendar Year-To-Date Per Election for Office Sought	119502.24
------------------------------------------------------	-----------

Date  
08 / 24 / 2011

Amount  
7375.56

Transaction ID: E.004

Office Sought:  House State: NV  
 Senate District: 02  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : Special General 2011

(a) SUBTOTAL of Itemized Independent Expenditures .....	14751.12
(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.

Margee Clancy  
Signature

Date 09 / 01 / 2011

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER <b>C</b> C00487363
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

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

---

Mailing Address  
PO Box 2187

---

City Arlington	State VA	Zip Code 22202
-------------------	-------------	-------------------

---

Purpose of Expenditure Website Production/O- nline Advertising	Category/ Type
----------------------------------------------------------------------	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Kate Marshall

---

Calendar Year-To-Date Per Election for Office Sought	119502.24
---------------------------------------------------------	-----------

Date  
08 / 24 / 2011

Amount  
75000.00

Transaction ID: E.005

Office Sought:  House State: NV  
 Senate District: 02  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : Special General  
2011

Full Name (Last, First, Middle, Initial) of Payee  
Wilson-Grand Communications

---

Mailing Address  
429 N St. Asaph Street

---

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

---

Purpose of Expenditure Web Video Production	Category/ Type
------------------------------------------------	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Kate Marshall

---

Calendar Year-To-Date Per Election for Office Sought	119502.24
---------------------------------------------------------	-----------

Date  
08 / 24 / 2011

Amount  
15000.00

Transaction ID: E.006

Office Sought:  House State: NV  
 Senate District: 02  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : Special General  
2011

(a) SUBTOTAL of Itemized Independent Expenditures .....	90000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	119502.24

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.

Margee Clancy  
Signature

Date 09 / 01 / 2011