

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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
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.

Type or Print Name of Treasurer Caleb Crosby

Signature of Treasurer Caleb Crosby [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Crossroads

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="2726785.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3390133.29"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11391615.00"/>	<input type="text" value="21791281.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="14781748.29"/>	<input type="text" value="24518066.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5777457.43"/>	<input type="text" value="15513775.70"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9004290.86"/>	<input type="text" value="9004290.86"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Crossroads

Report Covering the Period: From: 09 / 01 / 2014 To: 09 / 30 / 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11385250.00	21651450.00
(ii) Unitemized	6365.00	13774.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11391615.00	21665224.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	125000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11391615.00	21790224.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	1057.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11391615.00	21791281.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11391615.00	21791281.00

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	2535517.72	6050987.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2535517.72	6050987.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	393218.17
24. Independent Expenditures (use Schedule E)	3241939.71	9069569.54
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5777457.43	15513775.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5777457.43	15513775.70

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11391615.00	21790224.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11391615.00	21790224.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2535517.72	6050987.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1057.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2535517.72	6049930.99

: 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 88
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Crossroads

A. GEORGE FRANCISCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 W BROAD OAKS
 City HOUSTON State TX Zip Code 77056-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer M3MIDSTREAM LLC Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2014
Transaction ID : SA11.12917
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. K. L. BOSWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5804 WOODVIEW AVENUE
 City AUSTIN State TX Zip Code 78756-1030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2014
Transaction ID : SA11.12921
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. MALCOLM B. WOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22740 LAKE ROAD
 City ROCKY RIVER State OH Zip Code 44116-1022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2014
Transaction ID : SA11.12922
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1350.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 88
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)
A. DALE K. CLINE
 Mailing Address PO BOX 3966
 City State Zip Code
 HICKORY NC 28603-3966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DALE K. CLINE, CPA, PLLC OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014
Transaction ID : SA11.12928
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. DAVID KEY
 Mailing Address 27185 WOODBLUFF ROAD
 City State Zip Code
 LAGUNA HILLS CA 92653-7535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED CONSULTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2014
Transaction ID : SA11.12927
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. RICHARD ARCIERO
 Mailing Address 2335 RIVER RD
 City State Zip Code
 HAMILTON NY 13346-2651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BENEFIT ADVISORS OF NY, INC. INSURANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2014
Transaction ID : SA11.12931
 Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5550.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 88
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)
A. DAVID C. DAVISSON

Mailing Address 2308 DANBURY DR

City COLLEYVILLE State TX Zip Code 76034-5423

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 09 / 05 / 2014
Transaction ID : SA11.12930

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MARCIE STRASNER

Mailing Address 23439 ABBEY GLEN PLACE

City VALENCIA State CA Zip Code 91354-1112

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 09 / 05 / 2014
Transaction ID : SA11.12932

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. SUSAN RICHARDSON

Mailing Address 8132 SANDERLING RD

City SARASOTA State FL Zip Code 34242-2743

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 09 / 06 / 2014
Transaction ID : SA11.12933

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Crossroads

A. EDWARD G. WATKINS
Full Name (Last, First, Middle Initial)

Mailing Address 525 OKEECHOBEE BLVD, SUITE 1000

City WEST PALM BEACH	State FL	Zip Code 33401-6357
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2014
Transaction ID : SA11.12935

Amount of Each Receipt this Period
 450000.00

CONTRIBUTION

B. FRED M FERREIRA
Full Name (Last, First, Middle Initial)

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 CROWN PEST,LLC	Occupation OWNER
------------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : SA11.12940

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

C. ALSTON PENFOLD
Full Name (Last, First, Middle Initial)

Mailing Address 1809 S SHORE DR

City CLEAR LAKE	State IA	Zip Code 50428-2819
--------------------	-------------	------------------------

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

Name of Employer A TO Z DRYING	Occupation CEO
-----------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : SA11.12941

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	456000.00
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 88
	<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. WILLIAM GOSNELL
Full Name (Last, First, Middle Initial)

Mailing Address 6335 N 35TH ST

City PARADISE VALLEY State AZ Zip Code 85253-3709

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2014

Transaction ID : SA11.12942

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

B. BARBARA R. BANKE
Full Name (Last, First, Middle Initial)

Mailing Address 421 AVIATION BOULEVARD

City SANTA ROSA State CA Zip Code 95403-1069

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

Name of Employer JACKSON FAMILY HOLDINGS Occupation PROPRIETOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11.12944

Amount of Each Receipt this Period
 100000.00

CONTRIBUTION

C. THOMAS LOWE
Full Name (Last, First, Middle Initial)

Mailing Address 2630 W LAFAYETTE RD

City EXCELSIOR State MN Zip Code 55331-9417

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014

Transaction ID : SA11.12947

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	102600.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 88
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)
A. MALCOLM MCIVER
 Mailing Address 7860 SW NORTHVALE WAY
 City State Zip Code
 PORTLAND OR 97225-1552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 COMMERCE PROPERTIES REAL ESTATE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : SA11.12946
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. RONALD W. HOLDEN
 Mailing Address P.O. BOX 30
 City State Zip Code
 WILLIAMSBURG IA 52361-0030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 50000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : SA11.12951
 Amount of Each Receipt this Period
 50000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. CRAIG MCCAWE
 Mailing Address P.O. BOX 2908
 City State Zip Code
 KIRKLAND WA 98083-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EAGLE RIVER INVESTMENTS CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : SA11.12948
 Amount of Each Receipt this Period
 100000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 152000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 13 OF 88
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)
A. BRUCE RASTETTER
 Mailing Address **224 S. BELL AVENUE**
 City State Zip Code
AMES IA 50010-7719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
HAWKEYE ENERGY HOLDINGS CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
50000.00

Date of Receipt
09 / 12 / 2014
Transaction ID : SA11.12949
 Amount of Each Receipt this Period
50000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. GARY SEWELL
 Mailing Address **3400 JUNCTION CITY HIGHWAY**
 City State Zip Code
EL DORADO AR 71730-8308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
SEWELL DRILLING FOUNDER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
10000.00

Date of Receipt
09 / 12 / 2014
Transaction ID : SA11.12950
 Amount of Each Receipt this Period
10000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. RICHARD FOWNES
 Mailing Address **160 POWDER POINT AVENUE
SUITE 505**
 City State Zip Code
DUXBURY MA 02332-3935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
SELF-EMPLOYED INVESTMENTS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 14 / 2014
Transaction ID : SA11.12954
 Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► **61000.00**
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 14 OF 88
	<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. VERNON SEVIER
Full Name (Last, First, Middle Initial)

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 EXXON MOBIL CORPORATION Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2014
Transaction ID : SA11.12955

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. RON VANETTES
Full Name (Last, First, Middle Initial)

Mailing Address 8 TAYLYNN COURT

City COTO DE CAZA State CA Zip Code 92679-5223

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

Name of Employer SHARP FREIGHT Occupation SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2014
Transaction ID : SA11.12953

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

C. RICHARD A. MANOOGIAN
Full Name (Last, First, Middle Initial)

Mailing Address 21001 VAN BORN ROAD

City TAYLOR State MI Zip Code 48180-1340

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

Name of Employer MASCO CORPORATION Occupation CHAIRMAN EMERITUS

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
 09 / 15 / 2014
Transaction ID : SA11.12961

Amount of Each Receipt this Period
 25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 26100.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 88
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)
A. CALVIN MORSE

Mailing Address 6761 VALLON DRIVE

City RANCHO PALOS VERDES State CA Zip Code 90275-5358

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 09 / 15 / 2014
Transaction ID : SA11.12957

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. PETER F. SECCHIA

Mailing Address 220 LYON, NW
SUITE 510

City GRAND RAPIDS State MI Zip Code 49503-2210

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

Name of Employer SIBSCO, LLC Occupation MANAGING PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 09 / 15 / 2014
Transaction ID : SA11.12962

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. JEFFREY MADDISON

Mailing Address 16562 SE 77TH NORTHRIDGE CT

City THE VILLAGES State FL Zip Code 32162-8358

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 09 / 16 / 2014
Transaction ID : SA11.12968

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 26250.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 88
(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

Full Name (Last, First, Middle Initial)
A. KEN PERKINS

Mailing Address 1737 HAVEMEYER LANE

City State Zip Code
REDONDO BEACH CA 90278-4716

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

Name of Employer Occupation
NORTHROP GRUMMAN ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 16 / 2014
Transaction ID : SA11.12970

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MOUNTAIRE CORPORATION

Mailing Address 1901 NAPA VALLEY DRIVE

City State Zip Code
LITTLE ROCK AR 72212-3913

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
09 / 16 / 2014
Transaction ID : SA11.12967

Amount of Each Receipt this Period
250000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. TRT HOLDINGS, INC.

Mailing Address 4001 MAPLE AVENUE
SUITE 600

City State Zip Code
DALLAS TX 75219-3241

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000000.00

Date of Receipt
09 / 16 / 2014
Transaction ID : SA11.12969

Amount of Each Receipt this Period
1000000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250500.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 88
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)
A. FRANCES CAMP

Mailing Address 799 LYTHAM CIRCLE

City State Zip Code
OSPREY FL 34229-8917

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

Name of Employer Occupation
RETIRED RETIRED

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
 09 / 17 / 2014
Transaction ID : SA11.12978

Amount of Each Receipt this Period
 25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. DONALD PICKETT

Mailing Address 23994 SKY HARBOUR ROAD

City State Zip Code
FRIANT CA 93626-9737

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2014
Transaction ID : SA11.12971

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. JOHN SCHWARZ

Mailing Address 4900 WOODWAY DR.
STE800

City State Zip Code
HOUSTON TX 77056-1809

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2014
Transaction ID : SA11.12982

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 32500.00

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 18 OF 88
	<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. JOHN W. BURRESS III
Full Name (Last, First, Middle Initial)

Mailing Address 380 KNOLLWOOD STREET
SUITE 610

City WINSTON SALEM State NC Zip Code 27103-1862

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
09 / 18 / 2014
Transaction ID : SA11.12996

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

B. LEIGHTON RUSSELL FRYE
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 743
17723 CALLE MAYOR

City RANCHO SANTA FE State CA Zip Code 92067-0743

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

Name of Employer LJR, LLC Occupation REAL ESTATE INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
09 / 18 / 2014
Transaction ID : SA11.13003

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

C. ANDREW E. SABIN
Full Name (Last, First, Middle Initial)

Mailing Address 300 PANTIGO PLACE, SUITE 102

City EAST HAMPTON State NY Zip Code 11937-2630

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

Name of Employer SABIN METAL CORPORATION Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
09 / 18 / 2014
Transaction ID : SA11.12995

Amount of Each Receipt this Period
50000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 85000.00

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 19 OF 88
	<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. WALT SHJEFLO
Full Name (Last, First, Middle Initial)

Mailing Address 2000 ALAMEDA DE LAS PULGAS

City	State	Zip Code
SAN MATEO	CA	94403-1269

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

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2014

Transaction ID : SA11.12992

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B. JOHN WHITAKER
Full Name (Last, First, Middle Initial)

Mailing Address 19 GRAYLYN PLACE

City	State	Zip Code
WINSTON SALEM	NC	27106-5855

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

Name of Employer	Occupation
INMAR INC	FOUNDER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2014

Transaction ID : SA11.12988

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

C. RUBEN MARTIN III
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 191

City	State	Zip Code
KILGORE	TX	75663-0191

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

Name of Employer	Occupation
MARTIN RESOURCE MANAGEMENT CORPO	PRESIDENT & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2014

Transaction ID : SA11.13013

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	200100.00
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 20 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Crossroads

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

Date of Receipt 09 / 19 / 2014
Transaction ID : SA11.13012
 Amount of Each Receipt this Period 250000.00
 CONTRIBUTION

B. WESTERN RIM PROPERTY SERVICES
 Full Name (Last, First, Middle Initial)
 Mailing Address 2505 N. STATE HWY 360, STE 800
 City GRAND PRAIRIES State TX Zip Code 75050-3862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200000.00

Date of Receipt 09 / 19 / 2014
Transaction ID : SA11.13011
 Amount of Each Receipt this Period 200000.00
 CONTRIBUTION

C. LARRY BUTTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4009 111TH ST
 City LUBBOCK State TX Zip Code 79423-0897
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2014
Transaction ID : SA11.13022
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	450250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 88
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Crossroads

A. PAUL GEORGE
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1902

City JACKSON	State WY	Zip Code 83001-1902
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2014

Transaction ID : SA11.13019

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. DAVID GOZA
Full Name (Last, First, Middle Initial)
Mailing Address 1410 ROUNDSTONE DR.

City RICHMOND	State TX	Zip Code 77406-6603
------------------	-------------	------------------------

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

Name of Employer TECHNIP USA	Occupation DESIGNER
---------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2014

Transaction ID : SA11.13026

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. PETER SWENSON
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 8

City TILDEN	State TX	Zip Code 78072-0008
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2014

Transaction ID : SA11.13024

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	7250.00
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 22 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Crossroads

A. ERNEST ALLDREDGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7661 E. WHISPERING WIND DR.
 City SCOTTSDALE State AZ Zip Code 85255-2792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2014
Transaction ID : SA11.13036
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. SCOTT GREER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11515 MEMORIAL DRIVE
 City HOUSTON State TX Zip Code 77024-7328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KING & SPALDING Occupation LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2014
Transaction ID : SA11.13031
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

C. THOMAS HAYTHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 LAMBOLL STREET
 City CHARLESTON State SC Zip Code 29401-2314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation BUSINESS LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 21 / 2014
Transaction ID : SA11.13032
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 88
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Crossroads

A. MICHAEL NOVELLI
Full Name (Last, First, Middle Initial)

Mailing Address 42 PALMER CREST COURT

City THE WOODLANDS State TX Zip Code 77381-4209

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

Name of Employer CYPRESSBROOK COMPANY Occupation REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2014

Transaction ID : SA11.13035

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

B. LEON PETTIJOHN
Full Name (Last, First, Middle Initial)

Mailing Address 6072 EAGLE POINT LANE

City FRISCO State TX Zip Code 75034-3408

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2014

Transaction ID : SA11.13030

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. STEVE SIMONI
Full Name (Last, First, Middle Initial)

Mailing Address 174 COCONUT PALM RD.

City BOCA RATON State FL Zip Code 33432-8601

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2014

Transaction ID : SA11.13037

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 24 OF 88
	<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. JIM WHITE
Full Name (Last, First, Middle Initial)

Mailing Address 2576 FALLEN LEAF LANE

City CHARLOTTEVILLE State VA Zip Code 22901-5224

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

Name of Employer VA Occupation M.D.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 21 / 2014
Transaction ID : SA11.13038

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. NEIL C. BENDER
Full Name (Last, First, Middle Initial)

Mailing Address 421 SAN MARCO DRIVE

City FORT LAUDERDALE State FL Zip Code 33301-2543

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

Name of Employer VELOCITY SOLUTIONS, INC. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt
 09 / 22 / 2014
Transaction ID : SA11.13045

Amount of Each Receipt this Period
 25000.00

CONTRIBUTION

C. KENNETH C. GRIFFIN
Full Name (Last, First, Middle Initial)

Mailing Address 131 S. DEARBORN STREET

City CHICAGO State IL Zip Code 60603-5517

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

Name of Employer CITADEL INVESTMENT GROUP Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950000.00

Date of Receipt
 09 / 22 / 2014
Transaction ID : SA11.13044

Amount of Each Receipt this Period
 700000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 725250.00

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 25 OF 88
	<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. JOHN HENNELLY
Full Name (Last, First, Middle Initial)

Mailing Address 1457 ENCINA ROAD

City SANTA FE State NM Zip Code 87505-4727

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

Name of Employer FIDELITY NATIONAL FINANCIAL Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
09 / 22 / 2014
Transaction ID : SA11.13049

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. JACKIE MAJORS
Full Name (Last, First, Middle Initial)

Mailing Address 317 MONTEREY DRIVE

City CLINTON State MS Zip Code 39056-5738

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 22 / 2014
Transaction ID : SA11.13039

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. RENEE MORSE
Full Name (Last, First, Middle Initial)

Mailing Address 1020 LAKE SUMTER LANDING

City THE VILLAGES State FL Zip Code 32162-2699

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
09 / 22 / 2014
Transaction ID : SA11.13040

Amount of Each Receipt this Period
100000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 101250.00

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 26 OF 88
	<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. THOMAS OLENICK
Full Name (Last, First, Middle Initial)

Mailing Address 621 WAVELAND

City LAKE FOREST State IL Zip Code 60045-3033

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

Name of Employer OLENICK & ASSOCIATES Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : SA11.13041

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

B. GEORGE H. OSTRANDER
Full Name (Last, First, Middle Initial)

Mailing Address 707 GLENWOOD AVENUE

City DE PERE State WI Zip Code 54115-3012

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : SA11.13046

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. J. JOE RICKETTS
Full Name (Last, First, Middle Initial)

Mailing Address 607 UPPER HOBACK ROAD

City LITTLE JACKSON HOLE State WY Zip Code 82922

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

Name of Employer SELF-EMPLOYED Occupation ENTREPRENEUR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : SA11.13043

Amount of Each Receipt this Period
 500000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 503000.00

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 27 OF 88
	<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

Full Name (Last, First, Middle Initial)
A. LAUREL HARBOUR

Mailing Address **2501 WEST 120TH PLACE**

City **LEAWOOD** State **KS** Zip Code **66209-1115**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : SA11.13051

Amount of Each Receipt this Period **500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. NORMAN C. MASON

Mailing Address **40902 N. 94TH STREET**

City **SCOTTSDALE** State **AZ** Zip Code **85262-2618**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3500.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : SA11.13053

Amount of Each Receipt this Period **2500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. LINDA E. MCMAHON

Mailing Address **14 HURLINGHAM DRIVE**

City **GREENWICH** State **CT** Zip Code **06831-2739**

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

Name of Employer **MCMAHON VENTURES** Occupation **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800000.00**

Date of Receipt **09 / 23 / 2014**

Transaction ID : SA11.13064

Amount of Each Receipt this Period **700000.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► **703000.00**

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

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

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

FOR LINE NUMBER: PAGE 28 OF 88
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Crossroads

A. WILLIAM MORRISON JR.
 Full Name (Last, First, Middle Initial)
 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 RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 23 / 2014
Transaction ID : SA11.13059
 Amount of Each Receipt this Period 2000.00
 CONTRIBUTION

B. WILLIAM E. OBERNDORF
 Full Name (Last, First, Middle Initial)
 Mailing Address 505 SANSOME STREET SUITE 1950
 City SAN FRANCISCO State CA Zip Code 94111-3173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OBERNDORF ENTERPRISES, LLC Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350000.00

Date of Receipt 09 / 23 / 2014
Transaction ID : SA11.13062
 Amount of Each Receipt this Period 250000.00
 CONTRIBUTION

C. CHRIS SEAVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2200 WILLOWICK ROAD, 4C
 City HOUSTON State TX Zip Code 77027-4063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 23 / 2014
Transaction ID : SA11.13055
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 253000.00
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 29 OF 88
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	<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. JEFFREY SILVERMAN
Full Name (Last, First, Middle Initial)

Mailing Address 1445 16TH STREET
1102

City MIAMI BEACH State FL Zip Code 33139-2147

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
09 / 23 / 2014
Transaction ID : SA11.13050

Amount of Each Receipt this Period
100000.00

CONTRIBUTION

B. ROBERT SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 10800 E CACTUS RD. #46

City SCOTTSDALE State AZ Zip Code 85259-2505

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

Name of Employer HALIFAX MOOSEHEADS HOCKEY CLUB Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 23 / 2014
Transaction ID : SA11.13065

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 111 CENTER STREET
SUITE 200

City LITTLE ROCK State AR Zip Code 72201-4404

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
09 / 23 / 2014
Transaction ID : SA11.13052

Amount of Each Receipt this Period
250000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 350500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 88
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)
A. JOHN E. ANTHONY

Mailing Address P.O. BOX 20129

City State Zip Code
HOT SPRINGS AR 71903-0129

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

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2014
Transaction ID : SA11.13067

Amount of Each Receipt this Period
250000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. PAT O' BRIEN

Mailing Address 549 WEST 19TH STREET

City State Zip Code
CIMARRON NM 87714-9630

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2014
Transaction ID : SA11.13068

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. CROW HOLDINGS, L.L.C.

Mailing Address 3819 MAPLE AVENUE

City State Zip Code
DALLAS TX 75219-3913

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2014
Transaction ID : SA11.13069

Amount of Each Receipt this Period
250000.00

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: PAGE 31 OF 88
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Crossroads

A. BRUCE BAUMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 CHESTNUT ST.
 City DEDHAM State MA Zip Code 02026-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2014
Transaction ID : SA11.13073
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

B. ANTHONY BELMONTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2770 FLEETWOOD DRIVE
 City SAN BRUNO State CA Zip Code 94066-2627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer YBC ASSOCIATES INC. Occupation PROPERTY MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2014
Transaction ID : SA11.13077
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

C. WILLIAM GORDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 12020 N. 118TH ST.
 City SCOTTSDALE State AZ Zip Code 85259-3218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 25 / 2014
Transaction ID : SA11.13076
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 2500.00
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 32 OF 88
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	<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

Full Name (Last, First, Middle Initial) A. SETH A. KLARMAN		Date of Receipt MM / DD / YYYY 09 / 25 / 2014 Transaction ID : SA11.13078
Mailing Address 10 ST. JAMES AVENUE SUITE 1700		Amount of Each Receipt this Period 200000.00
City BOSTON	State MA	Zip Code 02116-3814
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer THE BAUPOST GROUP, LLC	Occupation PRESIDENT & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300000.00	

Full Name (Last, First, Middle Initial) B. JONATHAN SAVAS		Date of Receipt MM / DD / YYYY 09 / 25 / 2014 Transaction ID : SA11.13074
Mailing Address 110 VISTA RD		Amount of Each Receipt this Period 500.00
City WILTON	State CT	Zip Code 06897-1431
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SHENKMAN CAPITAL MANAGEMENT	Occupation PORTFOLIO MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. FRANKLIN ANTONIO		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 Transaction ID : SA11.13084
Mailing Address 2765 CORDOBA COVE		Amount of Each Receipt this Period 5000.00
City DEL MAR	State CA	Zip Code 92014-3504
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer QUALCOMM	Occupation CHIEF SCIENTIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	205500.00
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 33 OF 88
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Crossroads

A. B. WAYNE HUGHES SR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 884 IRON WORKS PIKE
 City LEXINGTON State KY Zip Code 40511-9410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPENDTHRIFT FARM Occupation CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500000.00

Date of Receipt 09 / 26 / 2014
Transaction ID : SA11.13085
 Amount of Each Receipt this Period 2000000.00
 CONTRIBUTION

B. DAVID JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 HARWELL DR
 City COLUMBIA State SC Zip Code 29223-8106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2014
Transaction ID : SA11.13083
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

C. KAREN ORR
 Full Name (Last, First, Middle Initial)
 Mailing Address 20167 RANCHERIAS RD
 City APPLE VALLEY State CA Zip Code 92307-5225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 26 / 2014
Transaction ID : SA11.13082
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2000600.00
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 34 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)
A. PAUL SINGER

Mailing Address **40 W 57TH ST, 30TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10019-4001**

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

Name of Employer **ELLIOTT MANAGEMENT GROUP** Occupation **FOUNDER & CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2600000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11.13087

Amount of Each Receipt this Period
1250000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. HALLADOR ENERGY COMPANY

Mailing Address **1660 LINCOLN STREET
SUITE 2700**

City **DENVER** State **CO** Zip Code **80264-2701**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11.13086

Amount of Each Receipt this Period
100000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. FRANK DELFER

Mailing Address **538 DALE DR**

City **INCLINE VILLAGE** State **NV** Zip Code **89451-8312**

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

Name of Employer **DST OUTPUT** Occupation **BUSINESS EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2014

Transaction ID : SA11.13091

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **1352500.00**

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

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

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

FOR LINE NUMBER: PAGE 35 OF 88
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)
A. JOHN W. CHILDS

Mailing Address 165 SAGO PALM ROAD

City State Zip Code
VERO BEACH FL 32963-3702

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

Name of Employer Occupation
JW CHILDS AND ASSOCIATES, L.P. CHAIRMAN AND CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2014
Transaction ID : SA11.13097

Amount of Each Receipt this Period
 100000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. S. MALCOLM GILLIS

Mailing Address 3202 N PEMBERTON CIRCLE DRIVE

City State Zip Code
HOUSTON TX 77025-4324

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

Name of Employer Occupation
SERVICE CORPORATION INTERNATIONAL EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2014
Transaction ID : SA11.13096

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. E. DAVISON MASSEY

Mailing Address 133 CHESTNUT ST.

City State Zip Code
WINNETKA IL 60093-3809

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
170000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2014
Transaction ID : SA11.13098

Amount of Each Receipt this Period
 170000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 272500.00

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 36 OF 88
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	<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

Full Name (Last, First, Middle Initial)
A. DAVID SETTLES

Mailing Address 2021 SUNSET BLVD

City HOUSTON State TX Zip Code 77005-1650

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

Name of Employer SMALL LUXURY RESORTS Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2014
Transaction ID : SA11.13094

Amount of Each Receipt this Period 500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MELALEUCA, INC.

Mailing Address 3910 SOUTH YELLOWSTONE

City IDAHO FALLS State ID Zip Code 83402-4342

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 09 / 29 / 2014
Transaction ID : SA11.13099

Amount of Each Receipt this Period 50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. WEAVER HOLDINGS

Mailing Address 14470 BERGEN BOULEVARD SUITE 100

City NOBLESVILLE State IN Zip Code 46060-3377

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 09 / 29 / 2014
Transaction ID : SA11.13106

Amount of Each Receipt this Period 500000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 550500.00

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 37 OF 88
	<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. CHARLES F CHIUSANO
Full Name (Last, First, Middle Initial)

Mailing Address 495 JOAN DRIVE

City State Zip Code
FAIRFIELD CT 06824-2208

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014
Transaction ID : SA11.13113

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. JOHN COON
Full Name (Last, First, Middle Initial)

Mailing Address 1110 KENT DRIVE

City State Zip Code
MOUNT PLEASANT MI 48858-3368

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

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014
Transaction ID : SA11.13109

Amount of Each Receipt this Period
150.00

CONTRIBUTION

C. R WILLIAM JOHNSTON
Full Name (Last, First, Middle Initial)

Mailing Address 7276 S. NEWPORT WAY

City State Zip Code
CENTENNIAL CO 80112-1616

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014
Transaction ID : SA11.13108

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

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

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

FOR LINE NUMBER: PAGE 38 OF 88
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)
A. TIMOTHY MOIR
 Mailing Address 440 SOUTH BROAD STREET
 City State Zip Code
 PHILADELPHIA PA 19146-4901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TAG COMMUNICATION SERVICES CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11.13110
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. JULIAN H. ROBERTSON JR.
 Mailing Address 101 PARK AVE, 48TH FLOOR
 City State Zip Code
 NEW YORK NY 10178-4799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TIGER MANAGEMENT, LLC CHAIRMAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11.13107
 Amount of Each Receipt this Period
 500000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. VICTOR STABIO
 Mailing Address 379 COOK ST
 City State Zip Code
 DENVER CO 80206-4422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HALLADOR ENERGY COMPANY MANAGEMENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11.13105
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 501250.00
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 39 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)
A. ALLIANCE RESOURCE MANAGEMENT GP, LLC

Mailing Address P.O. BOX 22027

City TULSA State OK Zip Code 74121-2027

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11.13111

Amount of Each Receipt this Period
 250000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. JWC III REVOCABLE TRUST

Mailing Address 1717 S. BOULDER AVE. SUITE 400

City TULSA State OK Zip Code 74119-4833

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11.13112

Amount of Each Receipt this Period
 250000.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500000.00
TOTAL This Period (last page this line number only).....▶	11385250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. PNC BANK

Mailing Address ONE FINANCIAL PARKWAY

City KALAMAZOO State MI Zip Code 49009

Purpose of Disbursement
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	4		

Transaction ID : SB21B.I4910

Amount of Each Disbursement this Period

3	9	7	7	.	5	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. AT&T DATA

Mailing Address P.O. BOX 6416

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
DATA PLAN

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	4		

Transaction ID : SB21B.I4931

Amount of Each Disbursement this Period

1	1	5	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BROOK FURNITURE RENTAL

Mailing Address 24997 NETWORK PLACE

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement
OFFICE FURNITURE RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	4		

Transaction ID : SB21B.I4933

Amount of Each Disbursement this Period

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

[MEMO ITEM]

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

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

3	9	7	.	5	0
---	---	---	---	---	---

3	9	7	.	5	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. 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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2014

Transaction ID : SB21B.I4935

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CUSTOM SCOOP

Mailing Address P.O. BOX 609

City CONCORD State NH Zip Code 03302

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
09 / 01 / 2014

Transaction ID : SB21B.I4937

Amount of Each Disbursement this Period

142.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DATAWATCH SYSTEMS INC

Mailing Address 4401 EAST WEST HIGHWAY #500

City BETHESDA State MD Zip Code 20814

Purpose of Disbursement
SECURITY SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2014

Transaction ID : SB21B.I4938

Amount of Each Disbursement this Period

18.51

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. DEER PARK WATER

Mailing Address 6661 DIXIE HWY, STE 4

City LOUISVILLE State KY Zip Code 40258

Purpose of Disbursement
FOOD / BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2014

Transaction ID : SB21B.I4939

Amount of Each Disbursement this Period

51.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DELTA AIRLINES

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2014

Transaction ID : SB21B.I4940

Amount of Each Disbursement this Period

217.91

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address P.O. BOX 371461

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement
SHIPPING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2014

Transaction ID : SB21B.I4941

Amount of Each Disbursement this Period

45.72

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. GUERNSEY OFFICE PRODUCTS INC

Mailing Address P.O. BOX 10846

City State Zip Code
CHANTILLY VA 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
09 / 01 / 2014

Transaction ID : **SB21B.I4942**

Amount of Each Disbursement this Period

214.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. LAZ PARKING

Mailing Address P.O. BOX 759311

City State Zip Code
BALTIMORE MD 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
09 / 01 / 2014

Transaction ID : **SB21B.I4944**

Amount of Each Disbursement this Period

267.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. OFFICE DEPOT

Mailing Address 6600 N. MILITARY TRAIL

City State Zip Code
BOCA RATON FL 33496

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
09 / 01 / 2014

Transaction ID : **SB21B.I4946**

Amount of Each Disbursement this Period

33.83

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIRLINES

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2014

Transaction ID : SB21B.I4947

Amount of Each Disbursement this Period

142.87

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. VERIZON CONFERENCING

Mailing Address DEPT CH 10305

City PALATINE State IL Zip Code 60055

Purpose of Disbursement
CONFERENCE CALLS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2014

Transaction ID : SB21B.I4950

Amount of Each Disbursement this Period

173.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VERIZON WIRELESS

Mailing Address 1314 F STREET NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
CELL PHONES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2014

Transaction ID : SB21B.I4951

Amount of Each Disbursement this Period

382.55

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. WIDGETMAKR

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2014

Transaction ID : SB21B.I4953

Amount of Each Disbursement this Period

932.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ELAVON

Mailing Address TWO CONCOURSE PKWY, STE 800

City State Zip Code
ATLANTA GA 30328

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2014

Transaction ID : SB21B.I4890

Amount of Each Disbursement this Period

57.99

Full Name (Last, First, Middle Initial)

C. PRINCIPAL FINANCIAL GROUP

Mailing Address P.O. BOX 10372

City State Zip Code
DES MOINES IA 50306

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 M / D D D / Y Y Y Y Y Y
09 / 02 / 2014

Transaction ID : SB21B.I4913

Amount of Each Disbursement this Period

2266.44

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

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

2324.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. ANNE BEYERSDORFER

Mailing Address 2315 CHAIN BRIDGE ROAD NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
CONSULTING, MEDIA

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : SB21B.I4846

Amount of Each Disbursement this Period

7500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. ANNA ROGERS

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
REIMBURSEMENT - TAXIS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : SB21B.I4863

Amount of Each Disbursement this Period

27.27

Category/
Type

Full Name (Last, First, Middle Initial)

C. CAPITOL COMPUTER EXPERTS

Mailing Address 4487 FORBES BLVD

City LANHAM State MD Zip Code 20706

Purpose of Disbursement
COMPUTER TECHNICAL SUPPORT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : SB21B.I4879

Amount of Each Disbursement this Period

3245.35

Category/
Type

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

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

10772.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. CFC CONSULTING INC

Mailing Address 3724 DUNBARTON DRIVE

City MOUNTAIN BROOK State AL Zip Code 35223

Purpose of Disbursement
BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : SB21B.I4881

Amount of Each Disbursement this Period

3629.40

Full Name (Last, First, Middle Initial)

B. CONNECTION STRATEGY LLC

Mailing Address P.O. BOX 2192

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : SB21B.I4883

Amount of Each Disbursement this Period

52365.82

Full Name (Last, First, Middle Initial)

C. MACON CONSULTING

Mailing Address P.O. BOX 3962

City GREENVILLE State NC Zip Code 27836

Purpose of Disbursement
DONOR DEVELOPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : SB21B.I4900

Amount of Each Disbursement this Period

5256.98

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

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

61252.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. MERCHANT E-SOULTIONS

Mailing Address 3600 BRIDGE PKWY, STE 102

City REDWOOD CITY State CA Zip Code 94065

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

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : SB21B.I4905

Amount of Each Disbursement this Period

545.43

B. PUBLIC OPINION STRATEGIES

Full Name (Last, First, Middle Initial)

Mailing Address 214 NORTH FAYETTE ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : SB21B.I4916

Amount of Each Disbursement this Period

82120.00

C. RIVERWOOD STRATEGIES

Full Name (Last, First, Middle Initial)

Mailing Address 439 E SHORE DRIVE, STE 100

City EAGLE State ID Zip Code 83616

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : SB21B.I4918

Amount of Each Disbursement this Period

5000.00

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

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

87665.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. TARGETPOINT CONSULTING INC

Mailing Address 66 CANAL CENTER PLAZA, # 555

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : **SB21B.I4920**

Amount of Each Disbursement this Period

204160.00

Full Name (Last, First, Middle Initial)

B. THE TARRANCE GROUP INC

Mailing Address 201 N. UNION STREET, STE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : **SB21B.I4923**

Amount of Each Disbursement this Period

35131.50

Full Name (Last, First, Middle Initial)

C. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2014

Transaction ID : **SB21B.I4876**

Amount of Each Disbursement this Period

3131.80

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

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

242423.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. HOWARD W. PHILLIPS & CO

Mailing Address 2555 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20037

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : SB21B.I4893

Amount of Each Disbursement this Period

85296.00

B. MENTZER MEDIA SERVICES INC

Mailing Address 600 FAIRMONT AVE, SUITE 306
STE. 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement
TV / MEDIA PLACEMENT DEPOSIT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : SB21B.I4902

Amount of Each Disbursement this Period

440249.00

C. MENTZER MEDIA SERVICES INC

Mailing Address 600 FAIRMONT AVE, SUITE 306
STE. 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement
TV / MEDIA PLACEMENT DEPOSIT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : SB21B.I4903

Amount of Each Disbursement this Period

438369.00

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

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

963914.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. ALLIED TELECOM

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

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
INTERNET AND PHONE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : **SB21B.I4875**

Amount of Each Disbursement this Period

1700.74

Full Name (Last, First, Middle Initial)

B. BLACK ROCK GROUP LLC

Mailing Address 66 CANAL CENTER PLAZA, STE 555

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CONSULTING, ADVOCACY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : **SB21B.I4878**

Amount of Each Disbursement this Period

17924.94

Full Name (Last, First, Middle Initial)

C. CAREFIRST BCBS

Mailing Address P.O. BOX 79749

City BALTIMORE State MD Zip Code 21279

Purpose of Disbursement
HEALTH INSURANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : **SB21B.I4880**

Amount of Each Disbursement this Period

5556.20

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

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

25181.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. CONNECTION STRATEGY LLC

Mailing Address P.O. BOX 2192

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : **SB21B.I4884**

Amount of Each Disbursement this Period

4234.80

Full Name (Last, First, Middle Initial)

B. LEXISNEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : **SB21B.I4896**

Amount of Each Disbursement this Period

1974.46

Full Name (Last, First, Middle Initial)

C. LIMESTONE STRATEGIES

Mailing Address 12409 BREAN WAY

City FISHERS State IN Zip Code 46037

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : **SB21B.I4897**

Amount of Each Disbursement this Period

5000.00

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

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

11209.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. NMB RESEARCH

Mailing Address 206 N. FAYETTE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : **SB21B.I4906**

Amount of Each Disbursement this Period

42262.50

Full Name (Last, First, Middle Initial)

B. PUBLIC OPINION STRATEGIES

Mailing Address 214 NORTH FAYETTE ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : **SB21B.I4917**

Amount of Each Disbursement this Period

72355.00

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : **SB21B.I4919**

Amount of Each Disbursement this Period

4500.00

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

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

119117.50

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)
A. THE MK GROUP LLC

Mailing Address **5905 GLOSTER ROAD**

City **BETHESDA** State **MD** Zip Code **20816**

Purpose of Disbursement **DONOR DEVELOPMENT**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **09 / 11 / 2014**

Transaction ID : **SB21B.I4922**

Amount of Each Disbursement this Period: **4375.00**

Category/Type

Full Name (Last, First, Middle Initial)
B. VIKING STRATEGIES LLC

Mailing Address **4412 17TH STREET N**

City **ARLINGTON** State **VA** Zip Code **22207**

Purpose of Disbursement **POLITICAL STRATEGY CONSULTING**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **09 / 11 / 2014**

Transaction ID : **SB21B.I4927**

Amount of Each Disbursement this Period: **10000.00**

Category/Type

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

Mailing Address **504 CLINTON CENTER DRIVE, STE 4400**

City **CLINTON** State **MS** Zip Code **39056**

Purpose of Disbursement **PAYROLL PROCESSING**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **09 / 12 / 2014**

Transaction ID : **SB21B.I4874**

Amount of Each Disbursement this Period: **131.25**

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ **14506.25**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. MELLON BANK

Mailing Address P.O. BOX 535416

City State Zip Code
PITTSBURGH PA 15253

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

/ /

Transaction ID : **SB21B.I4901**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. JENNIFER FAY

Mailing Address P.O. BOX 34413

City State Zip Code
WASHINGTON DC 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I4847**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. HEATHER HENDERSON

Mailing Address P.O. BOX 34413

City State Zip Code
WASHINGTON DC 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I4849**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. LAUREN KIRSHNER

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : **SB21B.I4851**

Amount of Each Disbursement this Period

761.34

Full Name (Last, First, Middle Initial)

B. STEVEN LAW

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : **SB21B.I4853**

Amount of Each Disbursement this Period

2371.41

Full Name (Last, First, Middle Initial)

C. PAUL LINDSAY

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : **SB21B.I4855**

Amount of Each Disbursement this Period

1760.64

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

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

4893.39

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. STEFAN MEDVETZ

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : SB21B.I4857

Amount of Each Disbursement this Period

475.00

Full Name (Last, First, Middle Initial)

B. JENNIFER MUELLER

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : SB21B.I4859

Amount of Each Disbursement this Period

716.39

Full Name (Last, First, Middle Initial)

C. KELLY NALLEN

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : SB21B.I4861

Amount of Each Disbursement this Period

712.11

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

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

1903.50

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. ANNA ROGERS

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : **SB21B.I4864**

Amount of Each Disbursement this Period

1168.56

Full Name (Last, First, Middle Initial)

B. MATTHEW SCOTT

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : **SB21B.I4866**

Amount of Each Disbursement this Period

554.34

Full Name (Last, First, Middle Initial)

C. CAITLIN SULLIVAN

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : **SB21B.I4868**

Amount of Each Disbursement this Period

579.92

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

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

2302.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. MATTHEW WALL

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : SB21B.I4870

Amount of Each Disbursement this Period

928.24

Category/
Type

Full Name (Last, First, Middle Initial)

B. JORDAN WIGGINS

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : SB21B.I4872

Amount of Each Disbursement this Period

448.83

Category/
Type

Full Name (Last, First, Middle Initial)

C. DEPARTMENT OF EMPLOYMENT SERVICES

Mailing Address P.O. BOX 9664

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : SB21B.I4888

Amount of Each Disbursement this Period

56.43

Category/
Type

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

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

1433.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. 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

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : SB21B.I4907

Amount of Each Disbursement this Period

677.39

Category/
Type

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

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : SB21B.I4925

Amount of Each Disbursement this Period

6477.61

Category/
Type

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

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : SB21B.I4928

Amount of Each Disbursement this Period

478.93

Category/
Type

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

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

7633.93

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. PRINCIPAL FINANCIAL GROUP

Mailing Address P.O. BOX 10372

City DES MOINES State IA Zip Code 50306

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : SB21B.I4914

Amount of Each Disbursement this Period

2266.44

Full Name (Last, First, Middle Initial)

B. AXIS RESEARCH INC

Mailing Address 107 S WEST STREET, PMB 148

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : SB21B.I4877

Amount of Each Disbursement this Period

22190.00

Full Name (Last, First, Middle Initial)

C. COASTAL PENSION SERVICES INC

Mailing Address 7230 LEE DEFOREST DRIVE, STE 102

City COLUMBIA State MD Zip Code 21046

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

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : SB21B.I4882

Amount of Each Disbursement this Period

425.00

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

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

24881.44

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. CONNECTION STRATEGY LLC

Mailing Address P.O. BOX 2192

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : **SB21B.I4885**

Amount of Each Disbursement this Period

136313.01

Category/Type

Full Name (Last, First, Middle Initial)

B. HOLTZMAN VOGEL JOSEFIK PLLC

Mailing Address 45 NORTH HILL DRIVE, SUITE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : **SB21B.I4891**

Amount of Each Disbursement this Period

12814.85

Category/Type

Full Name (Last, First, Middle Initial)

C. HYNES COMMUNICATIONS

Mailing Address 121 BOW STREET, STE 6

City PORTSMOUTH State NH Zip Code 03801

Purpose of Disbursement
CONSULTING, COMMUNICATIONS

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : **SB21B.I4894**

Amount of Each Disbursement this Period

4000.00

Category/Type

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

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

153127.86

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. KONICA MINOLTA BUSINESS SOLUTIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2014

Mailing Address P.O. BOX 122366

Transaction ID : SB21B.I4895

City DALLAS State TX Zip Code 75312

Amount of Each Disbursement this Period

698.27

Purpose of Disbursement
OFFICE EQUIPMENT

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. LISA WAGNER & COMPANY INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2014

Mailing Address P.O. BOX 446

Transaction ID : SB21B.I4898

City BATAVIA State IL Zip Code 60510

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
DONOR DEVELOPMENT

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. TARGETPOINT CONSULTING INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2014

Mailing Address 66 CANAL CENTER PLAZA, # 555

Transaction ID : SB21B.I4921

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

62220.00

Purpose of Disbursement
POLLING

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

67918.27

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. VOTER CONSUMER RESEARCH INC

Mailing Address 501 C STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : **SB21B.I4930**

Amount of Each Disbursement this Period

21200.50

Full Name (Last, First, Middle Initial)

B. MENTZER MEDIA SERVICES INC

Mailing Address 600 FAIRMONT AVE, SUITE 306
STE. 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement
TV / MEDIA PLACEMENT DEPOSIT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : **SB21B.I4904**

Amount of Each Disbursement this Period

439426.50

Full Name (Last, First, Middle Initial)

C. CONNECTION STRATEGY LLC

Mailing Address P.O. BOX 2192

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2014

Transaction ID : **SB21B.I4886**

Amount of Each Disbursement this Period

190654.76

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

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

651281.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. DEEP ROOT ANALYTICS LLC

Mailing Address 1100 WILSON BLVD, STE 950

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2014

Transaction ID : **SB21B.I4887**

Amount of Each Disbursement this Period

20000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. HOLTZMAN VOGEL JOSEFIK PLLC

Mailing Address 45 NORTH HILL DRIVE, SUITE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2014

Transaction ID : **SB21B.I4892**

Amount of Each Disbursement this Period

12500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. LISA WAGNER & COMPANY INC

Mailing Address P.O. BOX 446

City BATAVIA State IL Zip Code 60510

Purpose of Disbursement
DONOR DEVELOPMENT

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2014

Transaction ID : **SB21B.I4899**

Amount of Each Disbursement this Period

36.36

Category/
Type

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

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

32536.36

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. PRINCIPAL FINANCIAL GROUP

Mailing Address P.O. BOX 10372

City State Zip Code
DES MOINES IA 50306

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
09 / 25 / 2014

Transaction ID : SB21B.I4915

Amount of Each Disbursement this Period

396.06

Full Name (Last, First, Middle Initial)

B. THE TARRANCE GROUP INC

Mailing Address 201 N. UNION STREET, STE 410

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
POLLING

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
09 / 25 / 2014

Transaction ID : SB21B.I4924

Amount of Each Disbursement this Period

17017.31

Full Name (Last, First, Middle Initial)

C. JENNIFER FAY

Mailing Address P.O. BOX 34413

City State Zip Code
WASHINGTON DC 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SB21B.I4848

Amount of Each Disbursement this Period

1286.86

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

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

18700.23

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. HEATHER HENDERSON

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : **SB21B.I4850**

Amount of Each Disbursement this Period

1178.26

Full Name (Last, First, Middle Initial)

B. LAUREN KIRSHNER

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : **SB21B.I4852**

Amount of Each Disbursement this Period

761.35

Full Name (Last, First, Middle Initial)

C. STEVEN LAW

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : **SB21B.I4854**

Amount of Each Disbursement this Period

2371.43

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

4311.04

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. PAUL LINDSAY

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I4856

Amount of Each Disbursement this Period

1760.66

Full Name (Last, First, Middle Initial)

B. STEFAN MEDVETZ

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I4858

Amount of Each Disbursement this Period

475.00

Full Name (Last, First, Middle Initial)

C. JENNIFER MUELLER

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I4860

Amount of Each Disbursement this Period

716.40

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

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

2952.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. KELLY NALLEN

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : **SB21B.I4862**

Amount of Each Disbursement this Period

712.09

Full Name (Last, First, Middle Initial)

B. ANNA ROGERS

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : **SB21B.I4865**

Amount of Each Disbursement this Period

1168.56

Full Name (Last, First, Middle Initial)

C. MATTHEW SCOTT

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : **SB21B.I4867**

Amount of Each Disbursement this Period

554.34

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

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

2434.99

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. CAITLIN SULLIVAN

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : **SB21B.I4869**

Amount of Each Disbursement this Period

579.91

Full Name (Last, First, Middle Initial)

B. MATTHEW WALL

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : **SB21B.I4871**

Amount of Each Disbursement this Period

928.24

Full Name (Last, First, Middle Initial)

C. JORDAN WIGGINS

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : **SB21B.I4873**

Amount of Each Disbursement this Period

448.84

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

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

1956.99

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. DEPARTMENT OF EMPLOYMENT SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Mailing Address P.O. BOX 9664

Transaction ID : SB21B.I4889

City WASHINGTON State DC Zip Code 20090

Amount of Each Disbursement this Period

56.43

Purpose of Disbursement
PAYROLL TAXES

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. OFFICE OF TAX AND REVENUE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Mailing Address P.O. BOX 96385

Transaction ID : SB21B.I4908

City WASHINGTON State DC Zip Code 20090

Amount of Each Disbursement this Period

677.39

Purpose of Disbursement
PAYROLL TAXES

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. PNC BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Mailing Address ONE FINANCIAL PARKWAY

Transaction ID : SB21B.I4911

City KALAMAZOO State MI Zip Code 49009

Amount of Each Disbursement this Period

4501.37

Purpose of Disbursement
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

5235.19

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City State Zip Code
FT WORTH TX 76155

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SB21B.I4954

Amount of Each Disbursement this Period

63.56

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AT&T DATA

Mailing Address P.O. BOX 6416

City State Zip Code
CAROL STREAM IL 60197

Purpose of Disbursement
DATA PLAN

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SB21B.I4956

Amount of Each Disbursement this Period

115.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BROOK FURNITURE RENTAL

Mailing Address 24997 NETWORK PLACE

City State Zip Code
CHICAGO IL 60673

Purpose of Disbursement
OFFICE FURNITURE RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SB21B.I4959

Amount of Each Disbursement this Period

504.50

[MEMO ITEM]

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

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

0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. 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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I4960

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DATAWATCH SYSTEMS INC

Mailing Address 4401 EAST WEST HIGHWAY #500

City BETHESDA State MD Zip Code 20814

Purpose of Disbursement
SECURITY SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I4961

Amount of Each Disbursement this Period

18.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DEER PARK WATER

Mailing Address 6661 DIXIE HWY, STE 4

City LOUISVILLE State KY Zip Code 40258

Purpose of Disbursement
FOOD / BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I4962

Amount of Each Disbursement this Period

51.47

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. DELTA AIRLINES

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : **SB21B.I4963**

Amount of Each Disbursement this Period

93.84

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. EMPIRECLS

Mailing Address 600 S ALLIED WAY

City EL SEGUNDO State CA Zip Code 90245

Purpose of Disbursement
TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : **SB21B.I4965**

Amount of Each Disbursement this Period

188.01

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address P.O. BOX 371461

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement
SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : **SB21B.I4966**

Amount of Each Disbursement this Period

56.09

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. GUERNSEY OFFICE PRODUCTS INC

Mailing Address P.O. BOX 10846

City State Zip Code
CHANTILLY VA 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
09 / 30 / 2014

Transaction ID : **SB21B.I4968**

Amount of Each Disbursement this Period

125.63

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HYATT HOTELS

Mailing Address 71 WACKER DRIVE, 12TH FLOOR

City State Zip Code
CHICAGO IL 60606

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : **SB21B.I4970**

Amount of Each Disbursement this Period

215.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. LAZ PARKING

Mailing Address P.O. BOX 759311

City State Zip Code
BALTIMORE MD 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
09 / 30 / 2014

Transaction ID : **SB21B.I4972**

Amount of Each Disbursement this Period

267.75

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. MARRIOTT

Mailing Address 10400 FERNWOOD ROAD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I4976

Amount of Each Disbursement this Period

207.68

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MARRIOTT

Mailing Address 10400 FERNWOOD ROAD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I4977

Amount of Each Disbursement this Period

75.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PNC BANK

Mailing Address ONE FINANCIAL PARKWAY

City State Zip Code
KALAMAZOO MI 49009

Purpose of Disbursement
VENDOR REFUND - CREDIT CARD REWARDS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I4990

Amount of Each Disbursement this Period

-163.00

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIRLINES

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I4979

Amount of Each Disbursement this Period

91.22

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I4980

Amount of Each Disbursement this Period

192.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address P.O. BOX 66100

City CHICAGO State IL Zip Code 60666

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I4983

Amount of Each Disbursement this Period

535.79

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. VIRGIN AMERICA

Mailing Address 555 AIRPORT BLVD, SUITE 200

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : **SB21B.I4987**

Amount of Each Disbursement this Period

291.93

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WIDGETMAKR

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : **SB21B.I4989**

Amount of Each Disbursement this Period

505.26

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PNC BANK

Mailing Address ONE FINANCIAL PARKWAY

City KALAMAZOO State MI Zip Code 49009

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : **SB21B.I4912**

Amount of Each Disbursement this Period

149.35

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

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

149.35

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
American Crossroads

Full Name (Last, First, Middle Initial)

A. US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20220

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I4926

Amount of Each Disbursement this Period

6476.62

Full Name (Last, First, Middle Initial)

B. VIRGINIA DEPT OF TAXATION

Mailing Address P.O. BOX 1777

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.I4929

Amount of Each Disbursement this Period

478.93

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

6955.55

2535517.72

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee TARGETED VICTORY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 02 / 2014
Mailing Address 1033 NORTH FAIRFAX ST, STE 400	Amount 10000.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE.1 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2014
Purpose of Expenditure ONLINE ADVERTISING - SEE NOTICE FILED 09/02/14	Category/Type
Name of Federal Candidate MARY LANDRIEU	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 16000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee RICHARD SALES MEDIA LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 02 / 2014
Mailing Address 1702 E HIGHLAND AVE, STE 408	Amount 6000.00
City State Zip Code PHOENIX AZ 85016	Transaction ID : SE.2 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2014
Purpose of Expenditure WED AD - SEE NOTICE FILED 09/02/14	Category/Type
Name of Federal Candidate MARY LANDRIEU	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 16000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CALEB CROSBY [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 20 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads
FEC IDENTIFICATION NUMBER C C00487363
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MAIN STREET MEDIA GROUP
Mailing Address P.O. BOX 25093
City ALEXANDRIA State VA Zip Code 22313
Date of Public Distribution/Dissemination 09/09/2014
Amount 560815.29
Transaction ID : SE.3
Date of Disbursement or Obligation 09/05/2014
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED 09/09/14
Category/Type
Name of Federal Candidate BRUCE BRALEY Support Oppose
Office Sought: House Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 2416953.61
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee MCCARTHY HENNINGS WHALEN INC
Mailing Address 1850 M ST NW, SUITE 235
City WASHINGTON State DC Zip Code 20036
Date of Public Distribution/Dissemination 09/09/2014
Amount 12218.95
Transaction ID : SE.4
Date of Disbursement or Obligation 09/09/2014
Purpose of Expenditure TV / MEDIA PRODUCTION - SEE NOTICE FILED 09/09/14
Category/Type
Name of Federal Candidate BRUCE BRALEY Support Oppose
Office Sought: House Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 2416953.61
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 573034.24
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature CALEB CROSBY [Electronically Filed] Date 10/20/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads
FEC IDENTIFICATION NUMBER C C00487363
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MAIN STREET MEDIA GROUP
Mailing Address P.O. BOX 25093
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE AMENDMENT FILED 09/23/14
Category/Type

Date of Public Distribution/Dissemination 09 / 16 / 2014
Amount 561462.60
Transaction ID : SE.6
Date of Disbursement or Obligation 09 / 12 / 2014

Name of Federal Candidate BRUCE BRALEY
Support Oppose
Office Sought: House Senate State: IA

Disbursement For: Primary General 2014
Other (specify)

Calendar Year-To-Date Per Election for Office Sought 2416953.61

Full Name of Payee TARGETED VICTORY
Mailing Address 1033 NORTH FAIRFAX ST, STE 400
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure ONLINE ADVERTISING - SEE AMENDMENT FILED 09/23/14
Category/Type

Date of Public Distribution/Dissemination 09 / 16 / 2014
Amount 83333.50
Transaction ID : SE.7
Date of Disbursement or Obligation 09 / 16 / 2014

Name of Federal Candidate BRUCE BRALEY
Support Oppose
Office Sought: House Senate State: IA

Disbursement For: Primary General 2014
Other (specify)

Calendar Year-To-Date Per Election for Office Sought 2416953.61

(a) SUBTOTAL of Itemized Independent Expenditures 644796.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature CALEB CROSBY [Electronically Filed] Date 10 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads
FEC IDENTIFICATION NUMBER C C00487363
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MAIN STREET MEDIA GROUP
Mailing Address P.O. BOX 25093
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED 09/23/14
Category/Type

Date of Public Distribution/Dissemination 09 / 23 / 2014
Amount 561439.23
Transaction ID : SE.9
Date of Disbursement or Obligation 09 / 19 / 2014

Name of Federal Candidate JONI ERNST
Support [X] Oppose []
Office Sought: [] President [X] Senate
State: IA

Disbursement For: [] Primary [X] General
2014 [] Other (specify)

Full Name of Payee MCCARTHY HENNINGS WHALEN INC
Mailing Address 1850 M ST NW, SUITE 235
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure TV / MEDIA PRODUCTION - SEE NOTICE FILED 09/23/14
Category/Type

Date of Public Distribution/Dissemination 09 / 23 / 2014
Amount 17484.39
Transaction ID : SE.10
Date of Disbursement or Obligation 09 / 22 / 2014

Name of Federal Candidate JONI ERNST
Support [X] Oppose []
Office Sought: [] President [X] Senate
State: IA

Disbursement For: [] Primary [X] General
2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 578923.62
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature CALEB CROSBY [Electronically Filed] Date 10 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads
FEC IDENTIFICATION NUMBER C C00487363
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RISING TIDE MEDIA GROUP LLC
Mailing Address 226 S. FAYETTE
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure WEB VIDEO - SEE NOTICE FILED 09/23/14
Name of Federal Candidate MARK UDALL
Calendar Year-To-Date Per Election for Office Sought 126700.04

Date of Public Distribution/Dissemination 09/23/2014
Amount 1700.00
Transaction ID : SE.13
Date of Disbursement or Obligation 09/23/2014
Office Sought: House District:
President Senate State: CO
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee TARGETED VICTORY
Mailing Address 1033 NORTH FAIRFAX ST, STE 400
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure ONLINE ADVERTISING - SEE NOTICE FILED 09/23/14
Name of Federal Candidate MARK UDALL
Calendar Year-To-Date Per Election for Office Sought 126700.04

Date of Public Distribution/Dissemination 09/23/2014
Amount 41666.67
Transaction ID : SE.14
Date of Disbursement or Obligation 09/23/2014
Office Sought: House District:
President Senate State: CO
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 43366.67
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature CALEB CROSBY [Electronically Filed] Date 10/20/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads
FEC IDENTIFICATION NUMBER C C00487363
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MCCARTHY HENNINGS WHALEN INC
Mailing Address 1850 M ST NW, SUITE 235
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure TV / MEDIA PRODUCTION - SEE NOTICE FILED 10/01/14
Name of Federal Candidate MARK PRYOR
Calendar Year-To-Date Per Election for Office Sought 1995574.76

Date of Public Distribution/Dissemination 09 / 30 / 2014
Amount 3608.19
Transaction ID : SE.17
Date of Disbursement or Obligation 09 / 30 / 2014
Office Sought: House District: AR
Disbursement For: Primary General 2014

Full Name of Payee TARGETED VICTORY
Mailing Address 1033 NORTH FAIRFAX ST, STE 400
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure ONLINE ADVERTISING - SEE NOTICE FILED 09/30/14
Name of Federal Candidate MARK UDALL
Calendar Year-To-Date Per Election for Office Sought 126700.04

Date of Public Distribution/Dissemination 09 / 30 / 2014
Amount 83333.37
Transaction ID : SE.15
Date of Disbursement or Obligation 09 / 30 / 2014
Office Sought: House District: CO
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 86941.56
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature CALEB CROSBY [Electronically Filed] Date 10 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee TARGETED VICTORY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 1033 NORTH FAIRFAX ST, STE 400	Amount 80333.37
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE.11 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Purpose of Expenditure ONLINE ADVERTISING - SEE NOTICE FILED 09/30/14	Category/Type
Name of Federal Candidate JONI ERNST	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: IA
Calendar Year-To-Date Per Election for Office Sought 2416953.61	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee TARGETED VICTORY	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 1033 NORTH FAIRFAX ST, STE 400	Amount 3000.00
City State Zip Code ALEXANDRIA VA 22314	Transaction ID : SE.12 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Purpose of Expenditure ONLINE ADVERTISING - SEE NOTICE FILED 09/30/14	Category/Type
Name of Federal Candidate BRUCE BRALEY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: IA
Calendar Year-To-Date Per Election for Office Sought 2416953.61	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	83333.37
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	3241939.71

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CALEB CROSBY

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 20 / 2014