

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Crossroads

ADDRESS (number and street) 1401 New York Avenue NW Suite 1200 Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00487363 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on 09/13/2011 in the State of NV. (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on 09/13/2011 in the State of NV.

5. Covering Period 08/25/2011 through 10/03/2011

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

Type or Print Name of Treasurer Margee Clancy

Signature of Treasurer Margee Clancy [Electronically Filed] Date 10/13/2011

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

Office Use Only table with 10 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Crossroads

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value=""/>	<input type="text" value="758335.36"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5600691.51"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="36629.88"/>	<input type="text" value="6679887.46"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="5637321.39"/>	<input type="text" value="7438222.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="673804.71"/>	<input type="text" value="2474706.14"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4963516.68"/>	<input type="text" value="4963516.68"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Crossroads

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

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).....	12460.00	6512075.00
(ii) Unitemized	1890.00	9993.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14350.00	6522068.00
(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)	14350.00	6522068.00
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).....	22279.88	157819.46
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 Transfers (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))..... ▶	36629.88	6679887.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36629.88	6679887.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	467323.96	1458357.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	467323.96	1458357.45
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 Expenditures (use Schedule E)	206480.75	1016348.69
25. Coordinated Party Expenditures (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) Allocated 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)) ..	673804.71	2474706.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	673804.71	2474706.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	14350.00	6522068.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14350.00	6522068.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	467323.96	1458357.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	22279.88	157819.46
38. Net Operating Expenditures (subtract Line 37 from Line 36)	445044.08	1300537.99

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 84
(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

Full Name (Last, First, Middle Initial)
A. JOHN ATHERTON

Mailing Address 16 COACHLIGHT DRIVE

City State Zip Code
POUGHKEEPSIE NY 12603-4241

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2011
Transaction ID : SA11.4550

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. LOREN BARR

Mailing Address 1431 SILVA DALE

City State Zip Code
ALAMO CA 94507-1144

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

Name of Employer Occupation
BARR & BARR ATTORNEYS ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : SA11.4522

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. THOMAS BEDDOW

Mailing Address 19 EDINBURGH LANE

City State Zip Code
PINEHURST NC 28374-6714

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

Name of Employer Occupation
INFO REQUESTED INFO REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2011
Transaction ID : SA11.4524

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 8 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)
A. EDWARD BERG

Mailing Address 100 CHATEAU LANE APT 57

City State Zip Code
HAWTHORNE NY 10532-1743

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

Name of Employer Occupation
NA RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2011
Transaction ID : SA11.4519

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. BRIAN DUNCAN

Mailing Address 2332 EVERGREEN ST

City State Zip Code
PAMPA TX 79065-2901

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

Name of Employer Occupation
SELF INSURANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2011
Transaction ID : SA11.4526

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. SUSAN JOHNSON

Mailing Address 411 WALNUT STREET #2001

City State Zip Code
GREEN COVE SPRINGS FL 32043-3443

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2011
Transaction ID : SA11.4515

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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: (check only one)	PAGE 9 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Crossroads

A. MR. JAMES B. ROGERS
Full Name (Last, First, Middle Initial)

Mailing Address 150 W FLAGLER STREET, STE 1400

City	State	Zip Code
MIAMI	FL	33130-1513

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

Name of Employer	Occupation
INFO REQUESTED	INFO REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2011

Transaction ID : SA11.4560

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. PHIL SCHLAEPFER
Full Name (Last, First, Middle Initial)

Mailing Address 407 DETWILLER LANE

City	State	Zip Code
BELLEVUE	WA	98004-6723

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

Name of Employer	Occupation
MERRILL LYNCH	INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2011

Transaction ID : SA11.4532

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

C. THOMAS SCOTT
Full Name (Last, First, Middle Initial)

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 ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011

Transaction ID : SA11.4548

Amount of Each Receipt this Period
 10.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6010.00
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: (check only one)	PAGE 10 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)
A. MICHAEL SMITH

Mailing Address 6134 WILLERS WAY

City HOUSTON State TX Zip Code 77057-2806

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

Name of Employer SOURCE ROCK RESOURCES, INC Occupation OIL AND GAS EXPLORATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : SA11.4518

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. PETER SWENSON

Mailing Address P.O. BOX 8

City TILDEN State TX Zip Code 78072-0008

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011

Transaction ID : SA11.4549

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. LONG-LEWIS, INC.

Mailing Address 2551 JOHN HAWKINS PARKWAY

City HOOVER State AL Zip Code 35244-3533

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

Name of Employer NA Occupation NA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2011

Transaction ID : SA11.4553

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	12460.00

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

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

FOR LINE NUMBER: PAGE 11 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)
A. Mentzer Media Services, Inc.
 Mailing Address 600 Fairmont Avenue, Ste 306
 City State Zip Code
 Towson MD 21286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : R.001
 Amount of Each Receipt this Period
 22279.88
 REFUND-MEDIA

Full Name (Last, First, Middle Initial)
B.
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ 22279.88
TOTAL This Period (last page this line number only)..... ▶ 22279.88

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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. GREGORY CAREY

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2011

Transaction ID : 10321

Amount of Each Disbursement this Period

1102.15

Full Name (Last, First, Middle Initial)

B. GREGORY CAREY

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : 10338

Amount of Each Disbursement this Period

1102.14

Full Name (Last, First, Middle Initial)

C. GREGORY CAREY

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2011

Transaction ID : 10353

Amount of Each Disbursement this Period

1102.15

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

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

3306.44

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. JONATHAN COLLEGIO

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2011

Transaction ID : 10322

Amount of Each Disbursement this Period

921.08

Full Name (Last, First, Middle Initial)

B. JONATHAN COLLEGIO

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : 10339

Amount of Each Disbursement this Period

1648.08

Full Name (Last, First, Middle Initial)

C. JONATHAN COLLEGIO

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2011

Transaction ID : 10354

Amount of Each Disbursement this Period

921.07

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

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

3490.23

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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. JONATHAN COLLEGIO

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
REIMBURSEMENT TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2011

Transaction ID : 5521A

Amount of Each Disbursement this Period

118.42

Full Name (Last, First, Middle Initial)

B. JONATHAN COLLEGIO

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
REIMBURSEMENT, MEALS / PARKING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2011

Transaction ID : 5521B

Amount of Each Disbursement this Period

260.06

Full Name (Last, First, Middle Initial)

C. JONATHAN COLLEGIO

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
REIMBURSEMENT TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2011

Transaction ID : 5521C

Amount of Each Disbursement this Period

202.50

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

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

580.98

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. CALEB CROSBY

Mailing Address 8 Alden Lane

City Mountain Brook State AL Zip Code 35213

Purpose of Disbursement
BOOKKEEPING AND COMPLIANCE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	1

Transaction ID : 5511

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. JENNIFER FAY

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID : 10323

Amount of Each Disbursement this Period

7	7	8	.	9	8	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. JENNIFER FAY

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	1

Transaction ID : 10340

Amount of Each Disbursement this Period

7	7	8	.	9	7	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

5	5	5	7	.	9	5	0	0	0
---	---	---	---	---	---	---	---	---	---

7	7	8	.	9	7	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. JENNIFER FAY

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 10355

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. LESLIE HAGAR

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 10324

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. STEVEN LAW

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 10325

Amount of Each Disbursement this Period

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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. STEVEN LAW

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 10341

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. STEVEN LAW

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 10356

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. AMY LEEDECKE

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 10326

Amount of Each Disbursement this Period

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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. AMY LEEDECKE

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : 10342

Amount of Each Disbursement this Period

2440.02

Full Name (Last, First, Middle Initial)

B. AMY LEEDECKE

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2011

Transaction ID : 10357

Amount of Each Disbursement this Period

2440.03

Full Name (Last, First, Middle Initial)

C. CHRIS MCINERNEY

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2011

Transaction ID : 10327

Amount of Each Disbursement this Period

3954.58

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

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

8834.63

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. CHRIS MCINERNEY

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 10343

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CHRIS MCINERNEY

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 10358

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. JOHN MILAM

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 10328

Amount of Each Disbursement this Period

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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. JOHN MILAM

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 10344

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. JOHN MILAM

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 10359

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. BRANDON MILLS

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 10329

Amount of Each Disbursement this Period

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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. BRANDON MILLS

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : 10345

Amount of Each Disbursement this Period

1500.42

Full Name (Last, First, Middle Initial)

B. BRANDON MILLS

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2011

Transaction ID : 10360

Amount of Each Disbursement this Period

1500.43

Full Name (Last, First, Middle Initial)

C. ANDREW MOORE

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2011

Transaction ID : 10330

Amount of Each Disbursement this Period

1166.27

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

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

4167.12

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. ANDREW MOORE

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : 10346

Amount of Each Disbursement this Period

1166.26

Full Name (Last, First, Middle Initial)

B. ANDREW MOORE

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2011

Transaction ID : 10361

Amount of Each Disbursement this Period

1166.27

Full Name (Last, First, Middle Initial)

C. PAUL MOUTON

Mailing Address PO Box 545

City Carthage State MO Zip Code 64836

Purpose of Disbursement
CONSULTING, RESEARCH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2011

Transaction ID : 135

Amount of Each Disbursement this Period

5000.00

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

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

7332.53

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. PAUL MOUTON

Mailing Address PO Box 545

City Carthage State MO Zip Code 64836

Purpose of Disbursement
CONSULTING, RESEARCH

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	1

Transaction ID : 5524

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. JENNIFER MUELLER

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	1

Transaction ID : 10347

Amount of Each Disbursement this Period

1	4	1	9	.	1	9	.	1	9

Full Name (Last, First, Middle Initial)

C. JENNIFER MUELLER

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	1

Transaction ID : 10362

Amount of Each Disbursement this Period

1	4	1	9	.	1	8	.	1	8

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

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

7	8	3	8	.	3	7	.	7	8

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. JENNIFER MUELLER

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2011

Transaction ID : WIRE091211

Amount of Each Disbursement this Period

1419.18

Full Name (Last, First, Middle Initial)

B. KELLY NALLEN

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2011

Transaction ID : 10332

Amount of Each Disbursement this Period

300.23

Full Name (Last, First, Middle Initial)

C. KELLY NALLEN

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : 10348

Amount of Each Disbursement this Period

300.22

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

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

2019.63

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. KELLY NALLEN

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 10363

Amount of Each Disbursement this Period

300.23

Full Name (Last, First, Middle Initial)

B. THEODORE TANZER

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2011

Transaction ID : 10333

Amount of Each Disbursement this Period

1241.93

Full Name (Last, First, Middle Initial)

C. THEODORE TANZER

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : 10349

Amount of Each Disbursement this Period

1241.93

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

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

2784.09

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. THEODORE TANZER

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2011

Transaction ID : 10364

Amount of Each Disbursement this Period

1241.92

Full Name (Last, First, Middle Initial)

B. MATTHEW WALL

Mailing Address 1401 NEW YORK AVENUE, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2011

Transaction ID : 10369

Amount of Each Disbursement this Period

863.19

Full Name (Last, First, Middle Initial)

C. ACCION INTERNATIONAL

Mailing Address 1401 New York Avenue, NW
Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2011

Transaction ID : 121

Amount of Each Disbursement this Period

4500.00

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

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

6605.11

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. ADFERO GROUP, LLC

Mailing Address 1666 K Street, NW
Ste. 250

City Washington State DC Zip Code 20006

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2011

Transaction ID : 124

Amount of Each Disbursement this Period

2900.00

Full Name (Last, First, Middle Initial)

B. ALLIED TELECOM

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

City Washington State DC Zip Code 20036

Purpose of Disbursement
INTERNET AND TELEPHONE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2011

Transaction ID : 5480

Amount of Each Disbursement this Period

450.00

Full Name (Last, First, Middle Initial)

C. AMERICAN ACTION NETWORK

Mailing Address 1401 New York Avenue, NW
Ste. 1200

City Washington State DC Zip Code 20005

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2011

Transaction ID : WIRE-AANa

Amount of Each Disbursement this Period

25272.00

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

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

28622.00

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. AMERICAN ACTION NETWORK

Mailing Address 1401 New York Avenue, NW
Ste. 1200

City Washington State DC Zip Code 20005

Purpose of Disbursement
COMMUNICATIONS EQUIPMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2011

Transaction ID : WIRE-AANb

Amount of Each Disbursement this Period

3126.75

Full Name (Last, First, Middle Initial)

B. AMERICAN ACTION NETWORK

Mailing Address 1401 New York Avenue, NW
Ste. 1200

City Washington State DC Zip Code 20005

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2011

Transaction ID : WIRE-AANc

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

C. ARENA COMMUNICATIONS

Mailing Address 1780 W Sequoia Circle

City Salt Lake City State UT Zip Code 84104

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2011

Transaction ID : 127

Amount of Each Disbursement this Period

1000.00

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

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

4216.75

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. ARENA COMMUNICATIONS

Mailing Address 1780 W Sequoia Circle

City State Zip Code
Salt Lake City UT 84104

Purpose of Disbursement
SEE SCHEDULE E

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	26	/	2011

Transaction ID : WIRE082311-1

Amount of Each Disbursement this Period

-21683.24

EXPENDITURE PAID 08/23/11 (PRIOR REPORTING PERIOD)

Full Name (Last, First, Middle Initial)

B. ARENA COMMUNICATIONS

Mailing Address 1780 W Sequoia Circle

City State Zip Code
Salt Lake City UT 84104

Purpose of Disbursement
POSTAGE, PRINTING / PRODUCTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	29	/	2011

Transaction ID : WIRE082911

Amount of Each Disbursement this Period

26621.36

Full Name (Last, First, Middle Initial)

C. ARENA COMMUNICATIONS

Mailing Address 1780 W Sequoia Circle

City State Zip Code
Salt Lake City UT 84104

Purpose of Disbursement
SEE SCHEDULE E

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	31	/	2011

Transaction ID : WIRE082911-1

Amount of Each Disbursement this Period

-26621.36

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

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

-21683.24

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**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. ARENA COMMUNICATIONS

Mailing Address 1780 W Sequoia Circle

City State Zip Code
Salt Lake City UT 84104

Purpose of Disbursement
POSTAGE, PRINTING / PRODUCTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2011

Transaction ID : WIRE083111

Amount of Each Disbursement this Period

53242.72

Full Name (Last, First, Middle Initial)

B. ARENA COMMUNICATIONS

Mailing Address 1780 W Sequoia Circle

City State Zip Code
Salt Lake City UT 84104

Purpose of Disbursement
SEE SCHEDULE E

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2011

Transaction ID : WIRE083111-1

Amount of Each Disbursement this Period

-26621.36

Full Name (Last, First, Middle Initial)

C. ARENA COMMUNICATIONS

Mailing Address 1780 W Sequoia Circle

City State Zip Code
Salt Lake City UT 84104

Purpose of Disbursement
SEE SCHEDULE E

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2011

Transaction ID : WIRE083111-2

Amount of Each Disbursement this Period

-26621.36

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

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

0.00

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. ARENA COMMUNICATIONS

Mailing Address 1780 W Sequoia Circle

City State Zip Code
Salt Lake City UT 84104

Purpose of Disbursement
POSTAGE, PRINTING / PRODUCTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2011

Transaction ID : WIRE82511

Amount of Each Disbursement this Period

21684.24

B. ARENA COMMUNICATIONS

Full Name (Last, First, Middle Initial)

Mailing Address 1780 W Sequoia Circle

City State Zip Code
Salt Lake City UT 84104

Purpose of Disbursement
SEE SCHEDULE E

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2011

Transaction ID : WIRE82511-1

Amount of Each Disbursement this Period

-21684.24

C. ATCHLEY & ASSOCIATES

Full Name (Last, First, Middle Initial)

Mailing Address 6850 AUSTIN CENTER BLVD, STE 180

City State Zip Code
AUSTIN TX 78731-3129

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2011

Transaction ID : 5497

Amount of Each Disbursement this Period

15438.58

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

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

15438.58

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. BLACK ROCK GROUP, LLC

Mailing Address 66 Canal Center Plaza
Ste. 555

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
CONSULTING ADVOCACY COMMUNICATION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2011

Transaction ID : 5498

Amount of Each Disbursement this Period

3048.00

Full Name (Last, First, Middle Initial)

B. BROOK FURNITURE RENTAL

Mailing Address 24997 Network Place

City Chicago State IL Zip Code 60673

Purpose of Disbursement
OFFICE FURNITURE RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : 5519

Amount of Each Disbursement this Period

634.84

Full Name (Last, First, Middle Initial)

C. CAREFIRST, BLUE CROSS BLUE SHIELD

Mailing Address PO Box 79749

City Baltimore State MD Zip Code 21279-0749

Purpose of Disbursement
HEALTH INSURANCE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2011

Transaction ID : 126

Amount of Each Disbursement this Period

3618.00

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

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

7300.84

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. CFL ASSOCIATES

Mailing Address 4189 Four Mile Run Drive
#404

City Arlington State VA Zip Code 22204

Purpose of Disbursement
DONOR DEVELOPMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : 5520

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. CLARK SCHAEFER HACKETT

Mailing Address 160 North Breiel Blvd.

City Middleton State OH Zip Code 45042

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : 0350

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

C. CLARK SCHAEFER HACKETT

Mailing Address 160 North Breiel Blvd.

City Middleton State OH Zip Code 45042

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2011

Transaction ID : 10334

Amount of Each Disbursement this Period

80.00

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

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

2160.00

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. CLARK SCHAEFER HACKETT

Mailing Address 160 North Breiel Blvd.

City Middleton State OH Zip Code 45042

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 10365

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CONNECTION STRATEGIES

Mailing Address PO Box 2192

City Arlington State VA Zip Code 22202

Purpose of Disbursement
PHONE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 123

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CONNECTION STRATEGIES

Mailing Address PO Box 2192

City Arlington State VA Zip Code 22202

Purpose of Disbursement
PHONE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 5499

Amount of Each Disbursement this Period

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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial) A. CROSSROADS MEDIA, LLC		Date of Disbursement MM / DD / YYYY 09 / 30 / 2011
Mailing Address 66 Canal Center Plaza Ste. 555		Transaction ID : 093011WIRE
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement MEDIA PLACEMENT	Candidate Name	Amount of Each Disbursement this Period 45654.60
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:		

Full Name (Last, First, Middle Initial) B. CROSSROADS MEDIA, LLC		Date of Disbursement MM / DD / YYYY 09 / 14 / 2011
Mailing Address 66 Canal Center Plaza Ste. 555		Transaction ID : 5500
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement MEDIA PLACEMENT	Candidate Name	Amount of Each Disbursement this Period 5532.06
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:		

Full Name (Last, First, Middle Initial) C. CROSSROADS MEDIA, LLC		Date of Disbursement MM / DD / YYYY 09 / 12 / 2011
Mailing Address 66 Canal Center Plaza Ste. 555		Transaction ID : WIRE-CRSMEI
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement MEDIA PLACEMENT, DEPOSIT	Candidate Name	Amount of Each Disbursement this Period 64097.55
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	115284.21
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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial) A. CROSSROADS MEDIA, LLC		Date of Disbursement MM / DD / YYYY 09 / 13 / 2011
Mailing Address 66 Canal Center Plaza Ste. 555		Transaction ID : WIRE-CRSMEI-1
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement MEDIA PLACEMENT, SEE SCHEDULE E		Amount of Each Disbursement this Period -64097.55
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:		

Full Name (Last, First, Middle Initial) B. CROWDVERB		Date of Disbursement MM / DD / YYYY 09 / 22 / 2011
Mailing Address 21025 7TH AVENUE SOUTH		Transaction ID : WIRE092211
City DES MOINES	State WA Zip Code 98198	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period 22500.00
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:		

Full Name (Last, First, Middle Initial) C. EXCELL CONTRACTORS		Date of Disbursement MM / DD / YYYY 08 / 29 / 2011
Mailing Address 1939 COLUMBIA PIKE, STE 34		Transaction ID : 125
City ARLINGTON	State VA Zip Code 22204	
Purpose of Disbursement CUBICLE INSTALLATION		Amount of Each Disbursement this Period 720.00
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:		

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

-40877.55

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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. FINANCIAL AGENT

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2011

Transaction ID : 10335

Amount of Each Disbursement this Period

7235.40

Full Name (Last, First, Middle Initial)

B. FINANCIAL AGENT

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : 10351

Amount of Each Disbursement this Period

6704.96

Full Name (Last, First, Middle Initial)

C. FINANCIAL AGENT

Mailing Address PO Box 970030

City St. Louis State MO Zip Code 63197

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2011

Transaction ID : 10366

Amount of Each Disbursement this Period

6876.83

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

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

20817.19

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. FLS CONNECT

Mailing Address 7300 Hudson Blvd.
Ste. 270

City St. Paul State MN Zip Code 55128

Purpose of Disbursement
CONFERENCE CALLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	1

Transaction ID : 5501

Amount of Each Disbursement this Period

1	5	6	.	8	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FRANK PARSONS, INC.

Mailing Address PO Box 759070

City Baltimore State MD Zip Code 21275

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	1

Transaction ID : 133

Amount of Each Disbursement this Period

3	2	0	.	3	6
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRANK PARSONS, INC.

Mailing Address PO Box 759070

City Baltimore State MD Zip Code 21275

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	1

Transaction ID : 5481

Amount of Each Disbursement this Period

6	3	5	.	5	8
---	---	---	---	---	---

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

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

1	1	1	.	7	4
---	---	---	---	---	---

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**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. FRANK PARSONS, INC.

Mailing Address PO Box 759070

City Baltimore State MD Zip Code 21275

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2011

Transaction ID : 5514

Amount of Each Disbursement this Period

460.38

Category/
Type

Full Name (Last, First, Middle Initial)

B. GUESTBOOKER.COM

Mailing Address 1204 VINTAGE GROVE LANE

City FRANKLIN State TN Zip Code 37064

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2011

Transaction ID : 5522

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. HOLTZMANVOGEL, PLLC

Mailing Address 45 North Hill Drive
Ste. 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2011

Transaction ID : 5502

Amount of Each Disbursement this Period

16912.50

Category/
Type

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

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

19872.88

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. HOLTZMANVOGEL, PLLC

Mailing Address 45 North Hill Drive
Ste. 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2011

Transaction ID : 5516

Amount of Each Disbursement this Period

39081.25

Full Name (Last, First, Middle Initial)

B. KINTERA BLACKBUD

Mailing Address 2000 Daniel Island Drive

City Charleston State SC Zip Code 29492

Purpose of Disbursement
WEB SERVICE FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2011

Transaction ID : 083111

Amount of Each Disbursement this Period

28.10

Full Name (Last, First, Middle Initial)

C. KINTERA BLACKBUD

Mailing Address 2000 Daniel Island Drive

City Charleston State SC Zip Code 29492

Purpose of Disbursement
WEB SERVICE FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : 09152011

Amount of Each Disbursement this Period

311.89

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

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

39421.24

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. KINTERA BLACKBUD

Mailing Address 2000 Daniel Island Drive

City Charleston State SC Zip Code 29492

Purpose of Disbursement
WEB SERVICE FEES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2011

Transaction ID : 09302011

Amount of Each Disbursement this Period

238.73

Full Name (Last, First, Middle Initial)

B. KONICA MINOLTA

Mailing Address Dept. 19188

City Palatine State IL Zip Code 60055

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2011

Transaction ID : 5503

Amount of Each Disbursement this Period

392.89

Full Name (Last, First, Middle Initial)

C. LEXIS NEXIS

Mailing Address PO Box 7247-7090

City Philadelphia State PA Zip Code 19170-7090

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2011

Transaction ID : 5504

Amount of Each Disbursement this Period

4579.20

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

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

5210.82

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**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. LOCKTON

Mailing Address PO Box 415831

City Boston State MA Zip Code 02241

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	1

Transaction ID : 138

Amount of Each Disbursement this Period

5	1	4	9	0	0	0	0
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MAXIMUM COMPLIANCE, LLC

Mailing Address 4703 Woodway Lane, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement
BOOKKEEPING AND COMPLIANCE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	1

Transaction ID : 131

Amount of Each Disbursement this Period

4	2	9	6	0	0	0	0
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MAXIMUM COMPLIANCE, LLC

Mailing Address 4703 Woodway Lane, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement
REIMBURSEMENT, PARKING & SHIPPING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	1

Transaction ID : 5517

Amount of Each Disbursement this Period

8	7	0	4	0	0	0	0
---	---	---	---	---	---	---	---

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

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

5	5	8	7	3	0	4	0
---	---	---	---	---	---	---	---

5	5	8	7	3	0	4	0
---	---	---	---	---	---	---	---

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. MCKENNA & ASSOCIATES

Mailing Address 2321 North Kentucky St.

City State Zip Code
Arlington VA 22205

Purpose of Disbursement
DONOR DEVELOPMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
08 / 29 / 2011

Transaction ID : 128

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

B. MDC & ASSOCIATES, INC.

Mailing Address 5013 COACHMANS CARRIAGE TERRACE

City State Zip Code
GLEN ALLEN VA 23059

Purpose of Disbursement
BOOKKEEPING AND COMPLIANCE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
09 / 29 / 2011

Transaction ID : 5523

Amount of Each Disbursement this Period

3260.31

Full Name (Last, First, Middle Initial)

C. MELLON BANK

Mailing Address PO Box 535161

City State Zip Code
Pittsburgh PA 15253

Purpose of Disbursement
HEALTH INSURANCE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
09 / 14 / 2011

Transaction ID : ACH-HSAFUND

Amount of Each Disbursement this Period

1080.00

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

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

11840.31

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. OFFICE OF TAX AND REVENUE

Mailing Address PO Box 96385

City Washington State DC Zip Code 20090

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2011

Transaction ID : 10336

Amount of Each Disbursement this Period: 1890.00

Category/Type

Full Name (Last, First, Middle Initial)

B. OFFICE OF TAX AND REVENUE

Mailing Address PO Box 96385

City Washington State DC Zip Code 20090

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2011

Transaction ID : 10367

Amount of Each Disbursement this Period: 1862.00

Category/Type

Full Name (Last, First, Middle Initial)

C. PRINCIPAL FINANCIAL GROUP

Mailing Address 711 High Street

City Des Moines State IA Zip Code 50392

Purpose of Disbursement EMPLOYEE BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 30 / 2011

Transaction ID : 134

Amount of Each Disbursement this Period: 335.49

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4087.49

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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. PRINCIPAL FINANCIAL GROUP

Mailing Address 711 High Street

City Des Moines State IA Zip Code 50392

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2011

Transaction ID : 5525

Amount of Each Disbursement this Period

339.65

Full Name (Last, First, Middle Initial)

B. PUBLIC OPINION STRATEGIES

Mailing Address 214 North Fayette St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2011

Transaction ID : 132

Amount of Each Disbursement this Period

18000.00

Full Name (Last, First, Middle Initial)

C. PUBLIC OPINION STRATEGIES

Mailing Address 214 North Fayette St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2011

Transaction ID : 5505

Amount of Each Disbursement this Period

22500.00

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

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

40839.65

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. RICHARD SALES MEDIA

Mailing Address 9010 S 10th Street

City Phoenix State AZ Zip Code 85042

Purpose of Disbursement
WEB VIDEO

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 5506

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ROCK CREEK ADVISORS LLC

Mailing Address PO Box 4963

City Washington State DC Zip Code 20008

Purpose of Disbursement
DONOR DEVELOPMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 122

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ROCK CREEK ADVISORS LLC

Mailing Address PO Box 4963

City Washington State DC Zip Code 20008

Purpose of Disbursement
DONOR DEVELOPMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 5507

Amount of Each Disbursement this Period

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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. SYSTEM PARKING

Mailing Address 2300 M Street, NW
#900

City Washington State DC Zip Code 20037

Purpose of Disbursement
PARKING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 29 / 2011

Transaction ID : 130

Amount of Each Disbursement this Period
500.00

Category/Type

Full Name (Last, First, Middle Initial)

B. SYSTEM PARKING

Mailing Address 2300 M Street, NW
#900

City Washington State DC Zip Code 20037

Purpose of Disbursement
PARKING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 22 / 2011

Transaction ID : 5518

Amount of Each Disbursement this Period
530.00

Category/Type

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY

Mailing Address 66 Canal Center Plaza
Ste. 501

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
WEBSITE DEVELOPMENT & SUPPORT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 29 / 2011

Transaction ID : 08292011

Amount of Each Disbursement this Period
6000.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7030.00

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)

<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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY

Mailing Address 66 Canal Center Plaza
Ste. 501

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
WEBSITE DEVELOPMENT & SUPPORT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2011

Transaction ID : 5512

Amount of Each Disbursement this Period

6000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. THE LARRISON GROUP, LLC

Mailing Address PO BOX 33045

City WASHINGTON State DC Zip Code 20033

Purpose of Disbursement
DONOR DEVELOPMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2011

Transaction ID : 5508

Amount of Each Disbursement this Period

7500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. THE MK GROUP, LLC

Mailing Address 5905 GLOSTER ROAD

City BETHESDA State MD Zip Code 20816

Purpose of Disbursement
DONOR DEVELOPMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2011

Transaction ID : 5509

Amount of Each Disbursement this Period

5000.00

Category/
Type

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

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

18500.00

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. TOTAL WIRING SYSTEMS, INC.

Mailing Address PO BOX 487

City CLINTON State MD Zip Code 20816

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2011

Transaction ID : 5510

Amount of Each Disbursement this Period

320.00

Full Name (Last, First, Middle Initial)

B. VIRGINIA DEPARTMENT OF TAXATION

Mailing Address PO Box 1777

City Richmond State VA Zip Code 23261

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2011

Transaction ID : 0926ACH

Amount of Each Disbursement this Period

377.00

Full Name (Last, First, Middle Initial)

C. VIRGINIA DEPARTMENT OF TAXATION

Mailing Address PO Box 1777

City Richmond State VA Zip Code 23261

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2011

Transaction ID : 10337

Amount of Each Disbursement this Period

377.00

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

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

1074.00

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. VIRGINIA DEPARTMENT OF TAXATION

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2011

Mailing Address PO Box 1777

Transaction ID : 10368

City Richmond State VA Zip Code 23261

Amount of Each Disbursement this Period

377.00

Purpose of Disbursement
PAYROLL TAXES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Visa

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2011

Mailing Address PO Box 4513

Transaction ID : SB21CCP.1

City Carol Stream State IL Zip Code 60197

Amount of Each Disbursement this Period

2748.21

Purpose of Disbursement
Credit Card Payment - See Memo Entries

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. AT&T

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2011

Mailing Address PO Box 6416

Transaction ID : SC21CCD.5

City Carol Stream State IL Zip Code 60197

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement
Data Plan

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

[MEMO ITEM]

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

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

3125.21

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**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 7704 Leesburg Pike

City Falls Church State VA Zip Code 22043

Purpose of Disbursement Database Management

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 11 / 2011

Transaction ID : **SC21CCD.15**

Amount of Each Disbursement this Period: 500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement Shipping

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 11 / 2011

Transaction ID : **SC21CCD.1**

Amount of Each Disbursement this Period: 71.82

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement Shipping

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 11 / 2011

Transaction ID : **SC21CCD.11**

Amount of Each Disbursement this Period: 17.46

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)

<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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : **SC21CCD.12**

Amount of Each Disbursement this Period

20.67

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : **SC21CCD.13**

Amount of Each Disbursement this Period

20.67

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : **SC21CCD.14**

Amount of Each Disbursement this Period

37.81

[MEMO ITEM]

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

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

0.00

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : **SC21CCD.2**

Amount of Each Disbursement this Period

17.46

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : **SC21CCD.20**

Amount of Each Disbursement this Period

20.49

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : **SC21CCD.23**

Amount of Each Disbursement this Period

107.93

[MEMO ITEM]

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

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

0.00

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : **SC21CCD.6**

Amount of Each Disbursement this Period

38.14

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : **SC21CCD.7**

Amount of Each Disbursement this Period

38.04

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : **SC21CCD.8**

Amount of Each Disbursement this Period

18.30

[MEMO ITEM]

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

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

0.00

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : SC21CCD.9

Amount of Each Disbursement this Period

25.78

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Godaddy.com

Mailing Address 14455 N Hayden Road

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement
Internet Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : SC21CCD.21

Amount of Each Disbursement this Period

198.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Hilton

Mailing Address 7930 Jones Branch Drive

City McLean State VA Zip Code 22102

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : SC21CCD.17

Amount of Each Disbursement this Period

232.33

[MEMO ITEM]

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

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

0.00

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. Interface Media Group

Mailing Address 1233 20th Street Northwest

City Washington State DC Zip Code 20036

Purpose of Disbursement
DVD DUBS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : SC21CCD.24

Amount of Each Disbursement this Period

458.41

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Seamless Web

Mailing Address 232 Madison Avenue, #1409

City New York State NY Zip Code 10016

Purpose of Disbursement
MEETING EXPENSE, FOOD / BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : SC21CCD.25

Amount of Each Disbursement this Period

174.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Seamless Web

Mailing Address 232 Madison Avenue, #1409

City New York State NY Zip Code 10016

Purpose of Disbursement
MEETING EXPENSE, FOOD / BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : SC21CCD.4

Amount of Each Disbursement this Period

254.75

[MEMO ITEM]

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

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

0.00

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. Sofitel Hotel - DC

Mailing Address 806 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
MEETING EXPENSE, FOOD / BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	1

Transaction ID : SC21CCD.26

Amount of Each Disbursement this Period

9	8	.	2	5
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Tuscana West

Mailing Address 1350 I Street

City Washington State DC Zip Code 20005

Purpose of Disbursement
MEETING EXPENSE, FOOD / BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	1

Transaction ID : SC21CCD.3

Amount of Each Disbursement this Period

5	1	.	8	4
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Washington Courier

Mailing Address 5520 Cherokee Avenue

City Alexandria State VA Zip Code 22312

Purpose of Disbursement
Courier Expense

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	1

Transaction ID : SC21CCD.10

Amount of Each Disbursement this Period

9	8	.	6	5
---	---	---	---	---

[MEMO ITEM]

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

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

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. Washington Courier

Mailing Address 5520 Cherokee Avenue

City Alexandria State VA Zip Code 22312

Purpose of Disbursement
Courier Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : SC21CCD.19

Amount of Each Disbursement this Period

82.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Visa

Mailing Address PO Box 4513

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Credit Card Payment - See Memo Entries

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2011

Transaction ID : SB21CCP.2

Amount of Each Disbursement this Period

2679.29

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address PO Box 6416

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Data Plan

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2011

Transaction ID : SC21CCD.29

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

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

2679.29

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 7704 Leesburg Pike

City Falls Church State VA Zip Code 22043

Purpose of Disbursement
Database Management

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2011

Transaction ID : SC21CCD.36

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Custom Scoop

Mailing Address 130 Pembroke Road, Suite 150

City Concord State NH Zip Code 03301

Purpose of Disbursement
Subscription

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2011

Transaction ID : SC21CCD.39

Amount of Each Disbursement this Period

407.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2011

Transaction ID : SC21CCD.30

Amount of Each Disbursement this Period

20.31

[MEMO ITEM]

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

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

0.00

--

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SC21CCD.32

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SC21CCD.33

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SC21CCD.37

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SC21CCD.40

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SC21CCD.42

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SC21CCD.43

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. FedEx

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement
Shipping

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2011

Transaction ID : SC21CCD.44

Amount of Each Disbursement this Period

60.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Tuscana West

Mailing Address 1350 I Street

City Washington State DC Zip Code 20005

Purpose of Disbursement
MEETING EXPENSE, FOOD / BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2011

Transaction ID : SC21CCD.46

Amount of Each Disbursement this Period

910.47

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. United

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2011

Transaction ID : SC21CCD.35

Amount of Each Disbursement this Period

406.40

[MEMO ITEM]

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

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

0.00

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. Visa

Mailing Address PO Box 4513

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2011

Transaction ID : SC21CCD.28

Amount of Each Disbursement this Period

56.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Visa

Mailing Address PO Box 4513

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2011

Transaction ID : SC21CCD.41

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Washington Courier

Mailing Address 5520 Cherokee Avenue

City Alexandria State VA Zip Code 22312

Purpose of Disbursement Courier Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2011

Transaction ID : SC21CCD.31

Amount of Each Disbursement this Period

86.10

[MEMO ITEM]

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

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

0.00

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. Visa

Mailing Address PO Box 4513

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Credit Card Payment - See Memo Entries

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : SB21CCP.3

Amount of Each Disbursement this Period

240.50

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address PO Box 6416

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Data Plan

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : SC21CCD.48

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address PO Box 6416

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Data Plan

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : SC21CCD.49

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

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

240.50

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address PO Box 6416

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Data Plan

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2011

Transaction ID : SC21CCD.50

Amount of Each Disbursement this Period

21.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Visa

Mailing Address PO Box 4513

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Credit Card Payment - See Memo Entries

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2011

Transaction ID : SB21CCP.4

Amount of Each Disbursement this Period

5859.41

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address PO Box 6416

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Data Plan

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2011

Transaction ID : SC21CCD.52

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

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

5859.41

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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address PO Box 6416

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Data Plan

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2011

Transaction ID : SC21CCD.53

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address PO Box 6416

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Data Plan

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2011

Transaction ID : SC21CCD.54

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address PO Box 6416

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Data Plan

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2011

Transaction ID : SC21CCD.55

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

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

0.00

**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

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. Furniture Wholesalers

Mailing Address 8870 Darrow Road, Ste F106

City State Zip Code
Twinsburg OH 44087

Purpose of Disbursement
CUBICLE PURCHASES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : **SC21CCD.56**

Amount of Each Disbursement this Period

5675.94

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Visa

Mailing Address PO Box 4513

City State Zip Code
Carol Stream IL 60197

Purpose of Disbursement
Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : **SC21CCD.51**

Amount of Each Disbursement this Period

25.46

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Visa

Mailing Address PO Box 4513

City State Zip Code
Carol Stream IL 60197

Purpose of Disbursement
Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : **SC21CCD.58**

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

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

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

0.00

**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

Full Name (Last, First, Middle Initial)

A. XIGENT, INC.

Mailing Address PO Box 320129

City Alexandria State VA Zip Code 22320

Purpose of Disbursement
WEBSITE DEVELOPMENT

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2011

Transaction ID : 5513

Amount of Each Disbursement this Period

10000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. YAHOO!

Mailing Address 701 FIRST AVENUE

City SUNNYVALE State CA Zip Code 94089-1019

Purpose of Disbursement
ONLINE MEDIA PLACEMENT & PRODUCTION

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2011

Transaction ID : 1003WIRE

Amount of Each Disbursement this Period

10974.00

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/
Type

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

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

20974.00

467323.96

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee ARENA COMMUNICATIONS		Date MM / DD / YYYY 08 / 26 / 2011
Mailing Address 1780 W. SEQUOIA VISTA CIRCLE		Amount 10841.62
City SALT LAKE CITY	State UT	Zip Code 84104
Purpose of Expenditure POSTAGE, PRINTING / PRODUCTION	Category/ Type	Transaction ID : E.028
Name of Federal Candidate Supported or Opposed by Expenditure: KATE MARSHALL		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

Full Name (Last, First, Middle Initial) of Payee ARENA COMMUNICATIONS		Date MM / DD / YYYY 08 / 26 / 2011
Mailing Address 1780 W. SEQUOIA VISTA CIRCLE		Amount 10841.62
City SALT LAKE CITY	State UT	Zip Code 84104
Purpose of Expenditure POSTAGE, PRINTING / PRODUCTION	Category/ Type	Transaction ID : E.029
Name of Federal Candidate Supported or Opposed by Expenditure: MARK AMODEI		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

(a) SUBTOTAL of Itemized Independent Expenditures.....	21683.24
(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

[Electronically Filed] Date MM / DD / YYYY
10 / 13 / 2011

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

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 84101	
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	

Date MM / DD / YYYY 08 / 29 / 2011
Amount 10842.12
Transaction ID : E.001
Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

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	

Date MM / DD / YYYY 08 / 29 / 2011
Amount 10842.12
Transaction ID : E.002
Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21684.24
(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 _____ [Electronically Filed] Date MM / DD / YYYY
10 / 13 / 2011

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGIES 24-HOUR NOTICE FILED 08/26/2011		Date 08 / 29 / 2011
Mailing Address PO BOX 2192		Amount 513.72
City ARLINGTON	State VA	
Purpose of Expenditure PHONE CALLS	Category/ Type	Transaction ID : E.009
Name of Federal Candidate Supported or Opposed by Expenditure: MARK AMODEI		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGIES 24-HOUR NOTICE FILED 08/26/2011		Date 08 / 29 / 2011
Mailing Address PO BOX 2192		Amount 681.00
City ARLINGTON	State VA	
Purpose of Expenditure PHONE CALLS	Category/ Type	Transaction ID : E.010
Name of Federal Candidate Supported or Opposed by Expenditure: MARK AMODEI		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

(a) SUBTOTAL of Itemized Independent Expenditures.....	1194.72
(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 _____ [Electronically Filed] Date 10 / 13 / 2011

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGIES 24-HOUR NOTICE FILED 08/26/2011		Date MM / DD / YYYY 08 / 29 / 2011
Mailing Address PO BOX 2192		Amount 356.64
City SALT LAKE CITY	State UT	
Zip Code 22202	Transaction ID : E.011	
Purpose of Expenditure PHONE CALLS	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATE MARSHALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL
261885.44		2011

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGIES 24-HOUR NOTICE FILED 08/26/2011		Date MM / DD / YYYY 08 / 29 / 2011
Mailing Address PO BOX 2192		Amount 853.44
City ARLINGTON	State VA	
Zip Code 22202	Transaction ID : E.012	
Purpose of Expenditure PHONE CALLS	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATE MARSHALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL
261885.44		2011

(a) SUBTOTAL of Itemized Independent Expenditures.....	1210.08
(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 _____ [Electronically Filed] Date MM / DD / YYYY
10 / 13 / 2011

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee ARENA COMMUNICATIONS		Date M M / D D / Y Y Y Y Y Y 08 / 31 / 2011
Mailing Address 1780 W. SEQUOIA CIRLCE		Amount 13310.68
City SALT LAKE CITY	State UT	
Zip Code 84104	Transaction ID : E.003	
Purpose of Expenditure POSTAGE, PRINTING / PRODUCTION	Category/ Type 	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATE MARSHALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

Full Name (Last, First, Middle Initial) of Payee ARENA COMMUNICATIONS		Date M M / D D / Y Y Y Y Y Y 08 / 31 / 2011
Mailing Address 1780 W. SEQUOIA VISTA CIRCLE		Amount 13310.68
City SALT LAKE CITY	State UT	
Zip Code 84104	Transaction ID : E.004	
Purpose of Expenditure POSTAGE, PRINTING / PRODUCTION	Category/ Type 	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK AMODEI		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26621.36
(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 _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 13 / 2011

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGIES 24-HOUR NOTICE FILED 09/01/2011		Date 09 / 01 / 2011
Mailing Address PO BOX 2192		Amount 1235.88
City ARLINGTON State VA Zip Code 22202	Transaction ID : E.013	
Purpose of Expenditure PHONE CALLS Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MARK AMODEI		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL
Calendar Year-To-Date Per Election for Office Sought 261885.44		

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGIES 24-HOUR NOTICE FILED 09/01/2011		Date 09 / 01 / 2011
Mailing Address PO BOX 2192		Amount 1171.44
City ARLINGTON State VA Zip Code 22202	Transaction ID : E.014	
Purpose of Expenditure PHONE CALLS Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: KATE MARSHALL		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL
Calendar Year-To-Date Per Election for Office Sought 261885.44		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2407.32
(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.

Signature MARGEE CLANCY [Electronically Filed] Date 10 / 13 / 2011

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee ARENA COMMUNICATIONS		Date MM / DD / YYYY 09 / 02 / 2011
Mailing Address 1780 W. SEQUOIA VISTA CIRCLE		Amount 13310.68
City SALT LAKE CITY	State UT	Zip Code 84104
Purpose of Expenditure POSTAGE, PRINTING / PRODUCTION	Category/ Type	Transaction ID : E.005
Name of Federal Candidate Supported or Opposed by Expenditure: MARK AMODEI		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

Full Name (Last, First, Middle Initial) of Payee ARENA COMMUNICATIONS		Date MM / DD / YYYY 09 / 02 / 2011
Mailing Address 1780 W. SEQUOIA VISTA CIRCLE		Amount 13310.68
City SALT LAKE CITY	State UT	Zip Code 84104
Purpose of Expenditure POSTAGE, PRINTING / PRODUCTION	Category/ Type	Transaction ID : E.006
Name of Federal Candidate Supported or Opposed by Expenditure: KATE MARSHALL		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

(a) SUBTOTAL of Itemized Independent Expenditures.....	26621.36
(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 _____ [Electronically Filed] Date MM / DD / YYYY
10 / 13 / 2011

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee ARENA COMMUNICATIONS		Date MM / DD / YYYY 09 / 06 / 2011
Mailing Address 1780 W. SEQUOIA VISTA CIRCLE		Amount 13310.68
City SALT LAKE CITY	State NV	Zip Code 84104
Purpose of Expenditure POSTAGE, PRINTING / PRODUCTION	Category/Type	Transaction ID : E.007
Name of Federal Candidate Supported or Opposed by Expenditure: MARK AMODEI		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

Full Name (Last, First, Middle Initial) of Payee ARENA COMMUNICATIONS		Date MM / DD / YYYY 09 / 06 / 2011
Mailing Address 1780 W. SEQUOIA VISTA CIRCLE		Amount 13310.68
City SALT LAKE CITY	State UT	Zip Code 84104
Purpose of Expenditure POSTAGE, PRINTING / PRODUCTION	Category/Type	Transaction ID : E.008
Name of Federal Candidate Supported or Opposed by Expenditure: KATE MARSHALL		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

(a) SUBTOTAL of Itemized Independent Expenditures.....	26621.36
(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

[Electronically Filed] Date MM / DD / YYYY
10 / 13 / 2011

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
CONNECTION STRATEGIES
24-HOUR NOTICE FILED 09/04/2011

Date M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2011

Mailing Address **PO BOX 2192**

Amount 906.96

City **ARLINGTON** State **VA** Zip Code **22202**

Transaction ID : E.015

Purpose of Expenditure
PHONE CALLS Category/Type []

Office Sought: House State: **NV**
 Senate District: **02**
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
MARK AMODEI

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 261885.44

Disbursement For: Primary General
2011 Other (specify) **SPECIAL GENERAL**

Full Name (Last, First, Middle Initial) of Payee
CONNECTION STRATEGIES
24-HOUR NOTICE FILED 09/04/2011

Date M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2011

Mailing Address **PO BOX 2192**

Amount 390.00

City **ARLINGTON** State **VA** Zip Code **22202**

Transaction ID : E.016

Purpose of Expenditure
PHONE CALLS Category/Type []

Office Sought: House State: **NV**
 Senate District: **02**
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
MARK AMODEI

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 261885.44

Disbursement For: Primary General
2011 Other (specify) **SPECIAL GENERAL**

(a) SUBTOTAL of Itemized Independent Expenditures.....	1296.96
(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 *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2011

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGIES 24-HOUR NOTICE FILED 09/04/2011		Date MM / DD / YYYY 09 / 06 / 2011
Mailing Address PO BOX 2192		Amount 752.04
City ARLINGTON State VA Zip Code 22202	Transaction ID : E.017	
Purpose of Expenditure PHONE CALLS	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATE MARSHALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGIES 24-HOUR NOTICE FILED 09/04/2011		Date MM / DD / YYYY 09 / 06 / 2011
Mailing Address PO BOX 2192		Amount 381.00
City ARLINGTON State VA Zip Code 22202	Transaction ID : E.018	
Purpose of Expenditure PHONE CALLS	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATE MARSHALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

(a) SUBTOTAL of Itemized Independent Expenditures.....	1133.04
(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.

Signature MARGEE CLANCY Date 10 / 13 / 2011
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee CROSSROADS MEDIA, LLC		Date MM / DD / YYYY 09 / 13 / 2011
Mailing Address 66 CANAL CENTER PLAZA, STE 555		Amount 64097.55
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : E.027	
Purpose of Expenditure MEDIA PLACEMENT	Category/Type	Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 64097.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGIES 24-HOUR REPORT FILED ON 09/07/2011		Date MM / DD / YYYY 09 / 14 / 2011
Mailing Address PO BOX 2192		Amount 2517.00
City ARLINGTON State VA Zip Code 22202	Transaction ID : E.019	
Purpose of Expenditure PHONE CALLS	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK AMODEI		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

(a) SUBTOTAL of Itemized Independent Expenditures.....	66614.55
(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

[Electronically Filed] Date 10 / 13 / 2011

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGIES 24-HOUR REPORT FILED ON 09/07/2011		Date MM / DD / YYYY 09 / 14 / 2011
Mailing Address PO BOX 2192		Amount 105.00
City ARLINGTON State VA Zip Code 22202	Transaction ID : E.020	
Purpose of Expenditure PHONE CALLS	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK AMODEI		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGIES 24-HOUR REPORT FILED ON 09/07/2011		Date MM / DD / YYYY 09 / 14 / 2011
Mailing Address PO BOX 2192		Amount 2039.40
City ARLINGTON State VA Zip Code 22202	Transaction ID : E.021	
Purpose of Expenditure PHONE CALLS	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATE MARSHALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

(a) SUBTOTAL of Itemized Independent Expenditures.....	2144.40
(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 _____ [Electronically Filed] Date MM / DD / YYYY
10 / 13 / 2011

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee
CONNECTION STRATEGIES
24-HOUR REPORT FILED ON 09/07/2011

Date
MM / DD / YYYY
09 / 14 / 2011

Mailing Address PO BOX 2192

Amount
90.00

City State Zip Code
ARLINGTON VA 22202

Transaction ID : E.022

Purpose of Expenditure
PHONE CALLS

Category/Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:
KATE MARSHALL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 261885.44

Disbursement For: Primary General
 Other (specify) SPECIAL GENERAL

Full Name (Last, First, Middle Initial) of Payee
CONNECTION STRATEGIES
24-HOUR REPORT FILED ON 09/09/2011

Date
MM / DD / YYYY
09 / 14 / 2011

Mailing Address PO BOX 2192

Amount
504.60

City State Zip Code
ARLINGTON VA 22202

Transaction ID : E.023

Purpose of Expenditure
PHONE CALLS

Category/Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:
MARK AMODEI

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 261885.44

Disbursement For: Primary General
 Other (specify) SPECIAL GENERAL

(a) SUBTOTAL of Itemized Independent Expenditures.....	594.60
(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 [Electronically Filed] Date 10 / 13 / 2011

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGIES 24-HOUR REPORT FILED ON 09/09/2011		Date MM / DD / YYYY 09 / 14 / 2011
Mailing Address PO BOX 2192		Amount 3474.00
City ARLINGONT	State VA Zip Code 22202	
Purpose of Expenditure PHONE CALLS	Category/Type	Transaction ID : E.024
Name of Federal Candidate Supported or Opposed by Expenditure: MARK AMODEI		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGIES 24-HOUR REPORT FILED ON 09/09/2011		Date MM / DD / YYYY 09 / 14 / 2011
Mailing Address PO BOX 2192		Amount 388.92
City ARLINGTON	State VA Zip Code 22202	
Purpose of Expenditure PHONE CALLS	Category/Type	Transaction ID : E.025
Name of Federal Candidate Supported or Opposed by Expenditure: KATE MARSHALL		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

(a) SUBTOTAL of Itemized Independent Expenditures.....	3862.92
(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.

Signature MARGEE CLANCY [Electronically Filed] Date MM / DD / YYYY 10 / 13 / 2011

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGIES 24-HOUR REPORT FILED ON 09/09/2011		Date MM / DD / YYYY 09 / 14 / 2011
Mailing Address PO BOX 2192		Amount 2157.60
City ARLINGTON State VA Zip Code 22202	Transaction ID : E.026	
Purpose of Expenditure PHONE CALLS Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: KATE MARSHALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGIES 24-HOUR NOTICE FILED 08/31/2011		Date MM / DD / YYYY 10 / 03 / 2011
Mailing Address PO BOX 2912		Amount 343.20
City ARLINGTON State VA Zip Code 22202	Transaction ID : E.030	
Purpose of Expenditure PHONE CALLS Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MARK AMODEI		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) SPECIAL GENERAL

(a) SUBTOTAL of Itemized Independent Expenditures.....	2500.80
(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.

Signature MARGEE CLANCY [Electronically Filed] Date MM / DD / YYYY
10 / 13 / 2011

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGIES 24-HOUR NOTICE FILED 08/31/2011		Date MM / DD / YYYY 10 / 03 / 2011
Mailing Address PO BOX 2912		Amount 289.80
City ARLINGTON State VA Zip Code 22202	Transaction ID : E.031	
Purpose of Expenditure PHONE CALLS	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATE MARSHAL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 261885.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ SPECIAL GENERAL

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	289.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	206480.75

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.

Signature MARGEE CLANCY [Electronically Filed] Date **10 / 13 / 2011**