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

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Crossroads	
	C C00487363
Check if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Main Street Media Group	M M / D D / Y Y Y Y
Mailing Address P.O. Box 25093	06 03 2014 Amount
City State Zip Code	228366.00
Alexandria VA 22313	Transaction ID : E.001 Date of Disbursement or Obligation
Purpose of Expenditure TV / Media Placement Category/ Type	05 30 7 2014
Name of Federal Candidate Support Offic	e Sought: X House District: 21
Matthew Doheny Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: X Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Wilson Grand Communications	06 03 2014
Mailing Address 429 N. St. Asaph Street	
	Amount
City State Zip Code	12771.00
Alexandria VA 22314	Transaction ID : E.002 Date of Disbursement or Obligation
Purpose of Expenditure TV / Media Production Category/	M = M / D = D / Y = Y = Y
TV / Media Production Type	06 03 2014
Name of Federal Candidate Support Office	e Sought: X House District: 21
Matthew Doheny Oppose	President Senate State: NY
Calendar Year-To-Date Disb	ursement For: X Primary General
Per Election for Office Sought 241137.00 2014	
(a) SUBTOTAL of Itemized Independent Expenditures	241137.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
	4 4
(c) TOTAL Independent Expenditures	241137.00
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Caleb Crosby [Electronically Filed]	M / D D / Y Y Y Y Y
Signature Date	06 03 2014