

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS**

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Crossroads Grassroots Policy Strategies

(b) Address (number and street) check if different than previously reported

1401 New York Avenue, NW Ste. 1200

(c) City, State and ZIP Code

Washington DC 20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C00000000

3. Is This Statement

New

or

Amended

4. Covering Period

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
08 / 23 / 2010

through

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
09 / 06 / 2010

5. (a) Date of Public Distribution(s) ^M ^M / ^D ^D / ^Y ^Y ^Y ^Y **(b) Communication Title** Health

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
09 / 03 / 2010

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name

Margee Clancy

(b) Address (number and street)

1701 Esquire Lane

(c) City, State and ZIP Code

McLean VA 22101

(d) Name of Employer or Principal Place of Business

MDC & Associates, Inc.

(e) Occupation

Owner

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

168635.98

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Margee Clancy

SIGNATURE Electronically Filed by Margee Clancy

DATE 09/03/2010

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

10030420959

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Steven Law	Transaction ID : F91.000001
	(b) Address (number and street) 1401 New York Avenue, NW Ste. 1200 Ste. 1200	
	(c) City, State and Zip Code Washington DC 20005	
	(d) Name of Employer or Principal Place of Business Crossroads Grassroots Policy Strategie	(e) Occupation Executive Director

10030420960

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media	Date of Disbursement or Obligation M M / D D / Y Y Y Y 08 / 23 / 2010						
Mailing Address of Payee 600 Fairmont Avenue Ste. 306	Amount 153695.00						
<table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Towson</td> <td>MD</td> <td>21286</td> </tr> </table>	City	State	Zip Code	Towson	MD	21286	Communication Date M M / D D / Y Y Y Y 09 / 03 / 2010
City	State	Zip Code					
Towson	MD	21286					
Name of Employer _____ Occupation _____	Transaction ID : F93.000001						

Purpose of Disbursement (including title(s) of communication(s))
 TV/Media Placement

Name of Federal Candidate John (Jack) William Conway	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District:	Disbursement/Obligation For: 2010 Primary <input checked="" type="checkbox"/> General Other (specify) _____
F94.000002				
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: Primary _____ General Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: Primary _____ General Other (specify) _____

B. Full Name (Last, First, Middle Initial) of Payee Wilson-Grand Communications	Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 02 / 2010						
Mailing Address of Payee 429 N St. Asaph Street	Amount 14940.98						
<table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	Communication Date M M / D D / Y Y Y Y 09 / 03 / 2010
City	State	Zip Code					
Alexandria	VA	22314					
Name of Employer _____ Occupation _____	Transaction ID : F93.000002						

Purpose of Disbursement (including title(s) of communication(s))
 TV/Media Production

Name of Federal Candidate John (Jack) William Conway	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District:	Disbursement/Obligation For: 2010 Primary <input checked="" type="checkbox"/> General Other (specify) _____
F94.000004				
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: Primary _____ General Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: Primary _____ General Other (specify) _____

SUBTOTAL of Disbursement/Obligation This Page (optional)	168635.98
TOTAL This Period (last page this line number only)	168635.98
(carry total from last page to line 10)	

10030420961

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Web form # 496</i>	Date of Receipt or Postmarked <i>9/13/10</i>

Jm 10
 PREPARER

9/17/10
 DATE PREPARED

10030420952