

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

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American Crossroads			FEC IDENTIFICATION NUMBER ▼ C C00487363		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Main Street Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2014		
Mailing Address P.O. Box 25093			Amount 472412.50		
City Alexandria		State VA	Zip Code 22313		Transaction ID : 1
Purpose of Expenditure TV / Media Placement		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate Patrick Henry Hays			☐ Support ☒ Oppose Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 925346.50			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/Type 			
Name of Federal Candidate			☐ Support ☐ Oppose Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			472412.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			472412.50		
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 <u>Caleb Crosby</u> [Electronically Filed]			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2014		