

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) P.O. Box 34413 Washington DC 20043 Check if different than previously reported. (ACC)

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

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, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 01 / 01 / 2016 through 01 / 31 / 2016

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 Caleb Crosby

Signature of Treasurer Caleb Crosby [Electronically Filed] Date 03 / 20 / 2016

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

**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="2016"/>		<input type="text" value="3070065.23"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3070065.23"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="32907.45"/>	<input type="text" value="32907.45"/>
(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="3102972.68"/>	<input type="text" value="3102972.68"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="197205.68"/>	<input type="text" value="197205.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2905767.00"/>	<input type="text" value="2905767.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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: 01 / 01 / 2016 To: 01 / 31 / 2016

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

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).....	2807.45	2807.45
(ii) Unitemized .....	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2907.45	2907.45
(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) .....	2907.45	2907.45
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).....	30000.00	30000.00
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))..... ▶	32907.45	32907.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32907.45	32907.45

**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 .....	142605.68	142605.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	142605.68	142605.68
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) .....	54600.00	54600.00
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)) ..	197205.68	197205.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	197205.68	197205.68

**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) .....	2907.45	2907.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2907.45	2907.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	142605.68	142605.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	30000.00	30000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	112605.68	112605.68

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

Form/Schedule: F3XA  
Transaction ID :

1. Unless otherwise noted, none of the expenditures reported are allocable to a candidate. 2. For all Ultimate Vendor Payee disbursements, any transaction below the itemization threshold in the aggregate will not appear as a memo entry.

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: (check only one)	PAGE 7 OF 40
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Crossroads**

**A. GEORGE D. BAKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 921 RIPLEY LANE

City OYSTER BAY State NY Zip Code 11771-4605

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

Name of Employer ESTABROOK CAPITAL MANAGMENT Occupation INVESTMENT MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 16 / 2016  
**Transaction ID : SA11.13537**

Amount of Each Receipt this Period 250.00

Memo Item  
CONTRIBUTION

**B. RUBEN A MENDIOLA JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 566300

City MIAMI State FL Zip Code 33256-6300

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

Name of Employer DEALERNFA, INC Occupation PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 19 / 2016  
**Transaction ID : SA11.13538**

Amount of Each Receipt this Period 250.00

Memo Item  
CONTRIBUTION

**C. JAY W. FAISON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1355 GREENWOOD CLFS STE 301

City CHARLOTTE State NC Zip Code 28204-2981

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

Name of Employer CLEARPATH FOUNDATION Occupation MANAGING PARTNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2307.45

Date of Receipt 01 / 29 / 2016  
**Transaction ID : SA11.13549**

Amount of Each Receipt this Period 2307.45

Memo Item  
CONTRIBUTION IN-KIND AIRFARE

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2807.45
<b>TOTAL</b> This Period (last page this line number only).....▶	2807.45

**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 8 OF 40
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Crossroads**

**A. SENATE LEADERSHIP FUND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 45 N HILL DR, STE 100

City WARRENTON	State VA	Zip Code 20186
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	29	/	2016

**Transaction ID : SA15.6756**

Amount of Each Receipt this Period  

30000.00
----------

 Memo Item  
**OVERHEAD AND ADMINISTRATIVE SERVICES**

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

Amount of Each Receipt this Period  

--

 Memo Item

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

Amount of Each Receipt this Period  

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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	30000.00



**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. ADP INC**

Mailing Address 504 CLINTON CENTER DRIVE, STE 4400

City CLINTON State MS Zip Code 39056

Purpose of Disbursement PAYROLL PROCESSING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 01 / 2016

Transaction ID : **SB21B.I6671**

Amount of Each Disbursement this Period: 143.25

Memo Item

Full Name (Last, First, Middle Initial)  
**B. ANNE BEYERSDORFER**

Mailing Address 2315 CHAIN BRIDGE ROAD NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement CONSULTING, MEDIA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : **SB21B.I6719**

Amount of Each Disbursement this Period: 4000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. JENNIFER FAY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement ULTIMATE VENDOR - DOES NOT MEET ITEMIZATION THRESHOLD

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : **SB21B.I6726**

Amount of Each Disbursement this Period: 7.74

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4150.99

**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 P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement  
REIMBURSEMENT - TAXIS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : **SB21B.I6733**

Amount of Each Disbursement this Period

2.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. KRISTOPHER MUNGER**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
ULTIMATE VENDOR - DOES NOT MEET ITEMIZATION THRESHOLD

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : **SB21B.I6740**

Amount of Each Disbursement this Period

2.74

Memo Item

Full Name (Last, First, Middle Initial)

**C. SEAN PHILBIN**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
ULTIMATE VENDOR - DOES NOT MEET ITEMIZATION THRESHOLD

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : **SB21B.I6747**

Amount of Each Disbursement this Period

15.63

Memo Item

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

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

21.12

**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. BLACK ROCK GROUP LLC**

Mailing Address 66 CANAL CENTER PLAZA, STE 555

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CONSULTING, ADVOCACY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : SB21B.I6680

Amount of Each Disbursement this Period

7.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. BLACK ROCK GROUP LLC**

Mailing Address 66 CANAL CENTER PLAZA, STE 555

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CONSULTING, ADVOCACY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : SB21B.I6681

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL COMPUTER EXCHANGE INC**

Mailing Address 4487 FORBES BLVD

City LANHAM State MD Zip Code 20706

Purpose of Disbursement  
COMPUTER TECHNICAL SUPPORT / OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : SB21B.I6682

Amount of Each Disbursement this Period

2025.00

Memo Item

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

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

7032.25

**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. CFC CONSULTING INC**

Mailing Address 3724 DUNBARTON DRIVE

City MOUNTAIN BROOK State AL Zip Code 35223

Purpose of Disbursement  
BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : SB21B.I6685

Amount of Each Disbursement this Period

258.49

Memo Item

Full Name (Last, First, Middle Initial)

**B. CFC CONSULTING INC**

Mailing Address 3724 DUNBARTON DRIVE

City MOUNTAIN BROOK State AL Zip Code 35223

Purpose of Disbursement  
BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : SB21B.I6686

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CONSILIUM CONNECT LLC**

Mailing Address C/O J. MATTHEW WALTERS

City RALEIGH State NC Zip Code 27605

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

MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : SB21B.I6689

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3758.49

**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. DRIVER EIGHT MEDIA LLC**

Mailing Address 1875 CONNECTICUT AVE NW, 10TH FLR

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement  
CONSULTING, COMMUNICATIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : **SB21B.I6692**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MAJORITY STRATEGIES INC**

Mailing Address 135 PROFESSIONAL DR, SUITE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

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  
01 / 08 / 2016

Transaction ID : **SB21B.I6694**

Amount of Each Disbursement this Period

1600.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RED OAK STRATEGIC LLC**

Mailing Address P.O. BOX 2561

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
CONSULTING, ADVOCACY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : **SB21B.I6701**

Amount of Each Disbursement this Period

1875.00

Memo Item

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

5975.00

**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. RIVERWOOD STRATEGIES**

Mailing Address 439 E SHORE DRIVE, STE 100

City State Zip Code  
EAGLE ID 83616

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : **SB21B.I6703**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ROCK CONSULTING**

Mailing Address 1220 KNIGHTSBRIDGE COURT, APT 305

City State Zip Code  
CHARLOTTESVILLE VA 22911

Purpose of Disbursement  
BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : **SB21B.I6704**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX ST, STE 400

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
WEBSITE HOSTING / DEVELOPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2016

Transaction ID : **SB21B.I6707**

Amount of Each Disbursement this Period

4500.00

Memo Item

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

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

10000.00

**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. THE MK GROUP LLC**

Mailing Address 5905 GLOSTER ROAD

City State Zip Code  
BETHESDA MD 20816

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 : **SB21B.I6709**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. UNUM LIFE INSURANCE COMPANY OF AMERICA**

Mailing Address 601 PENNSYLVANIA AVE NW

City State Zip Code  
WASHINGTON DC 20004

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

/  /

Transaction ID : **SB21B.I6710**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS - CARD**

Mailing Address P.O. BOX 1270

City State Zip Code  
NEWARK NJ 07101

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

/  /

Transaction ID : **SB21B.I6676**

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. ALLIED TELECOM**

Mailing Address 1120 20TH STREET NW, STE 500-S

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
INTERNET AND PHONE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2016

Transaction ID : **SB21B.I6771**

Amount of Each Disbursement this Period

951.67

Memo Item

Full Name (Last, First, Middle Initial)

**B. BIRCH & BARLEY**

Mailing Address 1337 14TH STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
FACILITY RENTAL / CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2016

Transaction ID : **SB21B.I6805**

Amount of Each Disbursement this Period

750.75

Memo Item

Full Name (Last, First, Middle Initial)

**C. BROOK FURNITURE RENTAL INC**

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

MM / DD / YYYY  
01 / 11 / 2016

Transaction ID : **SB21B.I6779**

Amount of Each Disbursement this Period

360.36

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. CAREY**

Mailing Address 5300 SPECTRUM DRIVE, STE D

City State Zip Code  
FREDRICK MD 21703

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2016

Transaction ID : **SB21B.I6799**

Amount of Each Disbursement this Period

268.82

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 7704 LEESBURG PIKE

City State Zip Code  
FALLS CHURCH VA 22043

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2016

Transaction ID : **SB21B.I6763**

Amount of Each Disbursement this Period

375.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CQ ROLL CALL**

Mailing Address 77 K STREET NE, 8TH FLOOR  
8TH FLOOR

City State Zip Code  
WASHINGTON DC 20002

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2016

Transaction ID : **SB21B.I6793**

Amount of Each Disbursement this Period

3250.00

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. KONICA MINOLTA BUSINESS SOLUTIONS INC**

Mailing Address P.O. BOX 122366

City DALLAS State TX Zip Code 75312

Purpose of Disbursement OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 11 / 2016

Transaction ID : **SB21B.I6778**

Amount of Each Disbursement this Period: 222.05

Memo Item

Full Name (Last, First, Middle Initial)  
**B. LAZ PARKING**

Mailing Address P.O. BOX 759311

City BALTIMORE State MD Zip Code 21275

Purpose of Disbursement PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 11 / 2016

Transaction ID : **SB21B.I6787**

Amount of Each Disbursement this Period: 318.75

Memo Item

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

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 11 / 2016

Transaction ID : **SB21B.I6794**

Amount of Each Disbursement this Period: 595.85

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. NETWORK SOLUTIONS LLC**

Mailing Address 12808 GRAN BAY PARKWAY WEST

City JACKSONVILLE State FL Zip Code 32258

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  
01 / 11 / 2016

Transaction ID : **SB21B.I6761**

Amount of Each Disbursement this Period

531.86

Memo Item

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address P.O. 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  
01 / 11 / 2016

Transaction ID : **SB21B.I6758**

Amount of Each Disbursement this Period

482.76

Memo Item

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address P.O. 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  
01 / 11 / 2016

Transaction ID : **SB21B.I6759**

Amount of Each Disbursement this Period

26.25

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. VERIZON WIRELESS**

Mailing Address 1314 F STREET NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
CELL PHONES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2016

Transaction ID : **SB21B.I6760**

Amount of Each Disbursement this Period

251.37

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAREFIRST BCBS**

Mailing Address P.O. BOX 79749

City BALTIMORE State MD Zip Code 21279

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

MM / DD / YYYY  
01 / 14 / 2016

Transaction ID : **SB21B.I6684**

Amount of Each Disbursement this Period

10006.82

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE AVASCENT GROUP**

Mailing Address 1615 L STREET NW, STE 1200

City WASHINGTON State DC Zip Code 20036-5610

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  
01 / 14 / 2016

Transaction ID : **SB21B.I6708**

Amount of Each Disbursement this Period

9356.58

Memo Item

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

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

19363.40

**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. MATTHEW BERRY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : **SB21B.I6717**

Amount of Each Disbursement this Period: 487.73

Memo Item

Full Name (Last, First, Middle Initial)  
**B. MALLORY BICHUNSKY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : **SB21B.I6720**

Amount of Each Disbursement this Period: 493.06

Memo Item

Full Name (Last, First, Middle Initial)  
**C. GRACE EBERHART**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : **SB21B.I6722**

Amount of Each Disbursement this Period: 692.04

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1672.83

**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. JENNIFER FAY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

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  
01 / 15 / 2016

Transaction ID : **SB21B.I6724**

Amount of Each Disbursement this Period

1530.05

Memo Item

Full Name (Last, First, Middle Initial)

**B. BRITTNEY GODOY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

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  
01 / 15 / 2016

Transaction ID : **SB21B.I6727**

Amount of Each Disbursement this Period

1339.06

Memo Item

Full Name (Last, First, Middle Initial)

**C. STEVEN LAW**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

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  
01 / 15 / 2016

Transaction ID : **SB21B.I6731**

Amount of Each Disbursement this Period

4173.98

Memo Item

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

7043.09

**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. STEFAN MEDVETZ**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

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  
01 / 15 / 2016

Transaction ID : **SB21B.I6734**

Amount of Each Disbursement this Period

561.81

Memo Item

Full Name (Last, First, Middle Initial)

**B. JENNIFER MUELLER**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

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  
01 / 15 / 2016

Transaction ID : **SB21B.I6736**

Amount of Each Disbursement this Period

850.16

Memo Item

Full Name (Last, First, Middle Initial)

**C. KRISTOPHER MUNGER**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

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  
01 / 15 / 2016

Transaction ID : **SB21B.I6738**

Amount of Each Disbursement this Period

459.50

Memo Item

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

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

1871.47

**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 P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

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  
01 / 15 / 2016

Transaction ID : **SB21B.I6741**

Amount of Each Disbursement this Period

1058.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. MARK PETTIT**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

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  
01 / 15 / 2016

Transaction ID : **SB21B.I6743**

Amount of Each Disbursement this Period

408.79

Memo Item

Full Name (Last, First, Middle Initial)

**C. SEAN PHILBIN**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

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  
01 / 15 / 2016

Transaction ID : **SB21B.I6745**

Amount of Each Disbursement this Period

1304.11

Memo Item

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

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

2771.10



**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. IAN PRIOR**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

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  
01 / 15 / 2016

Transaction ID : **SB21B.I6750**

Amount of Each Disbursement this Period

1656.22

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAITLIN SUTHERLAND**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

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  
01 / 15 / 2016

Transaction ID : **SB21B.I6752**

Amount of Each Disbursement this Period

725.76

Memo Item

Full Name (Last, First, Middle Initial)

**C. KATHERINE WILLIAMS**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

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  
01 / 15 / 2016

Transaction ID : **SB21B.I6754**

Amount of Each Disbursement this Period

1112.81

Memo Item

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

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

3494.79

**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. BENEFITWALLET**

Mailing Address P.O. BOX 1584

City SECAUCUS State NJ Zip Code 07094

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

MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : **SB21B.I6677**

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DEPARTMENT OF EMPLOYMENT SERVICES**

Mailing Address P.O. BOX 9664

City WASHINGTON State DC Zip Code 20090

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  
01 / 15 / 2016

Transaction ID : **SB21B.I6690**

Amount of Each Disbursement this Period

956.92

Memo Item

Full Name (Last, First, Middle Initial)

**C. OFFICE OF TAX AND REVENUE**

Mailing Address P.O. BOX 96385

City WASHINGTON State DC Zip Code 20090

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  
01 / 15 / 2016

Transaction ID : **SB21B.I6695**

Amount of Each Disbursement this Period

502.25

Memo Item

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

1509.17

**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 P.O. BOX 10372

City DES MOINES State IA Zip Code 50306

Purpose of Disbursement EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : **SB21B.I6698**

Amount of Each Disbursement this Period: 2726.39

Memo Item

Full Name (Last, First, Middle Initial)

**B. US DEPARTMENT OF TREASURY**

Mailing Address 1500 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20220

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : **SB21B.I6711**

Amount of Each Disbursement this Period: 7054.04

Memo Item

Full Name (Last, First, Middle Initial)

**C. VIRGINIA DEPT OF TAXATION**

Mailing Address P.O. BOX 1777

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : **SB21B.I6713**

Amount of Each Disbursement this Period: 612.13

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10392.56

**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. ADP INC**

Mailing Address 504 CLINTON CENTER DRIVE, STE 4400

City CLINTON State MS Zip Code 39056

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

MM / DD / YYYY  
01 / 19 / 2016

Transaction ID : **SB21B.I6672**

Amount of Each Disbursement this Period

173.10

Memo Item

Full Name (Last, First, Middle Initial)

**B. BENEFITWALLET**

Mailing Address P.O. BOX 1584

City SECAUCUS State NJ Zip Code 07094

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

MM / DD / YYYY  
01 / 19 / 2016

Transaction ID : **SB21B.I6678**

Amount of Each Disbursement this Period

1575.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BRITTNEY GODOY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
REIMBURSEMENT - TAXIS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 21 / 2016

Transaction ID : **SB21B.I6729**

Amount of Each Disbursement this Period

35.42

Memo Item

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

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

1783.52

**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. BRITTNEY GODOY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
ULTIMATE VENDOR - SEE MEMO ENTRIES

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
0	1			2	1			2	0	1	6		

**Transaction ID : SB21B.I6730**

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE INN ON FIFTH**

Mailing Address 699 5TH AVE S

City NAPLES State FL Zip Code 34102

Purpose of Disbursement  
LODGING

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
0	1			2	1			2	0	1	6		

**Transaction ID : SB21B.I6777**

Amount of Each Disbursement this Period

3	4	0	.	3	5
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. SEAN PHILBIN**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
REIMBURSEMENT - PARKING

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
0	1			2	1			2	0	1	6		

**Transaction ID : SB21B.I6748**

Amount of Each Disbursement this Period

2	.	1	0
---	---	---	---

Memo Item

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

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

4	5	7	.	2	1
---	---	---	---	---	---

4	5	7	.	2	1
---	---	---	---	---	---

**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. SEAN PHILBIN**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
ULTIMATE VENDOR - DOES NOT MEET ITEMIZATION THRESHOLD

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 21 / 2016

Transaction ID : **SB21B.I6749**

Amount of Each Disbursement this Period: 14.18

Memo Item

Full Name (Last, First, Middle Initial)  
**B. HOLTZMAN VOGEL JOSEFIK PLLC**

Mailing Address 45 NORTH HILL DRIVE, SUITE 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: 01 / 21 / 2016

Transaction ID : **SB21B.I6693**

Amount of Each Disbursement this Period: 12500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. ADP INC**

Mailing Address 504 CLINTON CENTER DRIVE, STE 4400

City CLINTON State MS Zip Code 39056

Purpose of Disbursement  
PAYROLL PROCESSING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 22 / 2016

Transaction ID : **SB21B.I6673**

Amount of Each Disbursement this Period: 119.90

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 12634.08

**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. CAPITOL COMPUTER EXCHANGE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2016

Mailing Address 4487 FORBES BLVD

**Transaction ID : SB21B.I6683**

City LANHAM State MD Zip Code 20706

Amount of Each Disbursement this Period

2531.21
---------

Purpose of Disbursement  
COMPUTER TECHNICAL SUPPORT / OFFICE EQUIPMENT

Category/Type
---------------

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Full Name (Last, First, Middle Initial)

**B. PRINCIPAL FINANCIAL GROUP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2016

Mailing Address P.O. BOX 10372

**Transaction ID : SB21B.I6699**

City DES MOINES State IA Zip Code 50306

Amount of Each Disbursement this Period

75.00
-------

Purpose of Disbursement  
EMPLOYEE BENEFITS

Category/Type
---------------

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Full Name (Last, First, Middle Initial)

**C. NICHOLAS BALLAS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2016

Mailing Address P.O. BOX 34413

**Transaction ID : SB21B.I6716**

City WASHINGTON State DC Zip Code 20043

Amount of Each Disbursement this Period

412.99
--------

Purpose of Disbursement  
PAYROLL

Category/Type
---------------

Candidate Name

Memo Item

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

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

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

3019.20
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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. MATTHEW BERRY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : **SB21B.I6718**

Amount of Each Disbursement this Period: 487.74

Memo Item

Full Name (Last, First, Middle Initial)  
**B. MALLORY BICHUNSKY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : **SB21B.I6721**

Amount of Each Disbursement this Period: 493.07

Memo Item

Full Name (Last, First, Middle Initial)  
**C. GRACE EBERHART**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : **SB21B.I6723**

Amount of Each Disbursement this Period: 692.04

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1672.85

**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. JAY W. FAISON**

Mailing Address 1355 GREENWOOD CLFS  
STE 301

City CHARLOTTE State NC Zip Code 28204-2981

Purpose of Disbursement  
IN-KIND AIRFARE - SEE LINE 11A

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
01	/	29	/	2016

**Transaction ID : SB21B.I6809**

Amount of Each Disbursement this Period

2307.45
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. JENNIFER FAY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

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
01	/	29	/	2016

**Transaction ID : SB21B.I6725**

Amount of Each Disbursement this Period

1530.06
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. BRITTNEY GODOY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

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
01	/	29	/	2016

**Transaction ID : SB21B.I6728**

Amount of Each Disbursement this Period

1339.07
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Memo Item

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

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

5176.58
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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. STEVEN LAW**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

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  
01 / 29 / 2016

Transaction ID : **SB21B.I6732**

Amount of Each Disbursement this Period

4173.99

Memo Item

Full Name (Last, First, Middle Initial)

**B. STEFAN MEDVETZ**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

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  
01 / 29 / 2016

Transaction ID : **SB21B.I6735**

Amount of Each Disbursement this Period

561.81

Memo Item

Full Name (Last, First, Middle Initial)

**C. JENNIFER MUELLER**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

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  
01 / 29 / 2016

Transaction ID : **SB21B.I6737**

Amount of Each Disbursement this Period

850.15

Memo Item

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

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

5585.95

**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. KRISTOPHER MUNGER**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : **SB21B.I6739**

Amount of Each Disbursement this Period: 459.49

Memo Item

Full Name (Last, First, Middle Initial)  
**B. KELLY NALLEN**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : **SB21B.I6742**

Amount of Each Disbursement this Period: 1058.20

Memo Item

Full Name (Last, First, Middle Initial)  
**C. MARK PETTIT**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : **SB21B.I6744**

Amount of Each Disbursement this Period: 408.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1926.49

**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. SEAN PHILBIN**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

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  
01 / 29 / 2016

Transaction ID : **SB21B.I6746**

Amount of Each Disbursement this Period

1304.12

Memo Item

Full Name (Last, First, Middle Initial)

**B. IAN PRIOR**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

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  
01 / 29 / 2016

Transaction ID : **SB21B.I6751**

Amount of Each Disbursement this Period

1656.22

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAITLIN SUTHERLAND**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

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  
01 / 29 / 2016

Transaction ID : **SB21B.I6753**

Amount of Each Disbursement this Period

725.75

Memo Item

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

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

3686.09

**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. KATHERINE WILLIAMS**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

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  
01 / 29 / 2016

Transaction ID : **SB21B.I6755**

Amount of Each Disbursement this Period

1112.81

Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP INC**

Mailing Address 504 CLINTON CENTER DRIVE, STE 4400

City CLINTON State MS Zip Code 39056

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

MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : **SB21B.I6674**

Amount of Each Disbursement this Period

21.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BENEFITWALLET**

Mailing Address P.O. BOX 1584

City SECAUCUS State NJ Zip Code 07094

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

MM / DD / YYYY  
01 / 29 / 2016

Transaction ID : **SB21B.I6679**

Amount of Each Disbursement this Period

50.00

Memo Item

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

1183.81

**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. DEPARTMENT OF EMPLOYMENT SERVICES**

Date of Disbursement

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

Mailing Address P.O. BOX 9664

**Transaction ID : SB21B.I6691**

City WASHINGTON State DC Zip Code 20090

Amount of Each Disbursement this Period

8	5	3	.	2	3
---	---	---	---	---	---

Purpose of Disbursement  
PAYROLL TAXES

Category/Type
---------------

Candidate Name

Memo Item

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. OFFICE OF TAX AND REVENUE**

Date of Disbursement

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

Mailing Address P.O. BOX 96385

**Transaction ID : SB21B.I6696**

City WASHINGTON State DC Zip Code 20090

Amount of Each Disbursement this Period

5	0	2	.	2	5
---	---	---	---	---	---

Purpose of Disbursement  
PAYROLL TAXES

Category/Type
---------------

Candidate Name

Memo Item

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. PRINCIPAL FINANCIAL GROUP**

Date of Disbursement

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

Mailing Address P.O. BOX 10372

**Transaction ID : SB21B.I6700**

City DES MOINES State IA Zip Code 50306

Amount of Each Disbursement this Period

2	7	8	.	3	8	0
---	---	---	---	---	---	---

Purpose of Disbursement  
EMPLOYEE BENEFITS

Category/Type
---------------

Candidate Name

Memo Item

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

4	1	3	.	9	2	8
---	---	---	---	---	---	---

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

4	1	3	.	9	2	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. US DEPARTMENT OF TREASURY**

Mailing Address 1500 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20220

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  
01 / 29 / 2016

Transaction ID : **SB21B.I6712**

Amount of Each Disbursement this Period

7124.12

Memo Item

Full Name (Last, First, Middle Initial)

**B. VIRGINIA DEPT OF TAXATION**

Mailing Address P.O. BOX 1777

City RICHMOND State VA Zip Code 23218

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  
01 / 29 / 2016

Transaction ID : **SB21B.I6714**

Amount of Each Disbursement this Period

612.13

Memo Item

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

7736.25

142175.72

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

NAME OF COMMITTEE (In Full) <b>American Crossroads</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00487363
---	--

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>RICHARD SALES MEDIA LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1702 E HIGHLAND AVE, STE 408 SUITE 408	Amount <input type="text"/>
City State Zip Code PHOENIX AZ 85016-4630	<b>Transaction ID : SE24.6702</b>
Purpose of Expenditure WEB AD PRODUCTION - SEE NOTICE FILED 1/17/2016	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate HILLARY CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
	<input type="text"/> 54600.00

Full Name of Payee <b>TARGETED VICTORY</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1033 NORTH FAIRFAX ST, STE 400	Amount <input type="text"/>
City State Zip Code ALEXANDRIA VA 22314	<b>Transaction ID : SE24.6706</b>
Purpose of Expenditure ONLINE ADVERTISING - SEE NOTICE FILED 1/17/2016	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate HILLARY CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
	<input type="text"/> 54600.00

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/> 54600.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<input type="text"/> 54600.00

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 CALEB CROSBY [Electronically Filed] Date  /  /