

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 C00487363 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, 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 07 01 2021 through 12 31 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Crosby, Caleb, , , Type or Print Name of Treasurer

Signature of Treasurer Crosby, Caleb, , , [Electronically Filed] Date 01 31 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2021"/>	<input type="text" value="137498.34"/>	<input type="text" value="137498.34"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="193183.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="519894.56"/>	<input type="text" value="750591.47"/>
(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="713077.78"/>	<input type="text" value="888089.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18613.49"/>	<input type="text" value="193625.52"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="694464.29"/>	<input type="text" value="694464.29"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Crossroads

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2021

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).....	25400.00	77250.00
(ii) Unitemized	230.00	455.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	25630.00	77705.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	150000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	25630.00	227705.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	494264.56	522886.47
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)).....▶	519894.56	750591.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	519894.56	750591.47

DETAILED SUMMARY PAGE
of Disbursements

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	18613.49	193625.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18613.49	193625.52
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)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	18613.49	193625.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18613.49	193625.52

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	25630.00	227705.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25630.00	227705.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18613.49	193625.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	494264.56	522886.47
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 475651.07	- 329260.95

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

Form/Schedule: F3XN
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:	PAGE 7 OF 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. HEMM, ARTHUR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35262 SUMMERLAND AVE
 City PALM DESERT State CA Zip Code 92211-2774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 09 / 2021**
Transaction ID : SA11A.19928
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. HEMM, ARTHUR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35262 SUMMERLAND AVE
 City PALM DESERT State CA Zip Code 92211-2774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 09 / 2021**
Transaction ID : SA11A.19947
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. CAPLAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5436 BELLAIRE DR.
 City NEW ORLEANS State LA Zip Code 70124-1035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEWIS & CAPLAN Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 24 / 2021**
Transaction ID : SA11A.19951
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Crossroads

A. HEMM, ARTHUR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35262 SUMMERLAND AVE
 City PALM DESERT State CA Zip Code 92211-2774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 09 / 2021
Transaction ID : SA11A.19958
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. MEDICA, MEGAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 26815
 City WINSTON SALEM State NC Zip Code 27114-6815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 09 / 14 / 2021
Transaction ID : SA11A.19960
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

C. CAPLAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5436 BELLAIRE DR.
 City NEW ORLEANS State LA Zip Code 70124-1035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEWIS & CAPLAN Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2021
Transaction ID : SA11A.19971
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 25100.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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. CAPLAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5436 BELLAIRE DR.
 City NEW ORLEANS State LA Zip Code 70124-1035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEWIS & CAPLAN Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2021
Transaction ID : SA11A.20007
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. CAPLAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5436 BELLAIRE DR.
 City NEW ORLEANS State LA Zip Code 70124-1035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEWIS & CAPLAN Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 24 / 2021
Transaction ID : SA11A.20033
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. CAPLAN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5436 BELLAIRE DR.
 City NEW ORLEANS State LA Zip Code 70124-1035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEWIS & CAPLAN Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 24 / 2021
Transaction ID : SA11A.20068
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	25400.00

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

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

FOR LINE NUMBER: PAGE 10 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MAIN STREET MEDIA GROUP

Mailing Address P.O. BOX 25093

City ALEXANDRIA State VA Zip Code 22313-5093

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
494264.56

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2021

Transaction ID : SA15.18905

Amount of Each Receipt this Period
494264.56

Memo Item
MEDIA REFUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B.

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	494264.56
TOTAL This Period (last page this line number only).....▶	494264.56

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 07 / 06 / 2021	
Mailing Address P.O. BOX 1270		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1890I Amount of Each Disbursement this Period [REDACTED] 21.20	
City NEWARK	State NJ	Zip Code 07101	Category/ Type [REDACTED]
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. CROSBY OTTENHOFF GROUP, LLC		Date of Disbursement MM / DD / YYYY 07 / 08 / 2021	
Mailing Address 611 PENNSYLVANIA AVE SE #267		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1891I Amount of Each Disbursement this Period [REDACTED] 200.00	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type [REDACTED]
Purpose of Disbursement BOOKKEEPING / COMPLIANCE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. REVV		Date of Disbursement MM / DD / YYYY 07 / 09 / 2021	
Mailing Address 1776 WILSON BLVD., SUITE 530		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1891I Amount of Each Disbursement this Period [REDACTED] 0.90	
City ARLINGTON	State VA	Zip Code 22209	Category/ Type [REDACTED]
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 222.10
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 07 / 13 / 2021	
Mailing Address P.O. BOX 1270		FEC Identification Number C [REDACTED]	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB21B.I1890
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ENTRIES		Category/Type	Amount of Each Disbursement this Period 580.08
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement MM / DD / YYYY 07 / 13 / 2021	
Mailing Address 1593 SPRING HILL ROAD, STE 400		FEC Identification Number C [REDACTED]	
City TYSONS CORNER	State VA	Zip Code 22182	Transaction ID : SB21B.I1891
Purpose of Disbursement DATABASE MANAGEMENT		Category/Type	Amount of Each Disbursement this Period 375.00
Candidate Name		<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. TRULUCK'S		Date of Disbursement MM / DD / YYYY 07 / 13 / 2021	
Mailing Address 700 K ST NW, STE 70		FEC Identification Number C [REDACTED]	
City WASHINGTON	State DC	Zip Code 20001	Transaction ID : SB21B.I1891
Purpose of Disbursement FOOD / BEVERAGE		Category/Type	Amount of Each Disbursement this Period 205.08
Candidate Name		<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	580.08
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"/> 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. ATMOSPHERE DIGITAL		Date of Disbursement MM / DD / YYYY 07 / 15 / 2021
Mailing Address 1897 PRESTON WHITE DRIVE, SUITE 31		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1891I Amount of Each Disbursement this Period [REDACTED] 387.50
City RESTON	State VA	Zip Code 20191
Purpose of Disbursement WEBSITE HOSTING / DEVELOPMENT		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ATCHLEY & ASSOCIATES LLP		Date of Disbursement MM / DD / YYYY 07 / 22 / 2021
Mailing Address 1005 LA POSADA DRIVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1890I Amount of Each Disbursement this Period [REDACTED] 3920.75
City AUSTIN	State TX	Zip Code 78752
Purpose of Disbursement ACCOUNTING SERVICES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. DEPARTMENT OF EMPLOYMENT SERVICES		Date of Disbursement MM / DD / YYYY 07 / 27 / 2021
Mailing Address P.O. BOX 96664		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1891I Amount of Each Disbursement this Period [REDACTED] 300.02
City WASHINGTON	State DC	Zip Code 20090
Purpose of Disbursement RESIDUAL 2020 PAYMENT		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 4608.27

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

[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. DEPARTMENT OF EMPLOYMENT SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2021

Mailing Address P.O. BOX 96664

FEC Identification Number

C []
Transaction ID : SB21B.I1891:
 Amount of Each Disbursement this Period
 [] 902.25

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement
RESIDUAL 2020 PAYMENT

[]
Category/
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. REVV

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2021

Mailing Address 1776 WILSON BLVD., SUITE 530

FEC Identification Number

C []
Transaction ID : SB21B.I1891:
 Amount of Each Disbursement this Period
 [] 0.09

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

[]
Category/
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		05		2021

Mailing Address P.O. BOX 1270

FEC Identification Number

C []
Transaction ID : SB21B.I1897
 Amount of Each Disbursement this Period
 [] 21.20

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

[]
Category/
Type

Candidate Name

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

Memo Item

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

[] 923.54

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"/> 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. CROSBY OTTENHOFF GROUP, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		05		2021

Mailing Address 611 PENNSYLVANIA AVE SE #267

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

C []
Transaction ID : SB21B.I1898I
 Amount of Each Disbursement this Period
 [] 400.00

Purpose of Disbursement
BOOKKEEPING / COMPLIANCE

[]
Category/
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)
B. REVV

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		09		2021

Mailing Address 1776 WILSON BLVD., SUITE 530

City ARLINGTON State VA Zip Code 22209

FEC Identification Number

C []
Transaction ID : SB21B.I1898I
 Amount of Each Disbursement this Period
 [] 0.90

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

[]
Category/
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)
C. AMERICAN EXPRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		11		2021

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

FEC Identification Number

C []
Transaction ID : SB21B.I1897
 Amount of Each Disbursement this Period
 [] 375.00

Purpose of Disbursement
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

[]
Category/
Type

Candidate Name

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

Memo Item

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

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

[] 775.90
 []

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2021

FEC Identification Number

C
Transaction ID : SB21B.I1898
Amount of Each Disbursement this Period
375.00

Memo Item

Full Name (Last, First, Middle Initial)

B. REVV

Mailing Address 1776 WILSON BLVD., SUITE 530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2021

FEC Identification Number

C
Transaction ID : SB21B.I1898
Amount of Each Disbursement this Period
0.90

Memo Item

Full Name (Last, First, Middle Initial)

C. ATCHLEY & ASSOCIATES LLP

Mailing Address 1005 LA POSADA DRIVE

City AUSTIN State TX Zip Code 78752

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2021

FEC Identification Number

C
Transaction ID : SB21B.I1897
Amount of Each Disbursement this Period
878.00

Memo Item

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

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

878.90

**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"/> 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. ATMOSPHERE DIGITAL		Date of Disbursement MM / DD / YYYY 08 / 26 / 2021
Mailing Address 1897 PRESTON WHITE DRIVE, SUITE 31		FEC Identification Number C Transaction ID : SB21B.I1897! Amount of Each Disbursement this Period 387.50
City RESTON	State VA	
Purpose of Disbursement WEBSITE HOSTING / DEVELOPMENT		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. REVV		Date of Disbursement MM / DD / YYYY 08 / 27 / 2021
Mailing Address 1776 WILSON BLVD., SUITE 530		FEC Identification Number C Transaction ID : SB21B.I1898! Amount of Each Disbursement this Period 0.45
City ARLINGTON	State VA	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 09 / 07 / 2021
Mailing Address P.O. BOX 1270		FEC Identification Number C Transaction ID : SB21B.I1904 Amount of Each Disbursement this Period 21.20
City NEWARK	State NJ	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	409.15
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"/> 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. CROSBY OTTENHOFF GROUP, LLC		Date of Disbursement MM / DD / YYYY 09 / 09 / 2021
Mailing Address 611 PENNSYLVANIA AVE SE #267		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1904 Amount of Each Disbursement this Period [REDACTED] 150.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement BOOKKEEPING / COMPLIANCE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. REVV		Date of Disbursement MM / DD / YYYY 09 / 09 / 2021
Mailing Address 1776 WILSON BLVD., SUITE 530		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1904 Amount of Each Disbursement this Period [REDACTED] 0.90
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 09 / 10 / 2021
Mailing Address P.O. BOX 1270		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1904 Amount of Each Disbursement this Period [REDACTED] 375.00
City NEWARK	State NJ	Zip Code 07101
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ENTRIES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

[REDACTED] 525.90
[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD, STE 400

City TYSONS CORNER State VA Zip Code 22182

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

/ /

FEC Identification Number

Transaction ID : SB21B.I1904;
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ATMOSPHERE DIGITAL

Mailing Address 1897 PRESTON WHITE DRIVE, SUITE 31

City RESTON State VA Zip Code 20191

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

/ /

FEC Identification Number

Transaction ID : SB21B.I1904;
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. REVV

Mailing Address 1776 WILSON BLVD., SUITE 530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.I1904;
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"/> 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. ATCHLEY & ASSOCIATES LLP

Date of Disbursement: MM / DD / YYYY
09 / 30 / 2021

Mailing Address 1005 LA POSADA DRIVE

City AUSTIN State TX Zip Code 78752

Purpose of Disbursement ACCOUNTING SERVICES

Candidate Name

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

State: District:

FEC Identification Number: C
Transaction ID : SB21B.I1904
Amount of Each Disbursement this Period: 2300.00

Memo Item

Full Name (Last, First, Middle Initial)
B. AMERICAN EXPRESS

Date of Disbursement: MM / DD / YYYY
10 / 05 / 2021

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

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

State: District:

FEC Identification Number: C
Transaction ID : SB21B.I1910
Amount of Each Disbursement this Period: 21.20

Memo Item

Full Name (Last, First, Middle Initial)
C. CROSBY OTTENHOFF GROUP, LLC

Date of Disbursement: MM / DD / YYYY
10 / 07 / 2021

Mailing Address 611 PENNSYLVANIA AVE SE #267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement BOOKKEEPING / COMPLIANCE

Candidate Name

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

State: District:

FEC Identification Number: C
Transaction ID : SB21B.I1910
Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2421.20

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 10 / 12 / 2021	
Mailing Address P.O. BOX 1270		FEC Identification Number C [REDACTED]	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB21B.I1910
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ENTRIES		Category/Type	Amount of Each Disbursement this Period 690.37
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement MM / DD / YYYY 10 / 12 / 2021	
Mailing Address 1593 SPRING HILL ROAD, STE 400		FEC Identification Number C [REDACTED]	
City TYSONS CORNER	State VA	Zip Code 22182	Transaction ID : SB21B.I1910
Purpose of Disbursement DATABASE MANAGEMENT		Category/Type	Amount of Each Disbursement this Period 375.00
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. GODADDY.COM		Date of Disbursement MM / DD / YYYY 10 / 12 / 2021	
Mailing Address 14455 N HAYDEN ROAD		FEC Identification Number C [REDACTED]	
City SCOTTSDALE	State AZ	Zip Code 85260	Transaction ID : SB21B.I1911
Purpose of Disbursement WEB SERVICE		Category/Type	Amount of Each Disbursement this Period 315.37
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

690.37
[REDACTED]

**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"/> 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. ATMOSPHERE DIGITAL		Date of Disbursement MM / DD / YYYY 10 / 14 / 2021
Mailing Address 1897 PRESTON WHITE DRIVE, SUITE 31		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1910f Amount of Each Disbursement this Period [REDACTED] 387.50
City RESTON	State VA	Zip Code 20191
Purpose of Disbursement WEBSITE HOSTING / DEVELOPMENT		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ATCHLEY & ASSOCIATES LLP		Date of Disbursement MM / DD / YYYY 10 / 21 / 2021
Mailing Address 1005 LA POSADA DRIVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1910f Amount of Each Disbursement this Period [REDACTED] 1074.00
City AUSTIN	State TX	Zip Code 78752
Purpose of Disbursement ACCOUNTING SERVICES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. REVV		Date of Disbursement MM / DD / YYYY 10 / 24 / 2021
Mailing Address 1776 WILSON BLVD., SUITE 530		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I1910 Amount of Each Disbursement this Period [REDACTED] 0.90
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

1462.40

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 11 / 04 / 2021	
Mailing Address P.O. BOX 1270		FEC Identification Number C [REDACTED]	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB21B.I1916
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/Type	Amount of Each Disbursement this Period 21.20
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 11 / 12 / 2021	
Mailing Address P.O. BOX 1270		FEC Identification Number C [REDACTED]	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB21B.I1916
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ENTRIES		Category/Type	Amount of Each Disbursement this Period 2083.08
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. CAPITOL COMPUTER EXCHANGE INC		Date of Disbursement MM / DD / YYYY 11 / 12 / 2021	
Mailing Address 4487 FORBES BLVD		FEC Identification Number C [REDACTED]	
City LANHAM	State MD	Zip Code 20706	Transaction ID : SB21B.I1917
Purpose of Disbursement COMPUTER TECHNICAL SUPPORT		Category/Type	Amount of Each Disbursement this Period 1609.08
Candidate Name		<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

2104.28

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD, STE 400

City TYSONS CORNER State VA Zip Code 22182

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
11 / 12 / 2021

FEC Identification Number

C
Transaction ID : SB21B.I1917
Amount of Each Disbursement this Period
375.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ATMOSPHERE DIGITAL

Mailing Address 1897 PRESTON WHITE DRIVE, SUITE 31

City RESTON State VA Zip Code 20191

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
11 / 18 / 2021

FEC Identification Number

C
Transaction ID : SB21B.I1916
Amount of Each Disbursement this Period
387.50

Memo Item

Full Name (Last, First, Middle Initial)

C. REVV

Mailing Address 1776 WILSON BLVD., SUITE 530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2021

FEC Identification Number

C
Transaction ID : SB21B.I1916
Amount of Each Disbursement this Period
0.90

Memo Item

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

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

388.40

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS			Date of Disbursement MM / DD / YYYY 12 / 06 / 2021	
Mailing Address P.O. BOX 1270			FEC Identification Number C [REDACTED]	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB21B.I1923	
Purpose of Disbursement CREDIT CARD PROCESSING FEES			Amount of Each Disbursement this Period [REDACTED] 21.20	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. THREE ARBOR INSURANCE, INC.			Date of Disbursement MM / DD / YYYY 12 / 09 / 2021	
Mailing Address 2828 OLD 280 COURT, SUITE 126			FEC Identification Number C [REDACTED]	
City VESTAVIA	State AL	Zip Code 35243	Transaction ID : SB21B.I1923	
Purpose of Disbursement INSURANCE			Amount of Each Disbursement this Period [REDACTED] 1351.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS			Date of Disbursement MM / DD / YYYY 12 / 10 / 2021	
Mailing Address P.O. BOX 1270			FEC Identification Number C [REDACTED]	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB21B.I1923	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ENTRIES			Amount of Each Disbursement this Period [REDACTED] 474.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

1846.20

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD, STE 400

City TYSONS CORNER State VA Zip Code 22182

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

M M / D D / Y Y Y Y Y Y
12 / 10 / 2021

FEC Identification Number

C
Transaction ID : SB21B.I1923
Amount of Each Disbursement this Period
375.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ATMOSPHERE DIGITAL

Mailing Address 1897 PRESTON WHITE DRIVE, SUITE 31

City RESTON State VA Zip Code 20191

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

M M / D D / Y Y Y Y Y Y
12 / 23 / 2021

FEC Identification Number

C
Transaction ID : SB21B.I1923
Amount of Each Disbursement this Period
387.50

Memo Item

Full Name (Last, First, Middle Initial)

C. REVV

Mailing Address 1776 WILSON BLVD., SUITE 530

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 24 / 2021

FEC Identification Number

C
Transaction ID : SB21B.I1923
Amount of Each Disbursement this Period
0.90

Memo Item

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

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

388.40

18613.49