

# 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)  Jul 20 (M7)  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"/>	<input type="text" value="2726785.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2733334.94"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1692592.00"/>	<input type="text" value="10399666.00"/>
(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="4425926.94"/>	<input type="text" value="13126451.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1035793.65"/>	<input type="text" value="9736318.27"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3390133.29"/>	<input type="text" value="3390133.29"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

American Crossroads

Report Covering the Period: From: 08 / 01 / 2014 To: 08 / 31 / 2014

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).....	1689100.00	10266200.00
(ii) Unitemized .....	2435.00	7409.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1691535.00	10273609.00
(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) .....	1691535.00	10398609.00
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).....	1057.00	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))..... ▶	1692592.00	10399666.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1692592.00	10399666.00

**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 .....	651365.14	3515470.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	651365.14	3515470.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	333.70	393218.17
24. Independent Expenditures (use Schedule E) .....	384094.81	5827629.83
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)) ..	1035793.65	9736318.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1035793.65	9736318.27

**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) .....	1691535.00	10398609.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1691535.00	10398609.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	651365.14	3515470.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1057.00	1057.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	650308.14	3514413.27

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

Form/Schedule: F3XA  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. RICHARD BURTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6722 BIANCA AVE.

City VAN NUYS	State CA	Zip Code 91406-5342
------------------	-------------	------------------------

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

Name of Employer BCS	Occupation CONSULTANT
-------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
08 / 05 / 2014  
Transaction ID : SA11.12838

Amount of Each Receipt this Period  
650.00

CONTRIBUTION

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

Mailing Address 1905 COUNTRY LANE

City PASADENA	State CA	Zip Code 91107-1108
------------------	-------------	------------------------

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

Name of Employer WESTERN ASSET MANAGEMENT	Occupation PORTFOLIO MANAGER
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
08 / 05 / 2014  
Transaction ID : SA11.12839

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

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

Mailing Address 7229 MANOR OAKS DRIVE

City RALEIGH	State NC	Zip Code 27615-5580
-----------------	-------------	------------------------

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  
08 / 07 / 2014  
Transaction ID : SA11.12841

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. PETER H. COORS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15205 WEST 32ND AVENUE

City GOLDEN	State CO	Zip Code 80401-1312
----------------	-------------	------------------------

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

Name of Employer MOLSON COORS BREWING COMPANY	Occupation EXECUTIVE
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		08		2014

**Transaction ID : SA11.12844**

Amount of Each Receipt this Period  

100000.00
-----------

**CONTRIBUTION**

**B. PHILIP BERGAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 935 PARK AVE.

City NEW YORK	State NY	Zip Code 10028-0212
------------------	-------------	------------------------

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	/	D D	/	Y Y Y Y
08		11		2014

**Transaction ID : SA11.12851**

Amount of Each Receipt this Period  

500.00
--------

**CONTRIBUTION**

**C. NEIL GERALD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2393 WINDWARD WAY

City NAPLES	State FL	Zip Code 34103-4760
----------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation AUTO DEALER
-----------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		11		2014

**Transaction ID : SA11.12849**

Amount of Each Receipt this Period  

1000.00
---------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	101500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11.12850**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B. SETH A. KLARMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 ST. JAMES AVENUE  
SUITE 1700

City BOSTON State MA Zip Code 02116-3814

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

Name of Employer THE BAUPOST GROUP, LLC Occupation PRESIDENT & CEO

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  
 08 / 15 / 2014

**Transaction ID : SA11.12856**

Amount of Each Receipt this Period  
 100000.00

CONTRIBUTION

**C. CURTIS F. BRADBURY JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 EDGEHILL ROAD

City LITTLE ROCK State AR Zip Code 72207-5444

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

Name of Employer STEPHENS, INC. Occupation CHIEF OPERATING OFFICER

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  
 08 / 18 / 2014

**Transaction ID : SA11.12861**

Amount of Each Receipt this Period  
 100000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 49
<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

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. JAMES GOODNIGHT**  
Full Name (Last, First, Middle Initial)

Mailing Address 900 APPLETREE LANE

City CARY State NC Zip Code 27513-3000

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

Name of Employer SAS INSTITUTE Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
08 / 18 / 2014  
Transaction ID : SA11.12859

Amount of Each Receipt this Period  
100000.00

CONTRIBUTION

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

Mailing Address 1040 5TH AVENUE  
APT. 13-A

City NEW YORK State NY Zip Code 10028-0137

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

Name of Employer THE HERTOG FOUNDATION INC. Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200000.00

Date of Receipt  
08 / 18 / 2014  
Transaction ID : SA11.12860

Amount of Each Receipt this Period  
100000.00

CONTRIBUTION

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

Mailing Address 1266 WEST PACES FERRY ROAD, #615

City ATLANTA State GA Zip Code 30327-2306

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

Name of Employer THE MARCUS FOUNDATION Occupation CHAIRMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500000.00

Date of Receipt  
08 / 19 / 2014  
Transaction ID : SA11.12864

Amount of Each Receipt this Period  
500000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700000.00

**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 11 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. WILLIAM GORDON</b>		Date of Receipt MM / DD / YYYY 08 / 21 / 2014 <b>Transaction ID : SA11.12871</b>
Mailing Address 12020 N. 118TH ST.		Amount of Each Receipt this Period 1000.00
City SCOTTSDALE	State AZ	Zip Code 85259-3218
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. BROOK PHIFER</b>		Date of Receipt MM / DD / YYYY 08 / 21 / 2014 <b>Transaction ID : SA11.12869</b>
Mailing Address 1490 W CANAL CT #3000		Amount of Each Receipt this Period 2500.00
City LITTLETON	State CO	Zip Code 80120-5648
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer TRANS MOUNTAIN CORP	Occupation ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. JERRY STEINBORN</b>		Date of Receipt MM / DD / YYYY 08 / 21 / 2014 <b>Transaction ID : SA11.12870</b>
Mailing Address 32 S. WASHINGTON CIR		Amount of Each Receipt this Period 5000.00
City HINSDALE	State IL	Zip Code 60521-4532
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SIG	Occupation CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. MARILYN WARE**

Mailing Address 210 UNIVERSITY BOULEVARD  
SUITE 410

City DENVER State CO Zip Code 80206-4618

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 / D D / Y Y Y Y Y Y  
 08 / 21 / 2014  
**Transaction ID : SA11.12868**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

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

Mailing Address 8301 161ST AVE N.E. #200

City REDMOND State WA Zip Code 98052-3858

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

Name of Employer PROLIANCE SURGEONS Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2014  
**Transaction ID : SA11.12874**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 3801 FAR VIEW DRIVE

City AUSTIN State TX Zip Code 78730-3323

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  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2014  
**Transaction ID : SA11.12885**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. THOMAS E. MCINERNEY**

Mailing Address 16 BLUFF POINT

City WESTPORT State CT Zip Code 06880-6902

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

Name of Employer **BLUFF POINT ASSOCIATES** Occupation **GENERAL PARTNER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 25 / 2014**

**Transaction ID : SA11.12890**

Amount of Each Receipt this Period  
**50000.00**

CONTRIBUTION

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

Mailing Address 2551 JOHN HAWKINS PARKWAY

City HOOVER State AL Zip Code 35244-3533

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

Name of Employer Occupation

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  
**08 / 25 / 2014**

**Transaction ID : SA11.12883**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

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

Mailing Address 5601 SOUTH 122ND EAST AVENUE

City TULSA State OK Zip Code 74146-6912

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

Name of Employer Occupation

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  
**08 / 25 / 2014**

**Transaction ID : SA11.12881**

Amount of Each Receipt this Period  
**100000.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>155000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 49  
(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**

Full Name (Last, First, Middle Initial)  
**A. JOHN BARINEAU**

Mailing Address 5509 BRIAR DRIVE

City HOUSTON      State TX      Zip Code 77056-1107

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

Name of Employer RADNEY MANAGEMENT & INVESTMENTS      Occupation CHAIRMAN & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2014  
**Transaction ID : SA11.12888**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 702 BUTTONBUSH LANE

City NAPLES      State FL      Zip Code 34108-3425

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

Name of Employer MARS INC.      Occupation GLOBAL CPO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2014  
**Transaction ID : SA11.12891**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 2 NORTH RIVERSIDE DRIVE, SUITE 600

City CHICAGO      State IL      Zip Code 60606-2627

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

Name of Employer EQUITY GROUP INVESTMENTS, LLC      Occupation CHAIRMAN

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  
 08 / 27 / 2014  
**Transaction ID : SA11.12889**

Amount of Each Receipt this Period  
100000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 101000.00

**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 15 OF 49
	<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
-----------------------------	-----------------------------	-----------------------------

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. WILLIAM GOSNELL**

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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2014  
**Transaction ID : SA11.12901**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

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

Mailing Address 518 UPLAND RD

City MEDINA State WA Zip Code 98039-5319

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  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2014  
**Transaction ID : SA11.12899**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 143 BAYCLIFF DR

City PORT TOWNSEND State WA Zip Code 98368-9586

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

Name of Employer PORT TOWNSEND PAPER CORP Occupation MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2014  
**Transaction ID : SA11.12898**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 16 OF 49  
(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**

Full Name (Last, First, Middle Initial)  
**A. GORDON SHAPIRO**

Mailing Address 901 MAIN STREET

City State Zip Code  
DALLAS TX 75202-3707

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

Name of Employer Occupation  
JACKSON WALKER LLP ATTORNEY

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  
 08 / 28 / 2014  
**Transaction ID : SA11.12896**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 30946 LAKE ROAD

City State Zip Code  
BAY VILLAGE OH 44140-0000

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 ▼  
150000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : SA11.12902**

Amount of Each Receipt this Period  
150000.00

CONTRIBUTION

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

Mailing Address 9601 COLLINS AVENUE  
APARTMENT 1706

City State Zip Code  
BAL HARBOUR FL 33154-2219

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 ▼  
150000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : SA11.12903**

Amount of Each Receipt this Period  
150000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 301000.00

**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 49  
(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**

Full Name (Last, First, Middle Initial)  
**A. NICHOLAS K. TAUBMAN**

Mailing Address 2965 COLONNADE DR  
STE 300

City ROANOKE State VA Zip Code 24018-3541

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

Name of Employer MOZART INVESTMENTS Occupation INVESTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
08 / 29 / 2014  
Transaction ID : SA11.12918

Amount of Each Receipt this Period  
100000.00

CONTRIBUTION

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

Mailing Address 103 LINDEN ST

City HOLLIDAYSBURG State PA Zip Code 16648-2767

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  
08 / 30 / 2014  
Transaction ID : SA11.12906

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

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

Mailing Address 10825 E ESCALANTE RD

City TUCSON State AZ Zip Code 85730-5503

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 ▼  
350.00

Date of Receipt  
08 / 30 / 2014  
Transaction ID : SA11.12909

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 102050.00

**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 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)  
**A. OBANION WILLIAMS**

Mailing Address 15 GREENWAY PLAZA  
29A

City HOUSTON State TX Zip Code 77046-1508

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
08 / 30 / 2014  
**Transaction ID : SA11.12907**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 5916 FILAREE HEIGHTS

City MALIBU State CA Zip Code 90265-3721

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

Name of Employer AVEMA Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
08 / 31 / 2014  
**Transaction ID : SA11.12913**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 8355 DK RANCH RD.

City FLAGSTAFF State AZ Zip Code 86005-8707

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  
08 / 31 / 2014  
**Transaction ID : SA11.12911**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 19 OF 49  
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. THOMAS HAYTHE**

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 ▼  
500.00

Date of Receipt  
08 / 31 / 2014  
Transaction ID : SA11.12912

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 2926 LAUREL PARK HWY.

City HENDERSONVILLE State NC Zip Code 28739-8980

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  
08 / 31 / 2014  
Transaction ID : SA11.12914

Amount of Each Receipt this Period  
250.00

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1689100.00

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

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

FOR LINE NUMBER: PAGE 20 OF 49  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. GUARD INSURANCE GROUP**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX AH  
City WILKES-BARRE State PA Zip Code 18703  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1057.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 11 / 2014  
**Transaction ID : R.001**  
Amount of Each Receipt this Period  
1057.00  
VENDOR REFUND - INSURANCE

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1057.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1057.00

**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

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. ADP INC**

Mailing Address 504 CLINTON CENTER DRIVE, STE 4400

City CLINTON State MS Zip Code 39056

Purpose of Disbursement  
PAYROLL PROCESSING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2014

**Transaction ID : SB21B.I4801**

Amount of Each Disbursement this Period

110.25

Full Name (Last, First, Middle Initial)

**B. ELAVON**

Mailing Address TWO CONCOURSE PKWY, STE 800

City ATLANTA State GA Zip Code 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

MM / DD / YYYY  
08 / 04 / 2014

**Transaction ID : SB21B.I4814**

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 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  
08 / 04 / 2014

**Transaction ID : SB21B.I4829**

Amount of Each Disbursement this Period

2266.44

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

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

2434.68

**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. MERCHANT E-SOULTIONS**

Mailing Address 3600 BRIDGE PKWY, STE 102

City State Zip Code  
REDWOOD CITY CA 94065

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  
08 / 07 / 2014

Transaction ID : **SB21B.I4824**

Amount of Each Disbursement this Period

182.78

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

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2014

Transaction ID : **SB21B.I4774**

Amount of Each Disbursement this Period

1286.85

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

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2014

Transaction ID : **SB21B.I4776**

Amount of Each Disbursement this Period

1178.24

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

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

2647.87

**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. 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  
08 / 15 / 2014

Transaction ID : **SB21B.I4778**

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  
08 / 15 / 2014

Transaction ID : **SB21B.I4780**

Amount of Each Disbursement this Period

2371.42

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  
08 / 15 / 2014

Transaction ID : **SB21B.I4782**

Amount of Each Disbursement this Period

1760.65

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

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

4893.41

**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. 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  
08 / 15 / 2014

**Transaction ID : SB21B.I4784**

Amount of Each Disbursement this Period

475.01

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  
08 / 15 / 2014

**Transaction ID : SB21B.I4786**

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  
08 / 15 / 2014

**Transaction ID : SB21B.I4788**

Amount of Each Disbursement this Period

712.10

**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

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. 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  
08 / 15 / 2014

Transaction ID : **SB21B.I4790**

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  
08 / 15 / 2014

Transaction ID : **SB21B.I4792**

Amount of Each Disbursement this Period

554.33

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  
08 / 15 / 2014

Transaction ID : **SB21B.I4794**

Amount of Each Disbursement this Period

579.91

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

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

2302.80

**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. 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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2014

Transaction ID : **SB21B.I4796**

Amount of Each Disbursement this Period

928.24

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2014

Transaction ID : **SB21B.I4798**

Amount of Each Disbursement this Period

448.83

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2014

Transaction ID : **SB21B.I4802**

Amount of Each Disbursement this Period

131.25

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

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

1508.32

**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. 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  
08 / 15 / 2014

Transaction ID : **SB21B.I4804**

Amount of Each Disbursement this Period

1500.74

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  
08 / 15 / 2014

Transaction ID : **SB21B.I4805**

Amount of Each Disbursement this Period

17546.10

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  
08 / 15 / 2014

Transaction ID : **SB21B.I4808**

Amount of Each Disbursement this Period

5556.20

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

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

24603.04

**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. 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) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2014

Transaction ID : **SB21B.I4809**

Amount of Each Disbursement this Period

4378.77

Category/  
Type

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) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2014

Transaction ID : **SB21B.I4810**

Amount of Each Disbursement this Period

127995.91

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  
08 / 15 / 2014

Transaction ID : **SB21B.I4812**

Amount of Each Disbursement this Period

82.77

Category/  
Type

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

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

132457.45

**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. 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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SB21B.I4815

Amount of Each Disbursement this Period

25000.00
----------

Full Name (Last, First, Middle Initial)

**B. KONICA MINOLTA BUSINESS SOLUTIONS**

Mailing Address P.O. BOX 122366

City DALLAS State TX Zip Code 75312

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SB21B.I4817

Amount of Each Disbursement this Period

794.80
--------

Full Name (Last, First, Middle Initial)

**C. LEXISNEXIS**

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SB21B.I4818

Amount of Each Disbursement this Period

1974.46
---------

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

27769.26
----------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. LIMESTONE STRATEGIES**

Mailing Address 12409 BREAN WAY

City State Zip Code  
FISHERS IN 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  
08 / 15 / 2014

Transaction ID : **SB21B.I4819**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. MACON CONSULTING**

Mailing Address P.O. BOX 3962

City State Zip Code  
GREENVILLE NC 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  
08 / 15 / 2014

Transaction ID : **SB21B.I4820**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. 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

MM / DD / YYYY  
08 / 15 / 2014

Transaction ID : **SB21B.I4822**

Amount of Each Disbursement this Period

100.00

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

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

10100.00

**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

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. 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  
08 / 15 / 2014

Transaction ID : SB21B.I4825

Amount of Each Disbursement this Period

42889.00

Full Name (Last, First, Middle Initial)

**B. OFFICE OF TAX AND REVENUE**

Mailing Address P.O. BOX 96385

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2014

Transaction ID : SB21B.I4826

Amount of Each Disbursement this Period

677.39

Full Name (Last, First, Middle Initial)

**C. PRINCIPAL FINANCIAL GROUP**

Mailing Address P.O. BOX 10372

City DES MOINES State IA Zip Code 50306

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2014

Transaction ID : SB21B.I4830

Amount of Each Disbursement this Period

2266.44

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

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

45832.83

**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. 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  
08 / 15 / 2014

Transaction ID : SB21B.I4832

Amount of Each Disbursement this Period

125766.00

Full Name (Last, First, Middle Initial)

**B. RIVERWOOD STRATEGIES**

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2014

Transaction ID : SB21B.I4836

Amount of Each Disbursement this Period

5000.00

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  
08 / 15 / 2014

Transaction ID : SB21B.I4837

Amount of Each Disbursement this Period

4500.00

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

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

135266.00



**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

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. THE MK GROUP LLC**

Mailing Address 5905 GLOSTER ROAD

City State Zip Code  
BETHESDA MD 20816

Purpose of Disbursement  
DONOR DEVELOPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.I4839**

Amount of Each Disbursement this Period

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

/  /

Transaction ID : **SB21B.I4840**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. US DEPARTMENT OF TREASURY**

Mailing Address 1500 PENNSYLVANIA AVE NW

City State Zip Code  
WASHINGTON DC 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

/  /

Transaction ID : **SB21B.I4842**

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

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. 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  
08 / 15 / 2014

Transaction ID : **SB21B.I4844**

Amount of Each Disbursement this Period

478.93

Full Name (Last, First, Middle Initial)

**B. ANNE BEYERSDORFER**

Mailing Address 2315 CHAIN BRIDGE ROAD NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement  
CONSULTING, MEDIA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2014

Transaction ID : **SB21B.I4773**

Amount of Each Disbursement this Period

7500.00

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2014

Transaction ID : **SB21B.I4816**

Amount of Each Disbursement this Period

4000.00

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

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

11978.93

**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. 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  
08 / 22 / 2014

Transaction ID : SB21B.I4833

Amount of Each Disbursement this Period

70632.50

Full Name (Last, First, Middle Initial)

**B. THE AVASCENT GROUP**

Mailing Address 1615 L STREET NW, STE 1200

City WASHINGTON State DC Zip Code 20036-5610

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2014

Transaction ID : SB21B.I4838

Amount of Each Disbursement this Period

8996.72

Full Name (Last, First, Middle Initial)

**C. MELLON BANK**

Mailing Address P.O. BOX 535416

City PITTSBURGH State PA Zip Code 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

MM / DD / YYYY  
08 / 27 / 2014

Transaction ID : SB21B.I4823

Amount of Each Disbursement this Period

100.00

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

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

79729.22

**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. 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

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	4

Transaction ID : SB21B.I4807

Amount of Each Disbursement this Period

3	4	3	.	6	9
---	---	---	---	---	---

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	4

Transaction ID : SB21B.I4811

Amount of Each Disbursement this Period

2	7	6	8	5	.	3	5
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. MAJORITY STRATEGIES**

Mailing Address 135 PROFESSIONAL DR, SUITE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	4

Transaction ID : SB21B.I4821

Amount of Each Disbursement this Period

4	5	7	.	5	0
---	---	---	---	---	---

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

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

2	8	4	8	6	.	5	4
---	---	---	---	---	---	---	---

2	8	4	8	6	.	5	4
---	---	---	---	---	---	---	---

**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. 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  
08 / 28 / 2014

Transaction ID : SB21B.I4831

Amount of Each Disbursement this Period

396.06

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  
08 / 28 / 2014

Transaction ID : SB21B.I4834

Amount of Each Disbursement this Period

61642.50

Full Name (Last, First, Middle Initial)

**C. RISING TIDE MEDIA GROUP LLC**

Mailing Address 226 S. FAYETTE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
TV / MEDIA PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2014

Transaction ID : SB21B.I4835

Amount of Each Disbursement this Period

9377.00

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

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

71415.56

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. 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  
08 / 28 / 2014

Transaction ID : **SB21B.I4841**

Amount of Each Disbursement this Period

17940.00

Full Name (Last, First, Middle Initial)

**B. JENNIFER FAY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2014

Transaction ID : **SB21B.I4775**

Amount of Each Disbursement this Period

1286.86

Full Name (Last, First, Middle Initial)

**C. 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

MM / DD / YYYY  
08 / 29 / 2014

Transaction ID : **SB21B.I4777**

Amount of Each Disbursement this Period

1178.26

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

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

20405.12

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

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

FOR LINE NUMBER:  
(check only one)

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

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. 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  
08 / 29 / 2014

**Transaction ID : SB21B.I4779**

Amount of Each Disbursement this Period

761.35

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  
08 / 29 / 2014

**Transaction ID : SB21B.I4781**

Amount of Each Disbursement this Period

2371.43

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  
08 / 29 / 2014

**Transaction ID : SB21B.I4783**

Amount of Each Disbursement this Period

1760.65

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

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

4893.43

**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

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. 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  
08 / 29 / 2014

Transaction ID : **SB21B.I4785**

Amount of Each Disbursement this Period

475.01

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  
08 / 29 / 2014

Transaction ID : **SB21B.I4787**

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  
08 / 29 / 2014

Transaction ID : **SB21B.I4789**

Amount of Each Disbursement this Period

712.10

**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

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. 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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : **SB21B.I4791**

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : **SB21B.I4793**

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : **SB21B.I4795**

Amount of Each Disbursement this Period

579.91
--------

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

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

2302.81
---------

--

**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. 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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2014

Transaction ID : **SB21B.I4797**

Amount of Each Disbursement this Period

928.24

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2014

Transaction ID : **SB21B.I4799**

Amount of Each Disbursement this Period

448.84

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2014

Transaction ID : **SB21B.I4803**

Amount of Each Disbursement this Period

110.25

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

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

1487.33

**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. 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  
08 / 29 / 2014

Transaction ID : **SB21B.I4813**

Amount of Each Disbursement this Period: 70.94

Full Name (Last, First, Middle Initial)

**B. OFFICE OF TAX AND REVENUE**

Mailing Address P.O. BOX 96385

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 29 / 2014

Transaction ID : **SB21B.I4827**

Amount of Each Disbursement this Period: 677.39

Full Name (Last, First, Middle Initial)

**C. US DEPARTMENT OF TREASURY**

Mailing Address 1500 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20220

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 29 / 2014

Transaction ID : **SB21B.I4843**

Amount of Each Disbursement this Period: 6477.57

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7225.90

**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

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. 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  
08 / 29 / 2014

Transaction ID : SB21B.I4845

Amount of Each Disbursement this Period

478.93

Full Name (Last, First, Middle Initial)

**B. 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  
08 / 31 / 2014

Transaction ID : SB21B.I4828

Amount of Each Disbursement this Period

140.83

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)..... ▶

619.76

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

651285.90

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. CAPITOL COMPUTER EXPERTS**

Mailing Address 4487 FORBES BLVD

City LANHAM State MD Zip Code 20706

Purpose of Disbursement  
IN-KIND CONTRIB - CONSERVATIVE VICTORY PROJECT - COMPUTER  
TECH SUPPORT  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2014

**Transaction ID : SB21B.I4806**

Amount of Each Disbursement this Period

27.45

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  
IN-KIND CONTRIB - CONSERVATIVE VICTORY PROJECT - LEGAL  
SERVICES  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2014

**Transaction ID : SB23.I4772**

Amount of Each Disbursement this Period

306.25

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

333.70

333.70

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

NAME OF COMMITTEE (In Full) <b>American Crossroads</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>MENTZER MEDIA SERVICES INC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 06 / 2014
Mailing Address 600 FAIRMONT AVE, SUITE 306	Amount <span style="border: 1px solid black; padding: 2px;">130660.00</span>
City State Zip Code TOWSON MD 21286	<b>Transaction ID : SE.1</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 05 / 2014
Purpose of Expenditure RADIO PLACEMENT - SEE NOTICE FILED 08/06/14	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate DAN SULLIVAN	<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"/> Other (specify) _____ District: _____ State: AK
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1222669.24</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee <b>MCCARTHY HENNINGS WHALEN INC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 06 / 2014
Mailing Address 1850 M ST NW, SUITE 235	Amount <span style="border: 1px solid black; padding: 2px;">1846.28</span>
City State Zip Code WASHINGTON DC 20036	<b>Transaction ID : SE.2</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 06 / 2014
Purpose of Expenditure RADIO PRODUCTION - SEE NOTICE FILED 08/06/14	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate DAN SULLIVAN	<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"/> Other (specify) _____ District: _____ State: AK
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1222669.24</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<span style="border: 1px solid black; padding: 2px;">132506.28</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<span style="border: 1px solid black; padding: 2px;"> </span>

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  
09 / 20 / 2014

Signature \_\_\_\_\_

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

NAME OF COMMITTEE (In Full) <b>American Crossroads</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>MAIN STREET MEDIA GROUP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 14 / 2014
Mailing Address P.O. BOX 25093	Amount <span style="border: 1px solid black; padding: 2px;">121566.16</span>
City State Zip Code ALEXANDRIA VA 22313	
Purpose of Expenditure RADIO PLACEMENT - SEE AMENDMENT FILED 08/14/14	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate THOM TILLIS	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 13 / 2014
Name of Federal Candidate THOM TILLIS	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1881035.44</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>CHATHAM LIGHT MEDIA LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 14 / 2014
Mailing Address PO BOX 1330	Amount <span style="border: 1px solid black; padding: 2px;">4275.00</span>
City State Zip Code STOWE VT 05672	
Purpose of Expenditure RADIO PRODUCTION - SEE AMENDMENT FILED 08/14/14	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate THOM TILLIS	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 14 / 2014
Name of Federal Candidate THOM TILLIS	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1881035.44</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">125841.16</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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  
09 / 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 RADIO PRODUCTION - SEE NOTICE FILED 08/14/14
Name of Federal Candidate DAN SULLIVAN
Calendar Year-To-Date Per Election for Office Sought 1222669.24

Date of Public Distribution/Dissemination 08 / 14 / 2014
Amount 2171.21
Transaction ID : SE.3
Date of Disbursement or Obligation 08 / 14 / 2014
Office Sought: House District:
President Senate State: AK
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee MAIN STREET MEDIA GROUP
Mailing Address P.O. BOX 25093
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure RADIO PLACEMENT - SEE NOTICE FILED 08/22/14
Name of Federal Candidate THOM TILLIS
Calendar Year-To-Date Per Election for Office Sought 1881035.44

Date of Public Distribution/Dissemination 08 / 22 / 2014
Amount 121476.16
Transaction ID : SE.6
Date of Disbursement or Obligation 08 / 20 / 2014
Office Sought: House District:
President Senate State: NC
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 123647.37
(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 09 / 20 / 2014



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

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

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

Full Name of Payee <b>CHATHAM LIGHT MEDIA LLC</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Mailing Address PO BOX 1330		Amount <span style="border: 1px solid black; padding: 2px;">2100.00</span>	
City STOWE	State VT	Zip Code 05672	<b>Transaction ID : SE.7</b>
Purpose of Expenditure RADIO PRODUCTION - SEE NOTICE FILED 08/22/14		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Name of Federal Candidate THOM TILLIS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">1881035.44</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;"> </span> / <span style="border: 1px solid black; padding: 2px;"> </span> / <span style="border: 1px solid black; padding: 2px;"> </span>	
Mailing Address		Amount <span style="border: 1px solid black; padding: 2px;"> </span>	
City	State	Zip Code	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;"> </span> / <span style="border: 1px solid black; padding: 2px;"> </span> / <span style="border: 1px solid black; padding: 2px;"> </span>
Purpose of Expenditure		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;"> </span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2100.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">384094.81</span>

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 09 / 20 / 2014