

# 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.

American Crossroads

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day  Primary (12P)  General (12G)  Runoff (12R)  
 PRE-Election Report for the:  Convention (12C)  Special (12S)

Election on  /  /  in the State of

- (d) 30-Day  POST-Election  General (30G)  Runoff (30R)  Special (30S)  
 Report for the:

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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  /  /

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**

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Page 2

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"/>		3070065.23
(b) Cash on Hand at Beginning of Reporting Period.....	2369481.40	
(c) Total Receipts (from Line 19) .....	755755.00	4848477.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3125236.40	7918542.53
7. Total Disbursements (from Line 31).....	712469.10	5505775.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2412767.30	2412767.30
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

Write or Type Committee Name

**American Crossroads**

Report Covering the Period: From:  /  /  To:  /  /

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).....	633775.00	4356032.45
(ii) Unitemized .....	380.00	3319.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	634155.00	4359351.45
(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) .....	634155.00	4359351.45
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).....	121600.00	489125.85
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)).....▶	755755.00	4848477.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	755755.00	4848477.30

**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 .....	212469.10	2988162.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	212469.10	2988162.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500000.00	2400000.00
24. Independent Expenditures (use Schedule E) .....	0.00	117613.00
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)) ..	712469.10	5505775.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	712469.10	5505775.23

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	634155.00	4359351.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	634155.00	4359351.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	212469.10	2988162.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	121600.00	489125.85
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	90869.10	2499036.38

: 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 45
	(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"/> 15
	<input type="checkbox"/> 12	<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. DEJOY, LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 806 COUNTRY CLUB DRIVE  
 City GREENSBORO State NC Zip Code 27408-5601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) XPO Occupation (for Individual) BOARD OF DIRECTORS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2016  
**Transaction ID : SA11A.13699**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item  
**CONTRIBUTION**

**B. HOUSTON, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2514 EL GRECO  
 City AUSTIN State TX Zip Code 78703-1510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2016  
**Transaction ID : SA11A.13700**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
**CONTRIBUTION**

**C. SEVIER, VERNON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11122 LARK BROOK LANE  
 City HOUSTON State TX Zip Code 77065-3314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EXXON MOBIL CORPORATION Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2016  
**Transaction ID : SA11A.13704**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	27500.00
<b>TOTAL</b> 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 8 OF 45
<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. FERREIRA, FRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20026 E SUPERSTITION DR.  
 City QUEEN CREEK State AZ Zip Code 85142-9758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CROWN PEST,LLC Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11A.13705**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. RAY, LUCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 EAST 86TH STREET  
 City NYC State NY Zip Code 10028-1059  
 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 ▼ 500.00

Date of Receipt 10 / 24 / 2016  
**Transaction ID : SA11A.13706**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. PERKINS, KEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1737 HAVEMEYER LANE  
 City REDONDO BEACH State CA Zip Code 90278-4716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORTROP RUMMAN Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2016  
**Transaction ID : SA11A.13707**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 9 OF 45
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MONDSCHNEIN, LAWRENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 767 THIRD AVEUE  
 City NEW YORK State NY Zip Code 10017-2023  
 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 ▼ 250.00

Date of Receipt 10 / 26 / 2016  
**Transaction ID : SA11A.13709**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. MOZINGO, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 360 STRAWBERRY LANE  
 City ASHLAND State OR Zip Code 97520-2766  
 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 ▼ 250.00

Date of Receipt 10 / 26 / 2016  
**Transaction ID : SA11A.13708**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. O'BRIEN, PATRICK, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 549 WEST 19TH STREET  
 City CIMARRON State NM Zip Code 87714-9630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11A.13710**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**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 10 OF 45
	<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	

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

**A. BASS, LEE, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 MAIN STREET  
SUITE 2700

City FORT WORTH State TX Zip Code 76102-3131

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

Name of Employer (for Individual) THE BASS FAMILY FOUNDATION Occupation (for Individual) PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 10 / 31 / 2016  
**Transaction ID : SA11A.13713**

Amount of Each Receipt this Period 250000.00

Memo Item CONTRIBUTION

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

Mailing Address 114 MOUNTAIN VIEW DRIVE

City PACKWOOD State WA Zip Code 98361-9706

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

Name of Employer (for Individual) SHOPPER, INC. Occupation (for Individual) NEWSPAPER PUBLISHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2016  
**Transaction ID : SA11A.13715**

Amount of Each Receipt this Period 1000.00

Memo Item CONTRIBUTION

**C. REES-JONES, TREVOR, D., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8111 WESTCHESTER DRIVE  
SUITE 900

City DALLAS State TX Zip Code 75225-6146

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

Name of Employer (for Individual) CHIEF OIL & GAS, LLC Occupation (for Individual) OWNER & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750000.00

Date of Receipt 10 / 31 / 2016  
**Transaction ID : SA11A.13712**

Amount of Each Receipt this Period 250000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 501000.00

**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 11 OF 45
	<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	

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

**A. ROBERTS, DUANE, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4100 NEWPORT PLACE DR.  
 SUITE 400  
 City NEWPORT BEACH State CA Zip Code 92660-2450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ENTREPRENEURIAL CAPITAL Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 10 / 31 / 2016  
**Transaction ID : SA11A.13714**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**B. KSMK VENTURES, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 140 SUMMIT STREET  
 City PEABODY State MA Zip Code 01960-5156  
 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 ▼ 100000.00

Date of Receipt 11 / 01 / 2016  
**Transaction ID : SA11A.13716**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**C. MORRISON, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 SIMARA ST  
 City STUART State FL Zip Code 34996-6326  
 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 ▼ 2000.00

Date of Receipt 11 / 03 / 2016  
**Transaction ID : SA11A.13717**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102000.00
<b>TOTAL</b> 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 12 OF 45  
(check only one)

<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ANZALONE, TONY, , ,

Mailing Address 20 OVERLOOK CIRCLE

City GARNET VALLEY	State PA	Zip Code 19060-2247
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) FIDELITRADE INCORPORATED	Occupation (for Individual) DIRECTOR OF CASH MANAGEMENT
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		16		2016

**Transaction ID : SA11A.13719**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

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

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

Amount of Each Receipt this Period

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25.00
<b>TOTAL</b> This Period (last page this line number only).....▶	633775.00

**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 13 OF 45
<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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. SENATE LEADERSHIP FUND**

Mailing Address 45 N HILL DR, STE 100

City WARRENTON	State VA	Zip Code 20186
-------------------	-------------	-------------------

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 ▼  
486800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2016

**Transaction ID : SA15.8023**

Amount of Each Receipt this Period  
60800.00

Memo Item  
OVERHEAD AND ADMINISTRATIVE SERVICES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. SENATE LEADERSHIP FUND**

Mailing Address 45 N HILL DR, STE 100

City WARRENTON	State VA	Zip Code 20186
-------------------	-------------	-------------------

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 ▼  
486800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2016

**Transaction ID : SA15.8022**

Amount of Each Receipt this Period  
60800.00

Memo Item  
OVERHEAD AND ADMINISTRATIVE SERVICES

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 M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	121600.00
<b>TOTAL</b> This Period (last page this line number only).....	121600.00

**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"/> 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) <b>A. FAY, JENNIFER, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address P.O. BOX 34413		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7925</b> Amount of Each Disbursement this Period [REDACTED] 7.02
City WASHINGTON	State DC	Zip Code 20043-4413
Purpose of Disbursement REIMBURSEMENT- TAXIS		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>B. LAW, STEVEN, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address P.O. BOX 34413		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7948</b> Amount of Each Disbursement this Period [REDACTED] 4.13
City WASHINGTON	State DC	Zip Code 20043-4413
Purpose of Disbursement ULTIMATE VENDOR - DOES NOT MEET ITEMIZATION THRESHOLD		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>C. HOLTZMAN VOGEL JOSEFIK PLLC</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 45 NORTH HILL DRIVE, SUITE 100		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7969</b> Amount of Each Disbursement this Period [REDACTED] 15000.00
City WARRENTON	State VA	Zip Code 20186
Purpose of Disbursement LEGAL 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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 15011.15
<b>TOTAL</b> 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) <b>A. ADP INC</b>		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address 504 CLINTON CENTER DRIVE, STE 4400		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7951</b> Amount of Each Disbursement this Period [REDACTED] 125.79
City CLINTON	State MS	Zip Code 39056
Purpose of Disbursement PAYROLL PROCESSING		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>B. VISION SERVICE PLAN</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address P.O. BOX 742788		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7991</b> Amount of Each Disbursement this Period [REDACTED] 130.79
City LOS ANGELES	State CA	Zip Code 90074
Purpose of Disbursement EMPLOYEE BENEFITS		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>C. WIDGETMAKR</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2016
Mailing Address 7704 LEESBURG PIKE SUITE 400		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7993</b> Amount of Each Disbursement this Period [REDACTED] 133.51
City FALLS CHURCH	State VA	Zip Code 22043-2245
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)..... ▶

389.87

**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. 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

M M / D D / Y Y Y Y Y  
10 / 28 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I7952  
Amount of Each Disbursement this Period  
21.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BALLAS, NICHOLAS, , ,**

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 / D D / Y Y Y Y Y  
10 / 31 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I7942  
Amount of Each Disbursement this Period  
538.56

Memo Item

Full Name (Last, First, Middle Initial)

**C. BICHUNSKY, MALLORY, , ,**

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 / D D / Y Y Y Y Y  
10 / 31 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I7937  
Amount of Each Disbursement this Period  
285.93

Memo Item

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

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

845.49



**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) <b>A. EBERHART, GRACE, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address P.O. BOX 34413		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.I7920</b> Amount of Each Disbursement this Period 842.91
City WASHINGTON	State DC	
Zip Code 20043	Purpose of Disbursement PAYROLL	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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>B. FAY, JENNIFER, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address P.O. BOX 34413		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.I7926</b> Amount of Each Disbursement this Period 1661.41
City WASHINGTON	State DC	
Zip Code 20043-4413	Purpose of Disbursement PAYROLL	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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>C. GODOY, BRITTNEY, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address P.O. BOX 34413		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.I7916</b> Amount of Each Disbursement this Period 1154.83
City WASHINGTON	State DC	
Zip Code 20043	Purpose of Disbursement PAYROLL	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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)..... ▶

3659.15

**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) <b>A. LAW, STEVEN, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address P.O. BOX 34413		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I7949</b> Amount of Each Disbursement this Period [ ] 4659.33
City WASHINGTON	State DC	Zip Code 20043-4413
Purpose of Disbursement PAYROLL		Category/ Type [ ]
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>B. MEDVETZ, STEFAN, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address P.O. BOX 34413		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I7946</b> Amount of Each Disbursement this Period [ ] 614.50
City WASHINGTON	State DC	Zip Code 20043
Purpose of Disbursement PAYROLL		Category/ Type [ ]
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>C. MUELLER, JENNIFER, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address P.O. BOX 34413		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I7929</b> Amount of Each Disbursement this Period [ ] 918.13
City WASHINGTON	State DC	Zip Code 20043-4413
Purpose of Disbursement PAYROLL		Category/ Type [ ]
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 6191.96
<b>TOTAL</b> 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) <b>A. MUNGER, KRISTOPHER, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address P.O. BOX 34413		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I7935</b> Amount of Each Disbursement this Period [ ] 520.74	
City WASHINGTON	State DC	Zip Code 20043	Category/ Type [ ]
Purpose of Disbursement PAYROLL		Candidate Name	
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>B. NALLEN, KELLY, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address P.O. BOX 34413		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I7933</b> Amount of Each Disbursement this Period [ ] 1252.44	
City WASHINGTON	State DC	Zip Code 20043-4413	Category/ Type [ ]
Purpose of Disbursement PAYROLL		Candidate Name	
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>C. PETTIT, MARK, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address P.O. BOX 34413		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I7939</b> Amount of Each Disbursement this Period [ ] 457.37	
City WASHINGTON	State DC	Zip Code 20043	Category/ Type [ ]
Purpose of Disbursement PAYROLL		Candidate Name	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2230.55
<b>TOTAL</b> 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. PHILBIN, SEAN, , ,**

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: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.I7944**

Amount of Each Disbursement this Period: 1400.57

Memo Item

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

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: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.I7922**

Amount of Each Disbursement this Period: 1633.81

Memo Item

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

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: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.I7918**

Amount of Each Disbursement this Period: 830.45

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3864.83

**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"/> 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) <b>A. WILLIAMS, KATHERINE, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address P.O. BOX 34413		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7931</b> Amount of Each Disbursement this Period 1198.28	
City WASHINGTON	State DC	Zip Code 20043	Category/ Type
Purpose of Disbursement PAYROLL			
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>B. BENEFITWALLET</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address P.O. BOX 1584		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7958</b> Amount of Each Disbursement this Period 725.00	
City SECAUCUS	State NJ	Zip Code 07094	Category/ Type
Purpose of Disbursement HEALTH INSURANCE			
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>C. COMPTROLLER OF MARYLAND</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address STATE INCOME TAX BLDG		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7964</b> Amount of Each Disbursement this Period 46.96	
City ANNAPOLIS	State MD	Zip Code 21411	Category/ Type
Purpose of Disbursement PAYROLL TAXES			
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1970.24
<b>TOTAL</b> 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. 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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C [ ]

Transaction ID : SB21B.I7971

Amount of Each Disbursement this Period

[ ] 554.22

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C [ ]

Transaction ID : SB21B.I7975

Amount of Each Disbursement this Period

[ ] 2601.26

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C [ ]

Transaction ID : SB21B.I7976

Amount of Each Disbursement this Period

[ ] 75.00

Memo Item

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

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

[ ] 3230.48

[ ]

**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. 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

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.I7987**

Amount of Each Disbursement this Period

6415.19

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

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.I7989**

Amount of Each Disbursement this Period

605.97

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 601 PENNSYLVANIA AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
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

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.I7986**

Amount of Each Disbursement this Period

259.74

Memo Item

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

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

7280.90

**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**

**A. WIDGETMAKR**

Full Name (Last, First, Middle Initial)

Mailing Address 7704 LEESBURG PIKE  
SUITE 400

City FALLS CHURCH State VA Zip Code 22043-2245

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7994

Amount of Each Disbursement this Period: 43.50

Memo Item

**B. CFC CONSULTING INC**

Full Name (Last, First, Middle Initial)

Mailing Address 4100 OLD FLORIDA SHORT ROUTE

City MOUNTAIN BROOK State AL Zip Code 35243

Purpose of Disbursement BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7963

Amount of Each Disbursement this Period: 5250.00

Memo Item

**C. DRIVER EIGHT MEDIA LLC**

Full Name (Last, First, Middle Initial)

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) ▼

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7967

Amount of Each Disbursement this Period: 1250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6543.50

**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) <b>A. RED OAK STRATEGIC LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address P.O. BOX 2561		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7978</b> Amount of Each Disbursement this Period 4464.25
City ALEXANDRIA	State VA	Zip Code 22301
Purpose of Disbursement CONSULTING, ADVOCACY		Category/ Type
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>B. RIVERWOOD STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 439 E SHORE DRIVE, STE 100		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7979</b> Amount of Each Disbursement this Period 2500.00
City EAGLE	State ID	Zip Code 83616
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type
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>C. ROCK CONSULTING</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 5382 MEADOWBROOK ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7980</b> Amount of Each Disbursement this Period 1537.50
City BIRMINGHAM	State AL	Zip Code 35242
Purpose of Disbursement BOOKKEEPING / COMPLIANCE		Category/ Type
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)..... ▶

8501.75

**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) <b>A. THE AVASCENT GROUP</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1615 L STREET NW, STE 1200		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7984</b> Amount of Each Disbursement this Period 9730.85
City WASHINGTON	State DC	Zip Code 20036-5610
Purpose of Disbursement OFFICE RENT		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>B. PETTIT, MARK, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address P.O. BOX 34413		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7940</b> Amount of Each Disbursement this Period 35.25
City WASHINGTON	State DC	Zip Code 20043
Purpose of Disbursement ULTIMATE VENDOR - DOES NOT MEET ITEMIZATION THRESHOLD		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>C. ADP INC</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 504 CLINTON CENTER DRIVE, STE 4400		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7953</b> Amount of Each Disbursement this Period 125.57
City CLINTON	State MS	Zip Code 39056
Purpose of Disbursement PAYROLL PROCESSING		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)..... ▶

9891.67

**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) <b>A. BLACK ROCK GROUP LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 66 CANAL CENTER PLAZA, STE 555			
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement CONSULTING, ADVOCACY		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
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:	Amount of Each Disbursement this Period 44.47		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. BLACK ROCK GROUP LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 66 CANAL CENTER PLAZA, STE 555			
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement CONSULTING, ADVOCACY		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
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:	Amount of Each Disbursement this Period 20000.00		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. HIGHWOOD CAPITAL LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 915 E STREET NW, #613			
City WASHINGTON	State DC	Zip Code 20004	
Purpose of Disbursement DONOR DEVELOPMENT		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
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:	Amount of Each Disbursement this Period 1875.00		<input type="checkbox"/> Memo Item

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

21919.47

**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) <b>A. HOLTZMAN VOGEL JOSEFIK PLLC</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 45 NORTH HILL DRIVE, SUITE 100		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7970</b> Amount of Each Disbursement this Period 15000.00
City WARRENTON	State VA	Zip Code 20186
Purpose of Disbursement LEGAL SERVICES		Category/Type [REDACTED]
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>B. ROCK CONSULTING</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 5382 MEADOWBROOK ROAD		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7981</b> Amount of Each Disbursement this Period 145.72
City BIRMINGHAM	State AL	Zip Code 35242
Purpose of Disbursement BOOKKEEPING / COMPLIANCE		Category/Type [REDACTED]
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>C. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address P.O. BOX 53852		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7955</b> Amount of Each Disbursement this Period 32.80
City PHOENIX	State AZ	Zip Code 85072
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/Type [REDACTED]
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15178.52
<b>TOTAL</b> 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**

Mailing Address P.O. BOX 53852

City  
PHOENIX

State  
AZ

Zip Code  
85072

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

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7956

Amount of Each Disbursement this Period

[REDACTED] 21.15

Memo Item

Full Name (Last, First, Middle Initial)

**B. WIDGETMAKR**

Mailing Address 7704 LEESBURG PIKE  
SUITE 400

City  
FALLS CHURCH

State  
VA

Zip Code  
22043-2245

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

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7995

Amount of Each Disbursement this Period

[REDACTED] 4.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. PENZANCE**

Mailing Address 2400 N ST NW, STE 600

City  
WASHINGTON

State  
DC

Zip Code  
20037

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7973

Amount of Each Disbursement this Period

[REDACTED] 33756.67

Memo Item

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

[REDACTED] 33782.02

**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 - CARD**

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I7957  
Amount of Each Disbursement this Period  
3351.11

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I8000  
Amount of Each Disbursement this Period  
612.77

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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I8002  
Amount of Each Disbursement this Period  
364.19

Memo Item

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

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

3351.11

**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. CAMPAIGNMONITOR.COM**

Mailing Address 404/3-5 STAPLETON AVE

City  
SUTHERLAND

State  
AU

Zip Code  
02232

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8003

Amount of Each Disbursement this Period

24.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAREY**

Mailing Address 5300 SPECTRUM DRIVE, STE D

City  
FREDRICK

State  
MD

Zip Code  
21703

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8004

Amount of Each Disbursement this Period

104.58

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 7704 LEESBURG PIKE  
SUITE 400

City  
FALLS CHURCH

State  
VA

Zip Code  
22043-2245

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2016			

FEC Identification Number

C

Transaction ID : SB21B.I8005

Amount of Each Disbursement this Period

375.00

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"/> 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**

**A. COMCAST**

Full Name (Last, First, Middle Initial)

Mailing Address 900 MICHIGAN AVENUE NE

City WASHINGTON State DC Zip Code 20017

Purpose of Disbursement UTILITIES - INTERNET

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8006

Amount of Each Disbursement this Period: 46.22

Memo Item

**B. CONFERENCE AMERICA INC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 241188

City MONTGOMERY State AL Zip Code 36124

Purpose of Disbursement CONFERENCE CALLS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8007

Amount of Each Disbursement this Period: 109.14

Memo Item

**C. FEDEX**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 371461

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I8010

Amount of Each Disbursement this Period: 20.90

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"/> 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**

**A. GUERNSEY OFFICE PRODUCTS INC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 10846

City CHANTILLY State VA Zip Code 20153

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I8011  
Amount of Each Disbursement this Period

143.39

Memo Item

**B. LAZ PARKING**

Full Name (Last, First, Middle Initial)

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I8012  
Amount of Each Disbursement this Period

203.75

Memo Item

**C. LEXISNEXIS**

Full Name (Last, First, Middle Initial)

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I8013  
Amount of Each Disbursement this Period

695.10

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"/> 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. NESTLE**

Mailing Address 50 COMMERCE WAY

City NORTON State MA Zip Code 02766

Purpose of Disbursement  
FOOD / BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8014

Amount of Each Disbursement this Period

[REDACTED] 39.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I8020

Amount of Each Disbursement this Period

[REDACTED] 278.76

Memo Item

Full Name (Last, First, Middle Initial)

**C. DMM MEDIA INC**

Mailing Address 1911 N. FORT MYER DRIVE, STE 400

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
MEDIA PRODUCTION

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I7966

Amount of Each Disbursement this Period

[REDACTED] 16379.61

Memo Item

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

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

[REDACTED] 16379.61

[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) <b>A. BALLAS, NICHOLAS, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016	
Mailing Address P.O. BOX 34413		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7943</b> Amount of Each Disbursement this Period [REDACTED] 538.55	
City WASHINGTON	State DC	Zip Code 20043	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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>B. BICHUNSKY, MALLORY, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016	
Mailing Address P.O. BOX 34413		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7938</b> Amount of Each Disbursement this Period [REDACTED] 285.91	
City WASHINGTON	State DC	Zip Code 20043	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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>C. EBERHART, GRACE, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016	
Mailing Address P.O. BOX 34413		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7921</b> Amount of Each Disbursement this Period [REDACTED] 842.89	
City WASHINGTON	State DC	Zip Code 20043	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1667.35
<b>TOTAL</b> 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) <b>A. FAY, JENNIFER, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016	
Mailing Address P.O. BOX 34413		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7927</b> Amount of Each Disbursement this Period [REDACTED] 1661.40	
City WASHINGTON	State DC	Zip Code 20043-4413	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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>B. GODOY, BRITTNEY, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016	
Mailing Address P.O. BOX 34413		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7917</b> Amount of Each Disbursement this Period [REDACTED] 1154.81	
City WASHINGTON	State DC	Zip Code 20043	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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>C. LAW, STEVEN, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016	
Mailing Address P.O. BOX 34413		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I7950</b> Amount of Each Disbursement this Period [REDACTED] 4659.33	
City WASHINGTON	State DC	Zip Code 20043-4413	Category/ Type [REDACTED]
Purpose of Disbursement PAYROLL		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 7475.54
<b>TOTAL</b> 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) <b>A. MEDVETZ, STEFAN, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016	
Mailing Address P.O. BOX 34413		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I7947</b> Amount of Each Disbursement this Period [ ] 614.49	
City WASHINGTON	State DC	Zip Code 20043	Category/ Type [ ]
Purpose of Disbursement PAYROLL		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>B. MUELLER, JENNIFER, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016	
Mailing Address P.O. BOX 34413		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I7930</b> Amount of Each Disbursement this Period [ ] 918.14	
City WASHINGTON	State DC	Zip Code 20043-4413	Category/ Type [ ]
Purpose of Disbursement PAYROLL		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>C. MUNGER, KRISTOPHER, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016	
Mailing Address P.O. BOX 34413		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I7936</b> Amount of Each Disbursement this Period [ ] 520.74	
City WASHINGTON	State DC	Zip Code 20043	Category/ Type [ ]
Purpose of Disbursement PAYROLL		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2053.37
<b>TOTAL</b> 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**

**A. NALLEN, KELLY, , ,**

Full Name (Last, First, Middle Initial)

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7934

Amount of Each Disbursement this Period: 1252.43

Memo Item

**B. PETTIT, MARK, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7941

Amount of Each Disbursement this Period: 457.37

Memo Item

**C. PHILBIN, SEAN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I7945

Amount of Each Disbursement this Period: 1400.56

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3110.36

**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. PRIOR, IAN, , ,**

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	/	D	D	/	Y	Y	Y	Y
11			15			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.I7923**

Amount of Each Disbursement this Period

1633.81

Memo Item

Full Name (Last, First, Middle Initial)

**B. SUTHERLAND, CAITLIN, , ,**

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	/	D	D	/	Y	Y	Y	Y
11			15			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.I7919**

Amount of Each Disbursement this Period

830.46

Memo Item

Full Name (Last, First, Middle Initial)

**C. WILLIAMS, KATHERINE, , ,**

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	/	D	D	/	Y	Y	Y	Y
11			15			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.I7932**

Amount of Each Disbursement this Period

1198.29

Memo Item

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

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

3662.56

**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. 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

/  /

FEC Identification Number

Transaction ID : SB21B.I7959

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. COMPTROLLER OF MARYLAND**

Mailing Address STATE INCOME TAX BLDG

City  
ANNAPOLIS

State  
MD

Zip Code  
21411

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

/  /

FEC Identification Number

Transaction ID : SB21B.I7965

Amount of Each Disbursement this Period

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

/  /

FEC Identification Number

Transaction ID : SB21B.I7972

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. 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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2016			

FEC Identification Number

C

Transaction ID : SB21B.I7977

Amount of Each Disbursement this Period

2601.26

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2016			

FEC Identification Number

C

Transaction ID : SB21B.I7988

Amount of Each Disbursement this Period

6415.27

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2016			

FEC Identification Number

C

Transaction ID : SB21B.I7990

Amount of Each Disbursement this Period

605.97

Memo Item

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

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

9622.50

**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) <b>A. WIDGETMAKR</b>		Date of Disbursement MM / DD / YYYY 11 / 16 / 2016
Mailing Address 7704 LEESBURG PIKE SUITE 400		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I7996</b>
City FALLS CHURCH	State VA	Zip Code 22043-2245
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Amount of Each Disbursement this Period [ ] 0.42
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>B. BEYERSDORFER, ANNE, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016
Mailing Address 2315 CHAIN BRIDGE ROAD NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I7915</b>
City WASHINGTON	State DC	Zip Code 20016
Purpose of Disbursement CONSULTING, MEDIA		Amount of Each Disbursement this Period [ ] 7500.00
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) <b>C. FAY, JENNIFER, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016
Mailing Address P.O. BOX 34413		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I7928</b>
City WASHINGTON	State DC	Zip Code 20043-4413
Purpose of Disbursement REIMBURSEMENT- TAXIS		Amount of Each Disbursement this Period [ ] 16.84
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)..... ▶

7517.26

**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. PRIOR, IAN, , ,**

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2016			

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.I7924**

Amount of Each Disbursement this Period

[Redacted] 11.86

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2016			

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.I7962**

Amount of Each Disbursement this Period

[Redacted] 8387.49

Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX ST, STE 400

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
WEBSITE HOSTING / DEVELOPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2016			

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.I7983**

Amount of Each Disbursement this Period

[Redacted] 4500.00

Memo Item

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

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

[Redacted] 12899.35

[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. 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2016			

FEC Identification Number

C

Transaction ID : SB21B.I7954

Amount of Each Disbursement this Period

146.57

Memo Item

Full Name (Last, First, Middle Initial)

**B. VISION SERVICE PLAN**

Mailing Address P.O. BOX 742788

City  
LOS ANGELES

State  
CA

Zip Code  
90074

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2016			

FEC Identification Number

C

Transaction ID : SB21B.I7992

Amount of Each Disbursement this Period

130.79

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE MK GROUP LLC**

Mailing Address 5905 GLOSTER ROAD

City  
BETHESDA

State  
MD

Zip Code  
20816

Purpose of Disbursement  
DONOR DEVELOPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2016			

FEC Identification Number

C

Transaction ID : SB21B.I7985

Amount of Each Disbursement this Period

2625.00

Memo Item

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

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

2902.36

212459.10

# 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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**

**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

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2016

FEC Identification Number: C

Transaction ID : SB23.I7982

Amount of Each Disbursement this Period: 500000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	500000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500000.00