

# 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="2012"/>	<input type="text" value="15592293.37"/>	<input type="text" value="15592293.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="29449044.68"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5752379.52"/>	<input type="text" value="21865317.13"/>
(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="35201424.20"/>	<input type="text" value="37457610.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3733000.70"/>	<input type="text" value="5989187.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="31468423.50"/>	<input type="text" value="31468423.50"/>
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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5731450.00	21796801.60
(ii) Unitemized .....	20929.52	56553.45
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5752379.52	21853355.05
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5752379.52	21853355.05
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	11962.08
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))..... ▶	5752379.52	21865317.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5752379.52	21865317.13

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	1822155.26	3738921.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1822155.26	3738921.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	150000.00
24. Independent Expenditures (use Schedule E) .....	1905845.44	2095265.44
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 .....	5000.00	5000.00
(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)).....	5000.00	5000.00
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)) ..	3733000.70	5989187.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3733000.70	5989187.00

**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) .....	5752379.52	21853355.05
34. Total Contribution Refunds (from Line 28(d)) .....	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5747379.52	21848355.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1822155.26	3738921.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	11962.08
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1822155.26	3726959.48

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

Unless otherwise noted, none of the expenditures reported are allocable to a candidate.

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 126  
(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. DON LEE**  
 Mailing Address 6234 E. SAGE DR.  
 City State Zip Code  
 PARADISE VALLEY AZ 85253-6961  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : SA11.6210**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. KYNDALL POTTS**  
 Mailing Address 9542 TIMBERBANK CIRCLE  
 City State Zip Code  
 PICKERINGTON OH 43147-9325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ASCENA RETAIL GROUP ACCOUNTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : SA11.6205**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. THOMAS RAMPY**  
 Mailing Address 1036 MEADOW CT.  
 City State Zip Code  
 LOUISVILLE CO 80027-1067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOULDER VALLEY NEUROLOGY PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2012  
**Transaction ID : SA11.6213**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00  
**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 8 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1101 CEDARVIEW LANE

City FRANKLIN State TN Zip Code 37067-4074

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

Name of Employer R.D. ABBOTT CO. Occupation SALES REP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 03 / 2012  
Transaction ID : SA11.6230

Amount of Each Receipt this Period 500.00

CONTRIBUTION

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

Mailing Address 620 CAMINO RANCHEROS

City SANTA FE State NM Zip Code 87505-2838

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

Name of Employer COLORMETRICS LLC Occupation CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 06 / 03 / 2012  
Transaction ID : SA11.6221

Amount of Each Receipt this Period 500.00

CONTRIBUTION

**C. HUGH WARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 MONTCLAIR ROAD

City OAK RIDGE State TN Zip Code 37830-8331

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

Name of Employer BERNSTEIN, STAIR, MCADAMS, LLP Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 03 / 2012  
Transaction ID : SA11.6220

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GERALD GLASSER**  
Full Name (Last, First, Middle Initial)

Mailing Address 159 LANDSDOWNE AVENUE

City WESTFIELD State NJ Zip Code 07090-2254

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2012

**Transaction ID : SA11.6225**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B. JOSEPH M. HIXON**  
Full Name (Last, First, Middle Initial)

Mailing Address 47 PONTE VEDRA BLVD

City PONTE VEDRA BEACH State FL Zip Code 32082-1311

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 ▼ 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11.6190**

Amount of Each Receipt this Period  
 10000.00

CONTRIBUTION

**C. DAVID KALM**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 HARRISON ST - 5TH FLOOR

City NEW YORK State NY Zip Code 10013-2883

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

Name of Employer RMTS, LLC Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11.6235**

Amount of Each Receipt this Period  
 10000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20500.00
<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 10 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. WILLIAM WITTER**

Mailing Address **234 S. 68 STREET**

City **BOULDER**      State **CO**      Zip Code **80303-4305**

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

Name of Employer **RENTSCHLER & WITTER, LLC**      Occupation **MANAGER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**25000.00**

Date of Receipt  
**06 / 05 / 2012**  
**Transaction ID : SA11.6233**

Amount of Each Receipt this Period  
**7500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CRC INFORMATION SYSTEMS, INC.**

Mailing Address **P.O. BOX 2608**

City **DAYTON**      State **OH**      Zip Code **45401-2608**

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

Name of Employer **N/A**      Occupation **N/A**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**333333.00**

Date of Receipt  
**06 / 05 / 2012**  
**Transaction ID : SA11.6191**

Amount of Each Receipt this Period  
**333333.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. FAIRBANKS PROPERTIES, L.L.C.**

Mailing Address **P.O. BOX 2608**

City **DAYTON**      State **OH**      Zip Code **45401-2608**

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

Name of Employer **N/A**      Occupation **N/A**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**333333.00**

Date of Receipt  
**06 / 05 / 2012**  
**Transaction ID : SA11.6192**

Amount of Each Receipt this Period  
**333333.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **674166.00**

**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 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. THE MERCURY TRUST**

Mailing Address 350 ALAMEDA DE LAS PULGAS  
SUITE 150

City State Zip Code  
MENLO PARK CA 94025

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

Name of Employer Occupation  
N/A N/A

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2012

Transaction ID : **SA11.6193**

Amount of Each Receipt this Period  
500000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JON F. ASH**

Mailing Address 37 GOVERNORS ROAD

City State Zip Code  
HILTON HEAD SC 29928-7129

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 ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2012

Transaction ID : **SA11.6238**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. CRAWFORD CAMPBELL**

Mailing Address 46 RYAN FARM ROAD

City State Zip Code  
WINDHAM NH 03087-1849

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

Name of Employer Occupation  
ESSEX ORTHOPEDICS SURGEON

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2012

Transaction ID : **SA11.6242**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500750.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 28191 PALMADA

City State Zip Code  
MISSION VIEJO CA 92692-1420

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

Name of Employer Occupation  
DAVID CHEREB GROUP, INC. ECONOMIST

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  
 06 / 06 / 2012  
**Transaction ID : SA11.6247**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 9601 CALLAWAY COURT

City State Zip Code  
DENTON TX 76207-5603

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : SA11.6246**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. WATERBURY PROPERTIES, L.L.C.**

Mailing Address P.O. BOX 2608

City State Zip Code  
DAYTON OH 45401-2608

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

Name of Employer Occupation  
N/A N/A

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333334.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2012  
**Transaction ID : SA11.6197**

Amount of Each Receipt this Period  
333334.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 334834.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. DANIEL MALONEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 295 NEW PORTLAND RD  
 City GORHAM State ME Zip Code 04038-1867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KNOWLES INDUSTRIAL SERVICES Occupation OWNER  
 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  
 06 / 07 / 2012  
**Transaction ID : SA11.6248**  
 Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B. BILLY MCCASLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3511 AUTUMN BEND DR.  
 City SUGAR LAND State TX Zip Code 77479-3039  
 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 / D D / Y Y Y Y Y Y  
 06 / 07 / 2012  
**Transaction ID : SA11.6253**  
 Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C. DAVE ERICKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1573 CALLE CANDELA  
 City LA JOLLA State CA Zip Code 92037-7108  
 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  
 06 / 08 / 2012  
**Transaction ID : SA11.6312**  
 Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **3250.00**  
**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 14 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. VICTOR JURY**  
 Mailing Address 9109 PEBBLE BEACH NE  
 City State Zip Code  
 ALBUQUERQUE NM 87111-5862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SUMMIT ELECTRIC SUPPLY EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 20000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2012  
**Transaction ID : SA11.6314**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CLAY CALDWELL**  
 Mailing Address 8367 PARKWOOD BLVD  
 City State Zip Code  
 SEMINOLE FL 33777-2709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RAA ESTATE PLANNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2012  
**Transaction ID : SA11.6316**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. TIM SEITZTIMS**  
 Mailing Address 1250 GERMANO WAY  
 City State Zip Code  
 PLEASANTON CA 94566-2243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FLEXTRONICS ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2012  
**Transaction ID : SA11.6321**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10350.00  
**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 126
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. LELAND HODGES III**  
Full Name (Last, First, Middle Initial)

Mailing Address 307 W. 7TH ST.  
STE. 701

City FT. WORTH State TX Zip Code 76102-5100

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

Name of Employer THE HODGES COS. Occupation V.P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 10 / 2012  
**Transaction ID : SA11.6322**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B. SALLY JORDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1482 E VALLEY RD  
SUITE 252

City SANTA BARBARA State CA Zip Code 93108-1200

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
06 / 11 / 2012  
**Transaction ID : SA11.6286**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

**C. PHYLLIS M. TAYLOR**  
Full Name (Last, First, Middle Initial)

Mailing Address ONE LEE CIRCLE

City NEW ORLEANS State LA Zip Code 70130-3931

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

Name of Employer TALOR ENERGY COMPANY LLC Occupation CHAIRWOMAN AND CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
06 / 11 / 2012  
**Transaction ID : SA11.6285**

Amount of Each Receipt this Period  
100000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 130000.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. ROBERT DANN**

Mailing Address 7279 SW 146 ST CIRCLE

City State Zip Code  
PALMETTO BAY FL 33158-1670

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

Name of Employer Occupation  
ROBERT DANN INS. AGY, INC INSURANCE AGENCY OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2012  
**Transaction ID : SA11.6336**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. WALLACE DOWNEY**

Mailing Address 1000 THORNRIIDGE CT

City State Zip Code  
ARGYLE TX 76226-2532

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

Name of Employer Occupation  
DOWNEY PUBLISHING PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2012  
**Transaction ID : SA11.6298**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 9185 OLD SOUTHWICK PASS

City State Zip Code  
ALPHARETTA GA 30022-6253

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

Name of Employer Occupation  
STORM CONSULTING LLC CEO

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  
 06 / 12 / 2012  
**Transaction ID : SA11.6295**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1200.00

**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 17 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. VICTOR F. GANZI**  
Full Name (Last, First, Middle Initial)

Mailing Address 126 EAST 56TH ST  
SUITE 1600

City NEW YORK State NY Zip Code 10022-3613

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
06 / 12 / 2012  
Transaction ID : SA11.6297

Amount of Each Receipt this Period  
50000.00

CONTRIBUTION

**B. EDWARD LEONARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 28 WENDOVER CT

City BLUFFTON State SC Zip Code 29909-6104

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  
06 / 12 / 2012  
Transaction ID : SA11.6299

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**C. JO PRAHL**  
Full Name (Last, First, Middle Initial)

Mailing Address 11001 NASSAU CT NE

City BLAINE State MN Zip Code 55449-5504

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  
06 / 12 / 2012  
Transaction ID : SA11.6331

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50550.00

**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 18 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. PATRICIA DARNELL WARMINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 807 BELLIS STREET  
 City NEWPORT BEACH State CA Zip Code 92660-4109  
 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 06 / 12 / 2012  
**Transaction ID : SA11.6296**  
 Amount of Each Receipt this Period 75.00  
 CONTRIBUTION

**B. JACK BRONSTAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6223 PINEVIEW ROAD  
 City DALLAS State TX Zip Code 75248-3933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STIFEL NICOLAUS & CO Occupation STOCKBROKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 13 / 2012  
**Transaction ID : SA11.6305**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**C. FREDERICK D. GORIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 MT. MCKINLEY COURT  
 City CLAYTON State CA Zip Code 94517-1507  
 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 06 / 13 / 2012  
**Transaction ID : SA11.6343**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. ALLEN HYDE**

Mailing Address 9100 WILSHIRE BLVD, SUITE 1000 WES

City BEVERLY HILLS	State CA	Zip Code 90212-3415
-----------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation FINANCE
-----------------------------------	-----------------------

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
06	/	13	/	2012

**Transaction ID : SA11.6339**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. WILLIAM KEETER**

Mailing Address 1271 HEARDS FERRY RD NW

City ATLANTA	State GA	Zip Code 30328-4733
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

**Transaction ID : SA11.6340**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 208 GOVERNORS RD

City PONTE VEDRA BEACH	State FL	Zip Code 32082-3950
---------------------------	-------------	------------------------

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

Name of Employer ROBERT FAMILY HOLDINGS, INC.	Occupation OWNER/CHAIRMAN
--	------------------------------

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
06	/	13	/	2012

**Transaction ID : SA11.6303**

Amount of Each Receipt this Period  
50000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	51500.00
<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 20 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. DWIGHT HOLM**

Mailing Address 749 MARSOLAN AVE

City SOLANA BEACH      State CA      Zip Code 92075-1932

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 ▼  
550.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 14 / 2012  
**Transaction ID : SA11.6348**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 1415 S VOSS RD  
#110-513

City HOUSTON      State TX      Zip Code 77057-1086

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 14 / 2012  
**Transaction ID : SA11.6309**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ELIZABETH STERN**

Mailing Address 450 FORT HILL RD

City SCARSDALE      State NY      Zip Code 10583-2413

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

Name of Employer SELF-EMPLOYED      Occupation QUILT DEALER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 14 / 2012  
**Transaction ID : SA11.6307**

Amount of Each Receipt this Period  
12000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12600.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. BRIAN DUNCAN**

Mailing Address 2332 EVERGREEN ST

City State Zip Code  
PAMPA TX 79065-2901

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

Name of Employer Occupation  
SELF-EMPLOYED INSURANCE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 15 / 2012  
**Transaction ID : SA11.6413**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. EILEEN HUARTE**

Mailing Address 14959 LA CUMBRE DR.

City State Zip Code  
PACIFIC PALISADES CA 90272-4457

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

Name of Employer Occupation  
ARIZONA TILE SALES

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 16 / 2012  
**Transaction ID : SA11.6418**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ED MAUTZ**

Mailing Address 1639 VANCE AVE.

City State Zip Code  
MEMPHIS TN 38104-3834

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

Name of Employer Occupation  
MAUTZ SECURITY INC. CONTRACTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 16 / 2012  
**Transaction ID : SA11.6423**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STEVE MCKIBBON**  
Full Name (Last, First, Middle Initial)

Mailing Address 755 GRAND BLVD  
B105-210

City MIRAMAR BEACH State FL Zip Code 32550-1838

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 ▼  
1500.00

Date of Receipt  
06 / 16 / 2012  
**Transaction ID : SA11.6424**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B. BRENT MCKAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2203 PHELPS AVENUE

City FREMONT State NE Zip Code 68025-4525

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

Name of Employer STAPLES Occupation GENERAL MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 17 / 2012  
**Transaction ID : SA11.6384**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 101 E. 33RD ST

City SIOUX FALLS State SD Zip Code 57105-4905

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

Name of Employer VALLEY EXCHANGE BANK Occupation BANKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 18 / 2012  
**Transaction ID : SA11.6368**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1050.00

**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 23 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. AL G. HILL JR.**

Mailing Address 47 HIGHLAND PARK VILLAGE  
SUITE 200

City DALLAS State TX Zip Code 75205-2786

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

Name of Employer A.G. HILL PARTNERS Occupation PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500000.00

Date of Receipt  
06 / 18 / 2012  
**Transaction ID : SA11.6371**

Amount of Each Receipt this Period  
100000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. KENNETH E WOODWARD**

Mailing Address 10221 N 37TH ST

City PHOENIX State AZ Zip Code 85028-4005

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  
06 / 18 / 2012  
**Transaction ID : SA11.6389**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. KAREN WRIGHT**

Mailing Address 1240 GAMBIER RD

City MOUNT VERNON State OH Zip Code 43050-3842

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

Name of Employer ARIEL CORPORATION Occupation PRESIDENT & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
06 / 18 / 2012  
**Transaction ID : SA11.6366**

Amount of Each Receipt this Period  
100000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200250.00

**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 24 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. W. ED BOSARGE**

Mailing Address 4203 YOAKUM BLVD  
SUITE 200

City HOUSTON State TX Zip Code 77006-5455

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

Name of Employer QUANTLAB FINANCIAL Occupation MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2012  
**Transaction ID : SA11.6381**

Amount of Each Receipt this Period  
 100000.00

CONTRIBUTION

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

Mailing Address 1230 BURRIS DRIVE

City ELCAJON State CA Zip Code 92019-3571

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

Name of Employer CASPER COMPANY Occupation CONTRACTOR

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  
 06 / 19 / 2012  
**Transaction ID : SA11.6392**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. RICH CORRELL**

Mailing Address 1836 PLYMOUTH TR

City GRAND RAPIDS State MI Zip Code 49506-4149

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

Name of Employer WORD INVST Occupation MISSIONARY

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  
 06 / 19 / 2012  
**Transaction ID : SA11.6391**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 101250.00

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



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

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

FOR LINE NUMBER: PAGE 25 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 875 N. MICHIGAN AVE.  
SUITE 3230

City CHICAGO State IL Zip Code 60611-1960

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

Name of Employer THE ROCKOLA CORPORATION Occupation PRESIDENT & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2012  
**Transaction ID : SA11.6394**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DAVID G. HERRO**

Mailing Address 65 E GOETHE ST  
3N

City CHICAGO State IL Zip Code 60610-2628

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

Name of Employer HARRIS ASSOCIATES LP Occupation INVESTMENT MANAGER

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  
 06 / 19 / 2012  
**Transaction ID : SA11.6375**

Amount of Each Receipt this Period  
 100000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. CHARLES B. KEY**

Mailing Address 2801 TURTLE CREEK BLVD  
UNIT 12-W

City DALLAS State TX Zip Code 75219-4886

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 ▼  
20000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2012  
**Transaction ID : SA11.6377**

Amount of Each Receipt this Period  
 20000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 121000.00

**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 26 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. CB ROBERTSON III**

Mailing Address 9020 STONY POINT PARKWAY  
SUITE 145

City Richmond State VA Zip Code 23235-1953

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

Name of Employer VIRGINIA LAND VENTURES, LLC Occupation LAND DEVELOPER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2012  
**Transaction ID : SA11.6376**

Amount of Each Receipt this Period  
50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CAROLE SHAW**

Mailing Address 2450 EAST ALAMEDA AVE 8

City DENVER State CO Zip Code 80209-3346

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2012  
**Transaction ID : SA11.6378**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. CHARLES STRAUCH**

Mailing Address 49 N CALIBOGUE CAY

City HILTON HEAD State SC Zip Code 29928-2913

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

Name of Employer GA SERVICES, LLC Occupation OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2012  
**Transaction ID : SA11.6383**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CHARLES COHEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2853 SW 50TH TERRACE  
 City CAPE CORAL State FL Zip Code 33914-6036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CWR ELECTRONICS INC Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2012  
**Transaction ID : SA11.6401**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B. LEONARD L FERGUSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8439 WINNINGHAM  
 City HOUSTON State TX Zip Code 77055-7531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SOUTHWESTERN PLATING Occupation SEC/TREAS  
 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  
 06 / 20 / 2012  
**Transaction ID : SA11.6403**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C. DWIGHT HOLM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 749 MARSOLAN AVE  
 City SOLANA BEACH State CA Zip Code 92075-1932  
 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 ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2012  
**Transaction ID : SA11.6431**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<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 28 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. ROBERT POROD**

Mailing Address **6818 MEADE ROAD**

City **DOWNERS GROVE**      State **IL**      Zip Code **60516-3181**

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

Name of Employer **TOWN OF CICERO**      Occupation **COMMISSIONER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
**06 / 20 / 2012**  
**Transaction ID : SA11.6428**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. KENNETH ADAMS**

Mailing Address **121 MOUNTAIN BROOK PARK**

City **BIRMINGHAM**      State **AL**      Zip Code **35213-3639**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
**06 / 22 / 2012**  
**Transaction ID : SA11.6599**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. LOWELL ADAMS**

Mailing Address **121 MOUNTAIN BROOK PARK**

City **BIRMINGHAM**      State **AL**      Zip Code **35213-3639**

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

Name of Employer **HOMEMAKER**      Occupation **HOMEMAKER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
**06 / 22 / 2012**  
**Transaction ID : SA11.6600**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 10751 N FRANK LLOYD WRIGHT BLVD

City	State	Zip Code
SCOTTSDALE	AZ	85259-2671

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

Name of Employer	Occupation
ENVISION CAPITAL MANAGEMENT	FINANCIAL ADVISOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		22		2012

**Transaction ID : SA11.6604**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B. BRENDA SUSAN DUFF**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 305

City	State	Zip Code
CHAVIES	KY	41727-0305

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

Name of Employer	Occupation
PINE BRANCH COAL SALE, INC.	COAL MINING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7510.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		22		2012

**Transaction ID : SA11.6597**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**C. MARK GIBSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4009 GRASSMERE LAME

City	State	Zip Code
DALLAS	TX	75205

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

Name of Employer	Occupation
HFF, LP	EXECUTIVE MANAGING DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		22		2012

**Transaction ID : SA11.6548**

Amount of Each Receipt this Period  
50000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	53000.00
<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 30 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ROBERT POST**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1410 KEY HIGHWAY

City BALTIMORE	State MD	Zip Code 21230-5116
-------------------	-------------	------------------------

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

Name of Employer PCONSULTING LLC	Occupation PRINCIPAL
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 22 / 2012  
**Transaction ID : SA11.6603**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B. JAY JOLLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22 MINNEKAHDA PLACE

City CHATTANOOGA	State TN	Zip Code 37405-1508
---------------------	-------------	------------------------

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

Name of Employer CSMO	Occupation PHYSICIAN
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
06 / 23 / 2012  
**Transaction ID : SA11.6610**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C. RAYNOLD PETROCELLI**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 1005

City ORLAND PARK	State IL	Zip Code 60462-8005
---------------------	-------------	------------------------

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

Name of Employer ALLEGIANCE INSURANCE SERVICES	Occupation PRINCIPAL
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 23 / 2012  
**Transaction ID : SA11.6606**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LESLIE EDGCOMB III**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 CATHEDRAL OAKS

City FAIRPORT State NY Zip Code 14450-4215

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

Name of Employer RBC Occupation INVESTMENTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 25 / 2012  
Transaction ID : SA11.6660

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**B. FREDERICK HOWARTH**  
Full Name (Last, First, Middle Initial)

Mailing Address 6077 BRISTOL PARKWAY

City CULVER CITY State CA Zip Code 90230-6627

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

Name of Employer TGB WEST Occupation DISABILITY SPECIALIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt 06 / 25 / 2012  
Transaction ID : SA11.6550

Amount of Each Receipt this Period 4500.00

CONTRIBUTION

**C. SEYMOUR LOTSOFF**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 9510

City RANCHO SANTA FE State CA Zip Code 92067-4510

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

Name of Employer SELF-EMPLOYED Occupation WRITER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 25 / 2012  
Transaction ID : SA11.6552

Amount of Each Receipt this Period 2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. J JEROME MOISO**  
Full Name (Last, First, Middle Initial)

Mailing Address 42500 MCARTHUR RD

City MCARTHUR	State CA	Zip Code 96056
------------------	-------------	-------------------

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

Name of Employer RANCHO MISSION VIEJO	Occupation FARMER
--	----------------------

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
06	/	25	/	2012

**Transaction ID : SA11.6656**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 172 N DENNY RD

City LEBANON	State TN	Zip Code 37087-0904
-----------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation INSURANCE AGENT
-----------------------------------	-------------------------------

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
06	/	25	/	2012

**Transaction ID : SA11.6657**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C. JERRY GRUNDHOFER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9811 WEST CHARLESTON BLVD  
SUITE 2-163

City LAS VEGAS	State NV	Zip Code 89117-7528
-------------------	-------------	------------------------

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 ▼  
20000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2012

**Transaction ID : SA11.6679**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11250.00
<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 33 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. EDDY J ROGERS JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 3101 RED CORRAL RANCH ROAD

City WIMBERLEY	State TX	Zip Code 78676-4129
-------------------	-------------	------------------------

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

Name of Employer ANDREWSKURTH LLP	Occupation ATTORNEY
--------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		26		2012

**Transaction ID : SA11.6672**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B. JUDY STEPHENSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 WFIELDST

City FRIENDSWOOD	State TX	Zip Code 77546
---------------------	-------------	-------------------

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

Name of Employer MCDONALD ELECTRIC	Occupation SECRETARY
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		26		2012

**Transaction ID : SA11.6675**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C. ENTREPRENEURIAL INVESTMENT CORPORATION**  
Full Name (Last, First, Middle Initial)

Mailing Address 4100 NEWPORT PLACE  
SUITE 400

City NEWPORT BEACH	State CA	Zip Code 92660-2450
-----------------------	-------------	------------------------

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

Name of Employer N/A	Occupation N/A
-------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		26		2012

**Transaction ID : SA11.6567**

Amount of Each Receipt this Period  
100000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. EDWARD BRANDECKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 133 CAMINO NORTE

City TUSCOLA State TX Zip Code 79562-3683

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

Name of Employer ABILENE DIAGNOSTIC CLINIC Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 27 / 2012  
**Transaction ID : SA11.6688**

Amount of Each Receipt this Period 500.00

CONTRIBUTION

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

Mailing Address 165 SAGO PALM ROAD

City VERO BEACH State FL Zip Code 32963-3702

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

Name of Employer J.W. CHILDS & ASSOCIATES Occupation CHAIRMAN & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 06 / 27 / 2012  
**Transaction ID : SA11.6580**

Amount of Each Receipt this Period 500000.00

CONTRIBUTION

**C. CHRIS EBER**  
Full Name (Last, First, Middle Initial)

Mailing Address 22744 SW ULSKY ROAD

City WEST LINN State OR Zip Code 97068-9134

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

Name of Employer SELF-EMPLOYED Occupation MORTGAGE BROKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 27 / 2012  
**Transaction ID : SA11.6683**

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500750.00

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

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

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

FOR LINE NUMBER: PAGE 35 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. SAMMY SNODGRASS**

Mailing Address 2025 ANGLERS PLACE RD.

City State Zip Code  
BROWNSVILLE TX 78521-9249

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2012  
**Transaction ID : SA11.6685**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JEFF WYLER AUTOMOTIVE FAMILY, INC.**

Mailing Address 829 EASTGATE S DR

City State Zip Code  
CINCINNATI OH 45245-1547

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

Name of Employer Occupation  
N/A N/A

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  
 06 / 27 / 2012  
**Transaction ID : SA11.6581**

Amount of Each Receipt this Period  
50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JOSEPH ALFANO**

Mailing Address 124 SILVER LEAF WAY

City State Zip Code  
CASTLE ROCK CO 80108-9064

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

Name of Employer Occupation  
SELF-EMPLOYED GEOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2012  
**Transaction ID : SA11.6980**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51025.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. JON F. ASH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37 GOVERNORS ROAD  
 City HILTON HEAD State SC Zip Code 29928-7129  
 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 **06 / 28 / 2012**  
**Transaction ID : SA11.6961**  
 Amount of Each Receipt this Period **100.00**  
 CONTRIBUTION

**B. JANE VARNER BEARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1901 RIVER OAKS ROAD  
 City ABILENE State TX Zip Code 79605-4814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OWEN FOUNDATION Occupation GRANTS ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **20000.00**

Date of Receipt **06 / 28 / 2012**  
**Transaction ID : SA11.6586**  
 Amount of Each Receipt this Period **20000.00**  
 CONTRIBUTION

**C. TOM BECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1620 BILLMAN LANE  
 City WHEATON State MD Zip Code 20902-1418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CREOAL Occupation IT DEVELOPER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 28 / 2012**  
**Transaction ID : SA11.7000**  
 Amount of Each Receipt this Period **250.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>20350.00</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 37 OF 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 315 LAKELAND DRIVE

City PALOS PARK State IL Zip Code 60464-2538

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

Name of Employer SELF-EMPLOYED Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2012

Transaction ID : SA11.6710

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. TUCKER BRIDWELL**

Mailing Address P.O. BOX 1616

City ABILENE State TX Zip Code 79604-1616

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

Name of Employer MANSEFELDT INVESTMENTS Occupation OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2012

Transaction ID : SA11.6587

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MICHAEL BUTLER**

Mailing Address 2700 CRESCENT SPRINGS PIKE

City FT. MITCHELL State KY Zip Code 41017-1523

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

Name of Employer SIGNATURE HARDWARE Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2012

Transaction ID : SA11.7007

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	28000.00
<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 38 OF 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JIM CLOUD**  
Full Name (Last, First, Middle Initial)

Mailing Address **RIDGEWAY PHARMACY**  
2824 US HWY 93 N.

City **VICTOR** State **MT** Zip Code **59875-9505**

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

Name of Employer **RIDGEWAY PHARMACY** Occupation **OWNER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : SA11.6960**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

**B. BRIAN CUMMINGS**  
Full Name (Last, First, Middle Initial)

Mailing Address **S42W34721 BIG OAK DRIVE**

City **DOUSMAN** State **WI** Zip Code **53118-9717**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : SA11.6737**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

**C. RALPH DAVID DELANEY**  
Full Name (Last, First, Middle Initial)

Mailing Address **P.O. BOX 1915**

City **GLENWOOD SPRINGS** State **CO** Zip Code **81602-1915**

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

Name of Employer **PITKIN IRON CORP** Occupation **BOOKKEEPER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : SA11.6963**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **3100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DAVIDE DUKCEVICH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 489 ANGELL ROAD

City LINCOLN	State RI	Zip Code 02865-4998
-----------------	-------------	------------------------

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

Name of Employer DANIELE, INC.	Occupation SALES
-----------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		28		2012

**Transaction ID : SA11.6720**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B. MELVIN FISK III**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6056 WHITEHAVEN CT.

City SAN JOSE	State CA	Zip Code 95138-2375
------------------	-------------	------------------------

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
06		28		2012

**Transaction ID : SA11.6702**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C. DAVID GIBSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 221 MEANDERING LANE

City BURLESON	State TX	Zip Code 76028-3773
------------------	-------------	------------------------

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

Name of Employer AMGEN	Occupation SCIENTIST
---------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		28		2012

**Transaction ID : SA11.6689**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<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 40 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. NEIL GORME, MD**

Mailing Address **6560 FANNIN # 1600**

City **HOUSTON**      State **TX**      Zip Code **77030-2734**

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

Name of Employer      Occupation  
**SELF-EMPLOYED**      **SURGEON**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**06 / 28 / 2012**

**Transaction ID : SA11.6731**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address **5445 CARUTH HAVEN LANE #2027**

City **DALLAS**      State **TX**      Zip Code **75225-8166**

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

Name of Employer      Occupation  
**MOVIE TAVERN INC**      **CEO**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**06 / 28 / 2012**

**Transaction ID : SA11.6993**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. PAULA HICKS**

Mailing Address **P.O. BOX 1117**

City **GRANBURY**      State **TX**      Zip Code **76048-8117**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**06 / 28 / 2012**

**Transaction ID : SA11.6979**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1600.00**

**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 41 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. DWIGHT HOLM**

Mailing Address 749 MARSOLAN AVE

City SOLANA BEACH      State CA      Zip Code 92075-1932

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 ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2012  
**Transaction ID : SA11.6995**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 101 BUTTERNUT LN

City MANDEVILLE      State LA      Zip Code 70448-1097

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

Name of Employer SELF-EMPLOYED      Occupation PEST CONTROL OPERATOR

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  
 06 / 28 / 2012  
**Transaction ID : SA11.6634**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DIANE HOUSTON**

Mailing Address 2 INCREASE WARD DR.

City NORTHBOROUGH      State MA      Zip Code 01532-1714

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

Name of Employer KAZ INC.      Occupation IT MGMT

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  
 06 / 28 / 2012  
**Transaction ID : SA11.6969**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**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 42 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. ROBERT JARVIS**

Mailing Address 336 TANGLEWOOD DR.

City State Zip Code  
CANTON GA 30115-6436

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 ▼  
350.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 28 / 2012  
**Transaction ID : SA11.6739**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DAVID JOCHUM**

Mailing Address 301 G ST NE#31

City State Zip Code  
WASHINGTON DC 20002-4373

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

Name of Employer Occupation  
TRIDENTIS ENGINEER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 28 / 2012  
**Transaction ID : SA11.6743**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 3198 HARRIETTS BLUFF RD

City State Zip Code  
WOODBINE GA 31569-2906

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 ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 28 / 2012  
**Transaction ID : SA11.6623**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WILLIAM LEIGHTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2812 TANGLEY RD

City HOUSTON State TX Zip Code 77005-2352

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

Name of Employer GREATER HOUSTON ANESTHESIOLOGY Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 28 / 2012  
**Transaction ID : SA11.6714**

Amount of Each Receipt this Period 2500.00

CONTRIBUTION

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

Mailing Address 3747 BERRY DRIVE

City STUDIO CITY State CA Zip Code 91604-3855

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

Name of Employer FIRST MERCURY Occupation INSURANCE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 28 / 2012  
**Transaction ID : SA11.6932**

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**C. PAUL MCDANIEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 10180 BESSMER LANE

City FAIRFAX State VA Zip Code 22032-2305

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

Name of Employer SAIC Occupation SOFTWARE ARCHITECT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 28 / 2012  
**Transaction ID : SA11.6642**

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

**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 44 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. ELIZABETH MITTS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1037 DEER TRAIL

City BOURBONNAIS	State IL	Zip Code 60914-9337
---------------------	-------------	------------------------

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

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2012

**Transaction ID : SA11.6994**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B. ROBERT MOORE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3838 OAK LAWN

City DALLAS	State TX	Zip Code 75219-4520
----------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation PSYCHIATRIST
-----------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2012

**Transaction ID : SA11.6997**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C. ROBERT MOORE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3838 OAK LAWN

City DALLAS	State TX	Zip Code 75219-4520
----------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation PSYCHIATRIST
-----------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2012

**Transaction ID : SA11.7002**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<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 45 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BENT OWENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 751 MONTGOMERY DR

City BIRMINGHAM State AL Zip Code 35213-2533

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

Name of Employer SELF-EMPLOYED Occupation LAWYER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.6959**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B. BOB J. PERRY**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 34153

City HOUSTON State TX Zip Code 77234-4153

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

Name of Employer PERRY HOMES Occupation HOME BUILDER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.6589**

Amount of Each Receipt this Period  
 2000000.00

CONTRIBUTION

**C. GEOFFREY POHANKA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2120 POLO POINTE DR

City VIENNA State VA Zip Code 22181-2846

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

Name of Employer POHAKA HONDA Occupation AUTO DEALER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.6708**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2003000.00
<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 46 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. IVONNE RODRIGUEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11557 LAURA MARIE  
 City EL PASO State TX Zip Code 79936-4017  
 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 06 / 28 / 2012  
**Transaction ID : SA11.6639**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**B. DIAN GRAVES STAI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 PINE STE. 1000  
 City ABILENE State TX Zip Code 79601-5142  
 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 ▼ 50000.00

Date of Receipt 06 / 28 / 2012  
**Transaction ID : SA11.6588**  
 Amount of Each Receipt this Period 50000.00  
 CONTRIBUTION

**C. WILLIAM THEUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1213 LADY STREET SUITE 300  
 City COLUMBIA State SC Zip Code 29201-3283  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WALTER TAYLOR AND CO. Occupation REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2012  
**Transaction ID : SA11.6981**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	52000.00
<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 47 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. ROBERT TOURJEE**

Mailing Address 94 COMSTOCK HILL AVE

City NORWALK	State CT	Zip Code 06850-1005
-----------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation FURNITURE MAKER
-----------------------------------	-------------------------------

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
06		28		2012

**Transaction ID : SA11.6694**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. GAYLLIS WARD**

Mailing Address 225 WEST 106

City NEW YORK	State NY	Zip Code 10025-3611
------------------	-------------	------------------------

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
06		28		2012

**Transaction ID : SA11.6621**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. LOLA BENNETT WINDISCH**

Mailing Address 4608 21ST ST

City LUBBOCK	State TX	Zip Code 79407-2312
-----------------	-------------	------------------------

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

Name of Employer AMERIPATH LUBBOCK	Occupation PHYSICIAN
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2012

**Transaction ID : SA11.6645**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 48 OF 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. CHARLES ANDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 10027

City AUGUSTA State GA Zip Code 30903-2627

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

Name of Employer ANDERSON HOLDING CO. Occupation BUSINESSMAN

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  
 06 / 29 / 2012

**Transaction ID : SA11.7032**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 825 HAZELWOOD ST

City BIRMINGHAM State MI Zip Code 48009-3823

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11.7012**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 2968 RIDGEWOOD RD, NW

City ATLANTA State GA Zip Code 30327-1927

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

Name of Employer IRON TREE CAPITAL LLC Occupation INVESTMENT BANKER

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  
 06 / 29 / 2012

**Transaction ID : SA11.7024**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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 49 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. J. CHARLIE BLUE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3833 HY. 6  
 City CLIFTON State TX Zip Code 76634-5148  
 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 ▼ 2250.00

Date of Receipt 06 / 29 / 2012  
**Transaction ID : SA11.7033**  
 Amount of Each Receipt this Period 2000.00  
 CONTRIBUTION

**B. CLAY CALDWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8367 PARKWOOD BLVD  
 City SEMINOLE State FL Zip Code 33777-2709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RAA Occupation ESTATE PLANNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 29 / 2012  
**Transaction ID : SA11.7011**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. CAROL DIBRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 10  
 City COLBRAN State CO Zip Code 81624-0010  
 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 06 / 29 / 2012  
**Transaction ID : SA11.7016**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 2600.00  
**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 50 OF 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. DANIEL FLETCHER**

Mailing Address 4563 KINGSFORD TERRACE

City SYRACUSE State NY Zip Code 13215-2480

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

Name of Employer COSTELLO LAW FIRM Occupation LAWYER

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  
 06 / 29 / 2012  
**Transaction ID : SA11.6955**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. STEVEN GITT**

Mailing Address 7131 EAST CABALLO CIRCLE

City PARADISE VALLEY State AZ Zip Code 85253-2723

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

Name of Employer NORTH VALLEY PLASTIC SURGERY Occupation PLASTIC SURGEON

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  
 06 / 29 / 2012  
**Transaction ID : SA11.7045**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. SCHUMPERT JONES**

Mailing Address 762 E AVENUE

City CORONADO State CA Zip Code 92118-2176

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

Name of Employer SOUTHWEST AIRLINES Occupation PILOT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11.7031**

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 51 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. CRAIG MCCA**  
 Mailing Address P.O. BOX 2908  
 City State Zip Code  
 KIRKLAND WA 98083-2908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 EAGLE RIVER INVESTMENTS CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11.6827**  
 Amount of Each Receipt this Period  
 500000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. STEVE MOLBERT**  
 Mailing Address 43 GOLDEN SUNSET CIRCLE  
 City State Zip Code  
 THE WOODLANDS TX 77381-4157  
 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 ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11.7023**  
 Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. WILLIAM NEFF**  
 Mailing Address 7902 INNISBROOK COURT  
 City State Zip Code  
 PROSPECT KY 40059-9279  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GLENVIEW TRUST COMPANY MANAGER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : SA11.6952**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 501250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CRAIG SUTTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6995 NORTH HIGHWAY 97

City SAND SPRINGS State OK Zip Code 74063-8230

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

Name of Employer ROTO HAMMER INDUSTRIES, INC. Occupation PRESIDENT/OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 29 / 2012  
**Transaction ID : SA11.7018**

Amount of Each Receipt this Period 2500.00

CONTRIBUTION

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

Mailing Address 10040 EAST HAPPY VALLEY ROAD UNIT 475

City SCOTTSDALE State AZ Zip Code 85255-2390

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 06 / 29 / 2012  
**Transaction ID : SA11.7028**

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**C. THE LARRISON GROUP**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 3986

City WASHINGTON State DC Zip Code 20027-0986

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

Name of Employer N/A Occupation N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 29 / 2012  
**Transaction ID : SA11.6828**

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7750.00

**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 53 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. SHANE ADKINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 482 RITA DR.

City ODEXTON State MD Zip Code 21113-1702

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

Name of Employer CONVERGENCE Occupation SYSTEMS ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 06 / 30 / 2012  
**Transaction ID : SA11.7052**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B. JIM BISCEGLIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2407 N 29TH STREET

City TACOMA State WA Zip Code 98407-6317

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

Name of Employer SBC Occupation BANKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 06 / 30 / 2012  
**Transaction ID : SA11.6832**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

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

Mailing Address 8685 W LAKESHORE DR

City PERRY State MI Zip Code 48872-9778

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

Name of Employer MICHIGAN STATE UNIVERSITY Occupation PROFESSOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 06 / 30 / 2012  
**Transaction ID : SA11.7071**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00

**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 54 OF 126  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. KATHY CARPENTER**

Mailing Address **2687 IVORYHILL STREET**

City State Zip Code  
**LAS VEGAS NV 89135-1796**

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

Name of Employer Occupation  
**NEVADA HAND INC ACCOUNTING**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**06 / 30 / 2012**

**Transaction ID : SA11.7067**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CINDY CLARK**

Mailing Address **4340 E. WAIOLA LOOP**

City State Zip Code  
**KIHEI HI 96753-8452**

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

Name of Employer Occupation  
**A CLARK ROOFING OWNER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**06 / 30 / 2012**

**Transaction ID : SA11.7073**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DAVE ERICKSON**

Mailing Address **1573 CALLE CANDELA**

City State Zip Code  
**LA JOLLA CA 92037-7108**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**06 / 30 / 2012**

**Transaction ID : SA11.7070**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **3250.00**

**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 55 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ALLAN KING**  
Full Name (Last, First, Middle Initial)

Mailing Address 624 WELLESLEY DR

City HOUSTON	State TX	Zip Code 77024-5507
-----------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation OIL & GAS
-----------------------------------	-------------------------

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  
 06 / 30 / 2012

**Transaction ID : SA11.7077**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B. J.J. MATTHEWS**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 176

City ABILENE	State TX	Zip Code 79604-0176
-----------------	-------------	------------------------

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 ▼  
50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11.6830**

Amount of Each Receipt this Period  
50000.00

CONTRIBUTION

**C. CHARLES MCGRATH**  
Full Name (Last, First, Middle Initial)

Mailing Address 5771 CHARLOU DR

City ENGLEWOOD	State CO	Zip Code 80111-1105
-------------------	-------------	------------------------

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  
 06 / 30 / 2012

**Transaction ID : SA11.7053**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	51250.00
<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 56 OF 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. THOMAS NICKELE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 759 N ELMORE  
City PARK RIDGE State IL Zip Code 60068-2712  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MADDEN COMMUNICATIONS Occupation EXEC VP/CFO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : SA11.7055**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**B. WILLIAM WHITE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10918 ALTA VISTA DRIVE  
City FRISCO State TX Zip Code 75033-1779  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ERICSSON Occupation MANAGER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : SA11.7076**  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION

**C. HENRY ZAYAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1449 SE RIVERSIDE DR  
City STUART State FL Zip Code 34996-1207  
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 06 / 30 / 2012  
**Transaction ID : SA11.7066**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	5731450.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. EMILY DAY**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2012

Transaction ID : SB21B.I1831

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. ANDREW FINNAN**

Mailing Address 2130 P STREET NW #406

City WASHINGTON State DC Zip Code 20037-1017

Purpose of Disbursement  
CONSULTING, MEDIA

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2012

Transaction ID : SB21B.I1835

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. PAUL MOUTON**

Mailing Address P.O. BOX 545

City CARTHAGE State MO Zip Code 64836

Purpose of Disbursement  
CONSULTING, RESEARCH

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2012

Transaction ID : SB21B.I1854

Amount of Each Disbursement this Period

5000.00

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

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

10250.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. 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: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2012

Transaction ID : SB21B.I1874

Amount of Each Disbursement this Period

113.75

Full Name (Last, First, Middle Initial)

**B. BROOK FURNITURE RENTAL**

Mailing Address 24997 NETWORK PLACE

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement  
OFFICE FURNITURE RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2012

Transaction ID : SB21B.I1882

Amount of Each Disbursement this Period

634.84

Full Name (Last, First, Middle Initial)

**C. CAPITOL COMPUTER EXPERTS**

Mailing Address 4487 FORBES BLVD

City LANHAM State MD Zip Code 20706

Purpose of Disbursement  
COMPUTER TECHNICAL SUPPORT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2012

Transaction ID : SB21B.I1753

Amount of Each Disbursement this Period

475.94

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

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

1224.53

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FRANK PARSONS**

Mailing Address P.O. BOX 791416

City State Zip Code  
BALTIMORE MD 21279

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2012

Transaction ID : SB21B.I1774

Amount of Each Disbursement this Period

181.01

Full Name (Last, First, Middle Initial)

**B. GUESTBOOKER.COM LLC**

Mailing Address 1204 VINTAGE GROVE LANE

City State Zip Code  
FRANKLIN TN 37064

Purpose of Disbursement  
CONSULTING, COMMUNICATIONS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2012

Transaction ID : SB21B.I1804

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. HOLTZMAN VOGEL JOSEFIK PLLC**

Mailing Address 45 NORTH HILL DRIVE, SUITE 100

City State Zip Code  
WARRENTON VA 20186

Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2012

Transaction ID : SB21B.I1805

Amount of Each Disbursement this Period

25033.20

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

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

27714.21

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MELLON BANK**

Mailing Address P.O. BOX 535416

City State Zip Code  
PITTSBURGH PA 15253

Purpose of Disbursement  
HEALTH INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	2		

Transaction ID : SB21B.I1810

Amount of Each Disbursement this Period

1	1	6	1	2	5	9	4
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. PNC BANK**

Mailing Address ONE FINANCIAL PARKWAY

City State Zip Code  
KALAMAZOO MI 49009

Purpose of Disbursement  
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	2		

Transaction ID : SB21B.I1830

Amount of Each Disbursement this Period

2	5	1	2	6	9	4
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. CUSTOM SCOOP**

Mailing Address P.O. BOX 609

City State Zip Code  
CONCORD NH 03302

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	2		

Transaction ID : SB21B.I1912

Amount of Each Disbursement this Period

4	0	7	0	0
---	---	---	---	---

[MEMO ITEM]

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

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

3	6	7	3	9	4
---	---	---	---	---	---

3	6	7	3	9	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

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

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address P.O. BOX 371461

City State Zip Code  
PITTSBURGH PA 15250

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	2

Transaction ID : SB21B.I1914

Amount of Each Disbursement this Period

3	9	1	.	2	3
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. FRONTIER AIRLINES**

Mailing Address 701 TOWER ROAD

City State Zip Code  
DENVER CO 80249

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	2

Transaction ID : SB21B.I1915

Amount of Each Disbursement this Period

3	1	4	.	3	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HOTEL VITALE**

Mailing Address EIGHT MISSION STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	2

Transaction ID : SB21B.I1916

Amount of Each Disbursement this Period

3	5	5	.	3	1
---	---	---	---	---	---

[MEMO ITEM]

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

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

0	0	0
---	---	---

0	0	0
---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MARRIOTT**

Mailing Address 10400 FERNWOOD ROAD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2012

Transaction ID : SB21B.I1918

Amount of Each Disbursement this Period

120.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address P.O. BOX 66100

City CHICAGO State IL Zip Code 60666

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2012

Transaction ID : SB21B.I1922

Amount of Each Disbursement this Period

4.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address 4000 E. SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2012

Transaction ID : SB21B.I1923

Amount of Each Disbursement this Period

872.85

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. THE MK GROUP LLC**

Mailing Address 5905 GLOSTER ROAD

City BETHESDA State MD Zip Code 20816

Purpose of Disbursement  
DONOR DEVELOPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2012

Transaction ID : SB21B.I1794

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

**B. DATA TRUST LLC**

Mailing Address P.O. BOX 12365

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2012

Transaction ID : SB21B.I1770

Amount of Each Disbursement this Period

100000.00

Full Name (Last, First, Middle Initial)

**C. PNC BANK**

Mailing Address ONE FINANCIAL PARKWAY

City KALAMAZOO State MI Zip Code 49009

Purpose of Disbursement  
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2012

Transaction ID : SB21B.I1780

Amount of Each Disbursement this Period

3482.69

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

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

1010982.69

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. AT&T DATA**

Mailing Address P.O. BOX 6416

City State Zip Code  
CAROL STREAM IL 60197

Purpose of Disbursement  
DATA PLAN

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2012

Transaction ID : SB21B.I1925

Amount of Each Disbursement this Period

25.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 7704 LEESBURG PIKE

City State Zip Code  
FALLS CHURCH VA 22043

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2012

Transaction ID : SB21B.I1927

Amount of Each Disbursement this Period

1000.00
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 7704 LEESBURG PIKE

City State Zip Code  
FALLS CHURCH VA 22043

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2012

Transaction ID : SB21B.I1928

Amount of Each Disbursement this Period

500.00
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. DATAWATCH SYSTEMS INC**

Mailing Address 4401 EAST WEST HIGHWAY #500

City BETHESDA State MD Zip Code 20814

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2012

Transaction ID : SB21B.I1883

Amount of Each Disbursement this Period

212.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DATAWATCH SYSTEMS INC**

Mailing Address 4401 EAST WEST HIGHWAY #500

City BETHESDA State MD Zip Code 20814

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2012

Transaction ID : SB21B.I1929

Amount of Each Disbursement this Period

65.42

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. GODADDY.COM**

Mailing Address 14455 N HAYDEN ROAD

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement  
INTERNET EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2012

Transaction ID : SB21B.I1884

Amount of Each Disbursement this Period

95.64

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. GODADDY.COM**

Mailing Address 14455 N HAYDEN ROAD

City State Zip Code  
SCOTTSDALE AZ 85260

Purpose of Disbursement  
INTERNET EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2012

Transaction ID : SB21B.I1885

Amount of Each Disbursement this Period

49.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. GROUNDLINK**

Mailing Address 134 WEST 37TH STREET

City State Zip Code  
NEW YORK NY 10034

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2012

Transaction ID : SB21B.I1886

Amount of Each Disbursement this Period

290.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. GROUNDLINK**

Mailing Address 134 WEST 37TH STREET

City State Zip Code  
NEW YORK NY 10034

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2012

Transaction ID : SB21B.I1887

Amount of Each Disbursement this Period

136.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. PREMIERE GLOBAL SERVICES INC**

Mailing Address 3399 PEACHTREE ROAD, STE 700

City ATLANTA State GA Zip Code 30326-2832

Purpose of Disbursement  
CONFERENCE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2012

Transaction ID : SB21B.I1888

Amount of Each Disbursement this Period

44.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. THE COOK POLITICAL REPORT**

Mailing Address 600 NEW HAMPSHIRE AVE NW

City WASHINGTON State DC Zip Code 20037

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2012

Transaction ID : SB21B.I1890

Amount of Each Disbursement this Period

371.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address 4000 E. SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2012

Transaction ID : SB21B.I1891

Amount of Each Disbursement this Period

500.80

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MENTZER MEDIA SERVICES INC**

Mailing Address 600 FAIRMONT AVE, SUITE 306  
STE. 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement  
TV / MEDIA PLACEMENT DEPOSIT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

Transaction ID : SB21B.I1814

Amount of Each Disbursement this Period

118593.52

Full Name (Last, First, Middle Initial)

**B. STEVEN LAW**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
REIMBURSEMENT FOOD / BEVERAGE, TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

Transaction ID : SB21B.I1840

Amount of Each Disbursement this Period

184.01

Full Name (Last, First, Middle Initial)

**C. 1401 NEW YORK AVENUE INC**

Mailing Address P.O. BOX 7247-7375

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

Transaction ID : SB21B.I1872

Amount of Each Disbursement this Period

3941.73

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

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

122719.26

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ACCION INTERNATIONAL**

Mailing Address 56 ROLAND STREET, STE 300

City BOSTON State MA Zip Code 02129

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

Transaction ID : SB21B.I1873

Amount of Each Disbursement this Period

3780.00

Full Name (Last, First, Middle Initial)

**B. ALLIED TELECOM**

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

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
INTERNET AND PHONE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

Transaction ID : SB21B.I1877

Amount of Each Disbursement this Period

1682.40

Full Name (Last, First, Middle Initial)

**C. BLACK ROCK GROUP LLC**

Mailing Address 66 CANAL CENTER PLAZA, STE 555

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CONSULTING, ADVOCACY COMMUNICATION

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

Transaction ID : SB21B.I1881

Amount of Each Disbursement this Period

12580.00

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

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

18042.40

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CFC CONSULTING INC**

Mailing Address 3724 DUNBARTON DRIVE

City MOUNTAIN BROOK State AL Zip Code 35223

Purpose of Disbursement  
BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

Transaction ID : SB21B.I1757

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. CFL ASSOCIATES**

Mailing Address 4189 S FOUR MILE RUN DRIVE #404

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement  
DONOR DEVELOPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

Transaction ID : SB21B.I1758

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. FRANK PARSONS**

Mailing Address P.O. BOX 791416

City BALTIMORE State MD Zip Code 21279

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

Transaction ID : SB21B.I1775

Amount of Each Disbursement this Period

104.85

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

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

8104.85

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MENTZER MEDIA SERVICES INC**

Mailing Address 600 FAIRMONT AVE, SUITE 306  
STE. 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	07	/	2012

Transaction ID : SB21B.I1815

Amount of Each Disbursement this Period

-118593.52
------------

Full Name (Last, First, Middle Initial)

**B. RICHARD SALES MEDIA LLC**

Mailing Address 9010 S. 10TH ST.

City PHOENIX State AZ Zip Code 85042

Purpose of Disbursement  
WEB VIDEO

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	07	/	2012

Transaction ID : SB21B.I1786

Amount of Each Disbursement this Period

9000.00
---------

Full Name (Last, First, Middle Initial)

**C. RICHARD SALES MEDIA LLC**

Mailing Address 9010 S. 10TH ST.

City PHOENIX State AZ Zip Code 85042

Purpose of Disbursement  
WEB VIDEO

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	07	/	2012

Transaction ID : SB21B.I1787

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

-107593.52
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ROCK CREEK ADVISORS LLC**

Mailing Address 5331 16TH STREET NW

City WASHINGTON State DC Zip Code 20011

Purpose of Disbursement  
DONOR DEVELOPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

Transaction ID : **SB21B.I1788**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address P.O. BOX 2187

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
WEBSITE HOSTING / DEVELOPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

Transaction ID : **SB21B.I1790**

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

**C. TARGETPOINT CONSULTING INC**

Mailing Address 66 CANAL CENTER PLAZA, # 555

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
DATA MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

Transaction ID : **SB21B.I1791**

Amount of Each Disbursement this Period

203950.00

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

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

212950.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. THE LARRISON GROUP LLC**

Mailing Address P.O. BOX 3986

City WASHINGTON State DC Zip Code 20027

Purpose of Disbursement  
DONOR DEVELOPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

Transaction ID : **SB21B.I1793**

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

**B. VISA**

Mailing Address P.O. BOX 4513

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement  
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

Transaction ID : **SB21B.I1800**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C. AT&T DATA**

Mailing Address P.O. BOX 6416

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement  
DATA PLAN

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

Transaction ID : **SB21B.I1892**

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

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

7600.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. AT&T DATA**

Mailing Address P.O. BOX 6416

City State Zip Code  
CAROL STREAM IL 60197

Purpose of Disbursement  
DATA PLAN

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

**Transaction ID : SB21B.I1893**

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AT&T DATA**

Mailing Address P.O. BOX 6416

City State Zip Code  
CAROL STREAM IL 60197

Purpose of Disbursement  
DATA PLAN

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

**Transaction ID : SB21B.I1894**

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AT&T DATA**

Mailing Address P.O. BOX 6416

City State Zip Code  
CAROL STREAM IL 60197

Purpose of Disbursement  
DATA PLAN

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2012

**Transaction ID : SB21B.I1895**

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. VISA**

Mailing Address P.O. BOX 4513

City State Zip Code  
CAROL STREAM IL 60197

Purpose of Disbursement  
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	2

Transaction ID : SB21B.I1801

Amount of Each Disbursement this Period

6	3	.	2	1
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. AT&T DATA**

Mailing Address P.O. BOX 6416

City State Zip Code  
CAROL STREAM IL 60197

Purpose of Disbursement  
DATA PLAN

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	2

Transaction ID : SB21B.I1896

Amount of Each Disbursement this Period

3	0	.	0	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. PREMIERE GLOBAL SERVICES INC**

Mailing Address 3399 PEACHTREE ROAD, STE 700

City State Zip Code  
ATLANTA GA 30326-2832

Purpose of Disbursement  
CONFERENCE CALLS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	2

Transaction ID : SB21B.I1897

Amount of Each Disbursement this Period

3	3	.	2	1
---	---	---	---	---

[MEMO ITEM]

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

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

6	3	.	2	1
---	---	---	---	---

6	3	.	2	1
---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CROSSROADS MEDIA LLC**

Mailing Address 66 CANAL CENTER PLAZA, SUITE 555

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
TV / MEDIA PLACEMENT DEPOSIT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2012

Transaction ID : **SB21B.I1760**

Amount of Each Disbursement this Period

166846.36

Full Name (Last, First, Middle Initial)

**B. CROSSROADS MEDIA LLC**

Mailing Address 66 CANAL CENTER PLAZA, SUITE 555

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
TV / MEDIA PLACEMENT DEPOSIT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2012

Transaction ID : **SB21B.I1762**

Amount of Each Disbursement this Period

358202.98

Full Name (Last, First, Middle Initial)

**C. MENTZER MEDIA SERVICES INC**

Mailing Address 600 FAIRMONT AVE, SUITE 306  
STE. 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement  
TV / MEDIA PLACEMENT DEPOSIT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2012

Transaction ID : **SB21B.I1816**

Amount of Each Disbursement this Period

128034.56

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

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

653083.90

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. GUARD INSURANCE GROUP**

Mailing Address P.O. BOX AH

City State Zip Code  
WILKES-BARRE PA 18703

Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2012

Transaction ID : SB21B.I1779

Amount of Each Disbursement this Period

2599.00

Full Name (Last, First, Middle Initial)

**B. MENTZER MEDIA SERVICES INC**

Mailing Address 600 FAIRMONT AVE, SUITE 306  
STE. 306

City State Zip Code  
TOWSON MD 21286

Purpose of Disbursement  
TV / MEDIA PLACEMENT DEPOSIT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2012

Transaction ID : SB21B.I1818

Amount of Each Disbursement this Period

118593.52

Full Name (Last, First, Middle Initial)

**C. CROSSROADS MEDIA LLC**

Mailing Address 66 CANAL CENTER PLAZA, SUITE 555

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2012

Transaction ID : SB21B.I1761

Amount of Each Disbursement this Period

-166846.36

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

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

-45653.84

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

## A. CROSSROADS MEDIA LLC

Mailing Address 66 CANAL CENTER PLAZA, SUITE 555

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2012

Transaction ID : SB21B.I1763

Amount of Each Disbursement this Period

-358202.98

Category/  
Type

Full Name (Last, First, Middle Initial)

## B. 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: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2012

Transaction ID : SB21B.I1811

Amount of Each Disbursement this Period

1161.25

Category/  
Type

Full Name (Last, First, Middle Initial)

## C. MENTZER MEDIA SERVICES INC

Mailing Address 600 FAIRMONT AVE, SUITE 306  
STE. 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2012

Transaction ID : SB21B.I1817

Amount of Each Disbursement this Period

-128034.56

Category/  
Type

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

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

-485076.29

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MENTZER MEDIA SERVICES INC**

Mailing Address 600 FAIRMONT AVE, SUITE 306  
STE. 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2012

Transaction ID : **SB21B.I1819**

Amount of Each Disbursement this Period

-118593.52

Full Name (Last, First, Middle Initial)

**B. GREGORY CAREY**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : **SB21B.I1748**

Amount of Each Disbursement this Period

130.31

Full Name (Last, First, Middle Initial)

**C. JONATHAN COLLEGIO**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : **SB21B.I1749**

Amount of Each Disbursement this Period

1283.34

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

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

-117179.87

**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

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

Full Name (Last, First, Middle Initial)

**A. JONATHAN COLLEGIO**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
REIMBURSEMENT FOOD / BEVERAGE, TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : **SB21B.I1750**

Amount of Each Disbursement this Period

264.18

Full Name (Last, First, Middle Initial)

**B. JENNIFER FAY**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : **SB21B.I1833**

Amount of Each Disbursement this Period

689.50

Full Name (Last, First, Middle Initial)

**C. HEATHER HENDERSON**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : **SB21B.I1836**

Amount of Each Disbursement this Period

1654.24

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

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

2607.92



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. NATHAN HODSON**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

**Transaction ID : SB21B.I1838**

Amount of Each Disbursement this Period

466.20

Full Name (Last, First, Middle Initial)

**B. STEVEN LAW**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

**Transaction ID : SB21B.I1841**

Amount of Each Disbursement this Period

3056.44

Full Name (Last, First, Middle Initial)

**C. AMY LEEDECKE**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

**Transaction ID : SB21B.I1843**

Amount of Each Disbursement this Period

2647.92

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

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

6170.56

**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

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

Full Name (Last, First, Middle Initial)

**A. CHRIS MCINERNEY**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : SB21B.I1846

Amount of Each Disbursement this Period

3911.98

Full Name (Last, First, Middle Initial)

**B. JOHN MILAM**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : SB21B.I1848

Amount of Each Disbursement this Period

1403.74

Full Name (Last, First, Middle Initial)

**C. LLOYD MILLER**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : SB21B.I1850

Amount of Each Disbursement this Period

1721.63

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

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

7037.35

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ANDREW MOORE**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : **SB21B.I1852**

Amount of Each Disbursement this Period

1160.60

Full Name (Last, First, Middle Initial)

**B. JENNIFER MUELLER**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : **SB21B.I1855**

Amount of Each Disbursement this Period

1415.22

Full Name (Last, First, Middle Initial)

**C. KELLY NALLEN**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : **SB21B.I1857**

Amount of Each Disbursement this Period

337.36

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

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

2913.18

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. KARA OSBORNE**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : SB21B.I1859

Amount of Each Disbursement this Period

645.29
--------

Full Name (Last, First, Middle Initial)

**B. ANNA ROGERS**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : SB21B.I1862

Amount of Each Disbursement this Period

1383.75
---------

Full Name (Last, First, Middle Initial)

**C. KYLE SISENSTEIN**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : SB21B.I1864

Amount of Each Disbursement this Period

1156.41
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3185.45
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. THEODORE TANZER**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : **SB21B.I1866**

Amount of Each Disbursement this Period

1236.95

Full Name (Last, First, Middle Initial)

**B. MATTHEW WALL**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : **SB21B.I1868**

Amount of Each Disbursement this Period

1628.66

Full Name (Last, First, Middle Initial)

**C. KIRK WHITWORTH**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : **SB21B.I1870**

Amount of Each Disbursement this Period

1230.74

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

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

4096.35

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ADP INC**

Mailing Address 504 CLINTON CENTER DRIVE, STE 4400

City CLINTON State MS Zip Code 39056

Purpose of Disbursement  
PAYROLL PROCESSING

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : **SB21B.I1875**

Amount of Each Disbursement this Period

131.75

Full Name (Last, First, Middle Initial)

**B. 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  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : **SB21B.I1754**

Amount of Each Disbursement this Period

241.15

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: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : **SB21B.I1756**

Amount of Each Disbursement this Period

7865.00

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

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

8237.90

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. COMPTROLLER OF MARYLAND**

Mailing Address STATE INCOME TAX BLDG

City ANNAPOLIS State MD Zip Code 21411

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : SB21B.I1759

Amount of Each Disbursement this Period

6.62

Full Name (Last, First, Middle Initial)

**B. 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: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : SB21B.I1771

Amount of Each Disbursement this Period

108.34

Full Name (Last, First, Middle Initial)

**C. FRANK PARSONS**

Mailing Address P.O. BOX 791416

City BALTIMORE State MD Zip Code 21279

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : SB21B.I1776

Amount of Each Disbursement this Period

932.29

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

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

1047.25

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. 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: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : SB21B.I1806

Amount of Each Disbursement this Period

25041.45

Full Name (Last, First, Middle Initial)

**B. KATARINA PRICE PHOTOGRAPHY**

Mailing Address 1670 N 21ST ROAD, APT 7

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
PHOTOGRAPHY SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : SB21B.I1807

Amount of Each Disbursement this Period

750.00

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: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : SB21B.I1809

Amount of Each Disbursement this Period

2553.54

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

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

28344.99



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MISSISSIPPI DEPT OF REVENUE**

Mailing Address P.O. BOX 23075

City JACKSON State MS Zip Code 39225

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : SB21B.I1824

Amount of Each Disbursement this Period

83.00

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: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : SB21B.I1827

Amount of Each Disbursement this Period

1578.46

Full Name (Last, First, Middle Initial)

**C. 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: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : SB21B.I1784

Amount of Each Disbursement this Period

1317.63

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

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

2979.09

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. THE 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: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : SB21B.I1795

Amount of Each Disbursement this Period

77000.00

Full Name (Last, First, Middle Initial)

**B. US DEPARTMENT OF TREASURY**

Mailing Address 1500 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20220

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : SB21B.I1796

Amount of Each Disbursement this Period

8546.13

Full Name (Last, First, Middle Initial)

**C. VIRGINIA DEPT OF TAXATION**

Mailing Address P.O. BOX 1777

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2012

Transaction ID : SB21B.I1798

Amount of Each Disbursement this Period

282.47

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

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

85828.60

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. VOTER CONSUMER RESEARCH INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2012

Mailing Address 501 C STREET NE

**Transaction ID : SB21B.I1802**

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

111850.00
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Purpose of Disbursement  
POLLING

Category/Type
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Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. CROSSROADS MEDIA LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2012

Mailing Address 66 CANAL CENTER PLAZA, SUITE 555

**Transaction ID : SB21B.I1764**

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

166846.36
-----------

Purpose of Disbursement  
TV / MEDIA PLACEMENT DEPOSIT

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. CROSSROADS MEDIA LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2012

Mailing Address 66 CANAL CENTER PLAZA, SUITE 555

**Transaction ID : SB21B.I1766**

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

358202.98
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Purpose of Disbursement  
TV / MEDIA PLACEMENT DEPOSIT

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

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

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

636899.34
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MENTZER MEDIA SERVICES INC**

Mailing Address 600 FAIRMONT AVE, SUITE 306  
STE. 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement  
TV / MEDIA PLACEMENT DEPOSIT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2012

Transaction ID : SB21B.I1820

Amount of Each Disbursement this Period

127065.80

Full Name (Last, First, Middle Initial)

**B. CROSSROADS MEDIA LLC**

Mailing Address 66 CANAL CENTER PLAZA, SUITE 555

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

Transaction ID : SB21B.I1765

Amount of Each Disbursement this Period

-166846.36

Full Name (Last, First, Middle Initial)

**C. CROSSROADS MEDIA LLC**

Mailing Address 66 CANAL CENTER PLAZA, SUITE 555

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

Transaction ID : SB21B.I1767

Amount of Each Disbursement this Period

-358202.98

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

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

-397983.54

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MENTZER MEDIA SERVICES INC**

Mailing Address 600 FAIRMONT AVE, SUITE 306  
STE. 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 20 / 2012

Transaction ID : SB21B.I1821

Amount of Each Disbursement this Period

-127065.80

Full Name (Last, First, Middle Initial)

**B. EMILY DAY**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 21 / 2012

Transaction ID : SB21B.I1832

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. JORDAN MCFADDEN**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 21 / 2012

Transaction ID : SB21B.I1845

Amount of Each Disbursement this Period

500.00

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

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

-126065.80

**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

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

Full Name (Last, First, Middle Initial)

**A. SARAH ROBINSON**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2012

Transaction ID : SB21B.I1861

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. ARENA**

Mailing Address 1780 W. SEQUOIA VISTA CIRCLE

City SALT LAKE CITY State UT Zip Code 84104

Purpose of Disbursement  
POSTAGE, PRINTING / PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2012

Transaction ID : SB21B.I1879

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BROOK FURNITURE RENTAL**

Mailing Address 24997 NETWORK PLACE

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement  
OFFICE FURNITURE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2012

Transaction ID : SB21B.I1752

Amount of Each Disbursement this Period

908.60

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

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

2408.60

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FLS CONNECT LLC**

Mailing Address 7300 HUDSON BLVD N, STE 270

City ST. PAUL State MN Zip Code 55128

Purpose of Disbursement  
CONFERENCE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2012

Transaction ID : **SB21B.I1773**

Amount of Each Disbursement this Period

160.46

Full Name (Last, First, Middle Initial)

**B. FRANK PARSONS**

Mailing Address P.O. BOX 791416

City BALTIMORE State MD Zip Code 21279

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2012

Transaction ID : **SB21B.I1777**

Amount of Each Disbursement this Period

58.55

Full Name (Last, First, Middle Initial)

**C. 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: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2012

Transaction ID : **SB21B.I1808**

Amount of Each Disbursement this Period

394.26

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

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

613.27

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. SYSTEM PARKING CORP**

Mailing Address 2300 M ST NW #900

City WASHINGTON State DC Zip Code 20037

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2012

**Transaction ID : SB21B.I1789**

Amount of Each Disbursement this Period

530.00

Full Name (Last, First, Middle Initial)

**B. TARGETPOINT CONSULTING INC**

Mailing Address 66 CANAL CENTER PLAZA, # 555

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
DATA MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2012

**Transaction ID : SB21B.I1792**

Amount of Each Disbursement this Period

94500.00

Full Name (Last, First, Middle Initial)

**C. GUARD INSURANCE GROUP**

Mailing Address P.O. BOX AH

City WILKES-BARRE State PA Zip Code 18703

Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2012

**Transaction ID : SB21B.I1803**

Amount of Each Disbursement this Period

365.00

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

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

95395.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN ACTION NETWORK**

Mailing Address 1730 PENNSYLVANIA AVE, STE 525

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2012

Transaction ID : SB21B.I1878

Amount of Each Disbursement this Period

12960.00

Full Name (Last, First, Middle Initial)

**B. MENTZER MEDIA SERVICES INC**

Mailing Address 600 FAIRMONT AVE, SUITE 306  
STE. 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement  
TV / MEDIA PLACEMENT DEPOSIT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2012

Transaction ID : SB21B.I1822

Amount of Each Disbursement this Period

170098.80

Full Name (Last, First, Middle Initial)

**C. PNC BANK**

Mailing Address ONE FINANCIAL PARKWAY

City KALAMAZOO State MI Zip Code 49009

Purpose of Disbursement  
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

Transaction ID : SB21B.I1781

Amount of Each Disbursement this Period

6484.39

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

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

189543.19

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City State Zip Code  
FT WORTH TX 76155

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

Transaction ID : SB21B.I1898

Amount of Each Disbursement this Period

439.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMTRAK**

Mailing Address 50 MASSACHUSETTS AVENUE

City State Zip Code  
WASHINGTON DC 20002

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

Transaction ID : SB21B.I1899

Amount of Each Disbursement this Period

153.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AT&T DATA**

Mailing Address P.O. BOX 6416

City State Zip Code  
CAROL STREAM IL 60197

Purpose of Disbursement  
DATA PLAN

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

Transaction ID : SB21B.I1900

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 7704 LEESBURG PIKE

City State Zip Code  
FALLS CHURCH VA 22043

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I1903

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 7704 LEESBURG PIKE

City State Zip Code  
FALLS CHURCH VA 22043

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I1904

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CUSTOM SCOOP**

Mailing Address P.O. BOX 609

City State Zip Code  
CONCORD NH 03302

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.I1905

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. DATAWATCH SYSTEMS INC**

Mailing Address 4401 EAST WEST HIGHWAY #500

City State Zip Code  
BETHESDA MD 20814

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2012

Transaction ID : SB21B.I1906

Amount of Each Disbursement this Period

53.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address P.O. BOX 371461

City State Zip Code  
PITTSBURGH PA 15250

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2012

Transaction ID : SB21B.I1908

Amount of Each Disbursement this Period

332.82
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. FRONTIER AIRLINES**

Mailing Address 701 TOWER ROAD

City State Zip Code  
DENVER CO 80249

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2012

Transaction ID : SB21B.I1909

Amount of Each Disbursement this Period

29.25
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. HOTELS.COM**

Mailing Address 10440 N CENTRAL EXPY, #400

City DALLAS State TX Zip Code 75231

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	2

Transaction ID : SB21B.I1911

Amount of Each Disbursement this Period

7	4	0	3	4
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[MEMO ITEM]

**B. PNC BANK**

Mailing Address ONE FINANCIAL PARKWAY

City KALAMAZOO State MI Zip Code 49009

Purpose of Disbursement  
VENDOR REFUND - CREDIT CARD REWARDS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	2

Transaction ID : SB21B.I1942

Amount of Each Disbursement this Period

-	1	3	7	9
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[MEMO ITEM]

**C. PREMIERE GLOBAL SERVICES INC**

Mailing Address 3399 PEACHTREE ROAD, STE 700

City ATLANTA State GA Zip Code 30326-2832

Purpose of Disbursement  
CONFERENCE CALLS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	2

Transaction ID : SB21B.I1930

Amount of Each Disbursement this Period

1	1	0	4	1	3
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[MEMO ITEM]

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

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

0	0	0	0
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0	0	0	0
---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES**

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

Transaction ID : SB21B.I1935

Amount of Each Disbursement this Period

399.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address P.O. BOX 66100

City CHICAGO State IL Zip Code 60666

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

Transaction ID : SB21B.I1938

Amount of Each Disbursement this Period

455.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. US AIRWAYS**

Mailing Address 4000 E. SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2012

Transaction ID : SB21B.I1939

Amount of Each Disbursement this Period

481.80

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MENTZER MEDIA SERVICES INC**

Mailing Address 600 FAIRMONT AVE, SUITE 306  
STE. 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	2

Transaction ID : **SB21B.I1823**

Amount of Each Disbursement this Period

-	1	7	0	9	8	.	8	0
---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. JONATHAN COLLEGIO**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

Transaction ID : **SB21B.I1751**

Amount of Each Disbursement this Period

1	2	8	3	.	3	5
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. JENNIFER FAY**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

Transaction ID : **SB21B.I1834**

Amount of Each Disbursement this Period

6	8	9	.	4	9
---	---	---	---	---	---

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

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

-	1	6	8	1	2	5	.	9	6
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. HEATHER HENDERSON**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : SB21B.I1837

Amount of Each Disbursement this Period

1654.25

Full Name (Last, First, Middle Initial)

**B. NATHAN HODSON**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : SB21B.I1839

Amount of Each Disbursement this Period

466.21

Full Name (Last, First, Middle Initial)

**C. STEVEN LAW**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : SB21B.I1842

Amount of Each Disbursement this Period

3432.72

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

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

5553.18



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. AMY LEEDECKE**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SB21B.I1844**

Amount of Each Disbursement this Period

2647.93
---------

Full Name (Last, First, Middle Initial)

**B. CHRIS MCINERNEY**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SB21B.I1847**

Amount of Each Disbursement this Period

3911.98
---------

Full Name (Last, First, Middle Initial)

**C. JOHN MILAM**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SB21B.I1849**

Amount of Each Disbursement this Period

1403.74
---------

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

7963.65
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. LLOYD MILLER**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SB21B.I1851

Amount of Each Disbursement this Period

1721.63
---------

Full Name (Last, First, Middle Initial)

**B. ANDREW MOORE**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SB21B.I1853

Amount of Each Disbursement this Period

1160.59
---------

Full Name (Last, First, Middle Initial)

**C. JENNIFER MUELLER**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SB21B.I1856

Amount of Each Disbursement this Period

1415.21
---------

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

4297.43
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. KELLY NALLEN**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SB21B.I1858**

Amount of Each Disbursement this Period

337.36
--------

Full Name (Last, First, Middle Initial)

**B. KARA OSBORNE**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SB21B.I1860**

Amount of Each Disbursement this Period

645.29
--------

Full Name (Last, First, Middle Initial)

**C. ANNA ROGERS**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : SB21B.I1863**

Amount of Each Disbursement this Period

1383.75
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2366.40
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. KYLE SISENSTEIN**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : **SB21B.I1865**

Amount of Each Disbursement this Period

1156.40

Full Name (Last, First, Middle Initial)

**B. THEODORE TANZER**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : **SB21B.I1867**

Amount of Each Disbursement this Period

1236.96

Full Name (Last, First, Middle Initial)

**C. MATTHEW WALL**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : **SB21B.I1869**

Amount of Each Disbursement this Period

1628.66

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

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

4022.02

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. KIRK WHITWORTH**

Mailing Address 1401 NEW YORK AVE NW, STE 1200

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : SB21B.I1871

Amount of Each Disbursement this Period

1230.75

Full Name (Last, First, Middle Initial)

**B. 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: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : SB21B.I1876

Amount of Each Disbursement this Period

111.50

Full Name (Last, First, Middle Initial)

**C. CROSSROADS MEDIA LLC**

Mailing Address 66 CANAL CENTER PLAZA, SUITE 555

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
TV / MEDIA PLACEMENT DEPOSIT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : SB21B.I1768

Amount of Each Disbursement this Period

90525.00

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

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

91867.25

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. DEPARTMENT OF EMPLOYMENT SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		29		2012

Mailing Address P.O. BOX 9664

**Transaction ID : SB21B.I1772**

City WASHINGTON State DC Zip Code 20090

Amount of Each Disbursement this Period

75.96
-------

Purpose of Disbursement  
PAYROLL TAXES

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District: 00

Full Name (Last, First, Middle Initial)

**B. MELLON BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		29		2012

Mailing Address P.O. BOX 535416

**Transaction ID : SB21B.I1812**

City PITTSBURGH State PA Zip Code 15253

Amount of Each Disbursement this Period

20520.00
----------

Purpose of Disbursement  
HEALTH INSURANCE

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District: 00

Full Name (Last, First, Middle Initial)

**C. MELLON BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		29		2012

Mailing Address P.O. BOX 535416

**Transaction ID : SB21B.I1813**

City PITTSBURGH State PA Zip Code 15253

Amount of Each Disbursement this Period

650.00
--------

Purpose of Disbursement  
HEALTH INSURANCE

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District: 00

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

21245.96
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MISSISSIPPI DEPT OF REVENUE**

Mailing Address P.O. BOX 23075

City JACKSON State MS Zip Code 39225

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : SB21B.I1825

Amount of Each Disbursement this Period

83.00

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: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : SB21B.I1828

Amount of Each Disbursement this Period

1578.46

Full Name (Last, First, Middle Initial)

**C. PNC BANK**

Mailing Address ONE FINANCIAL PARKWAY

City KALAMAZOO State MI Zip Code 49009

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : SB21B.I1782

Amount of Each Disbursement this Period

91.12

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

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

1752.58

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. US DEPARTMENT OF TREASURY**

Mailing Address 1500 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20220

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : **SB21B.I1797**

Amount of Each Disbursement this Period

8663.52

Full Name (Last, First, Middle Initial)

**B. VIRGINIA DEPT OF TAXATION**

Mailing Address P.O. BOX 1777

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2012

Transaction ID : **SB21B.I1799**

Amount of Each Disbursement this Period

311.87

Full Name (Last, First, Middle Initial)

**C. ATCHLEY & ASSOCIATES**

Mailing Address 6850 AUSTIN CENTER BLVD, STE 180

City AUSTIN State TX Zip Code 78731

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2012

Transaction ID : **SB21B.I1880**

Amount of Each Disbursement this Period

424.00

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

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

9399.39



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. 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: 00

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2012

Transaction ID : SB21B.I1755

Amount of Each Disbursement this Period

3669.72

Full Name (Last, First, Middle Initial)

**B. CROSSROADS MEDIA LLC**

Mailing Address 66 CANAL CENTER PLAZA, SUITE 555

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2012

Transaction ID : SB21B.I1769

Amount of Each Disbursement this Period

-90525.00

Full Name (Last, First, Middle Initial)

**C. FRANK PARSONS**

Mailing Address P.O. BOX 791416

City BALTIMORE State MD Zip Code 21279

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2012

Transaction ID : SB21B.I1778

Amount of Each Disbursement this Period

282.06

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

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

-86573.22

**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

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

Full Name (Last, First, Middle Initial)

**A. NMB RESEARCH**

Mailing Address 206 N. FAYETTE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2012

Transaction ID : SB21B.I1826

Amount of Each Disbursement this Period

30325.00

Full Name (Last, First, Middle Initial)

**B. PIRYX INC**

Mailing Address 144 2ND STREET, 1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
WEB SERVICE FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2012

Transaction ID : SB21B.I1829

Amount of Each Disbursement this Period

5438.38

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: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2012

Transaction ID : SB21B.I1783

Amount of Each Disbursement this Period

459.03

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

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

36222.41

# 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

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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: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : SB21B.I1785

Amount of Each Disbursement this Period

18000.00
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Full Name (Last, First, Middle Initial)

## B.

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

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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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

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

18000.00
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1822155.26
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MIKE HERNANDEZ</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2012
Mailing Address 2505 HWY 360 #600		<b>Transaction ID : SB28A.1</b>
City GRAND PRAIRIE State TX Zip Code 75050	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement DONOR REFUND - CONTRIBUTION	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	5000.00

**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	

Full Name (Last, First, Middle Initial) of Payee <b>ARENA</b>		Date MM / DD / YYYY <b>06 / 04 / 2012</b>
Mailing Address <b>1780 W. SEQUOIA VISTA CIRCLE</b>		Amount <b>33084.00</b>
City <b>SALT LAKE CITY</b>	State <b>UT</b>	
Zip Code <b>84104</b>	<b>Transaction ID : E.001</b>	
Purpose of Expenditure <b>POSTAGE, PRINTING / PRODUCTION</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>AZ</b> <input type="checkbox"/> Senate    District: <b>08</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JESSE KELLY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>198504.00</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>SPECIAL GENERAL</b>

Full Name (Last, First, Middle Initial) of Payee <b>MENTZER MEDIA SERVICES INC</b>		Date MM / DD / YYYY <b>06 / 07 / 2012</b>
Mailing Address <b>600 FAIRMONT AVE, SUITE 306</b>		Amount <b>118593.52</b>
City <b>TOWSON</b>	State <b>MD</b>	
Zip Code <b>21286</b>	<b>Transaction ID : E.002</b>	
Purpose of Expenditure <b>TV / MEDIA PLACEMENT</b>	Category/Type	Office Sought: <input type="checkbox"/> House    State: <b>NM</b> <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>HEATHER WILSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>427940.84</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>151677.52</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **07 / 20 / 2012**

**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	

Full Name (Last, First, Middle Initial) of Payee <b>UPGRADE FILMS</b>		Date MM / DD / YYYY <b>06 / 07 / 2012</b>
Mailing Address <b>3299 K STREET NW, STE 200</b>		Amount <b>500.00</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20007</b>	<b>Transaction ID : E.003</b>	
Purpose of Expenditure <b>TV / MEDIA PRODUCTION</b>	Category/Type	Office Sought: <input type="checkbox"/> House    State: <b>NM</b> <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>HEATHER WILSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>427940.84</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>WILSON-GRAND COMMUNICATIONS</b>		Date MM / DD / YYYY <b>06 / 07 / 2012</b>
Mailing Address <b>429 N. ST. ASAPH ST.</b>		Amount <b>10058.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : E.004</b>	
Purpose of Expenditure <b>TV / MEDIA PRODUCTION</b>	Category/Type	Office Sought: <input type="checkbox"/> House    State: <b>NM</b> <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>HEATHER WILSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>427940.84</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>10558.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **07 / 20 / 2012**

**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	

Full Name (Last, First, Middle Initial) of Payee <b>CROSSROADS MEDIA LLC</b>		Date MM / DD / YYYY <b>06 / 13 / 2012</b>
Mailing Address <b>66 CANAL CENTER PLAZA, SUITE 555</b>		Amount <b>166846.36</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>TV / MEDIA PLACEMENT</b>	Category/Type	<b>Transaction ID : E.005</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SHELLEY BERKLEY</b>		Office Sought: <input type="checkbox"/> House    State: <b>NV</b> <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>346582.50</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>UPGRADE FILMS</b>		Date MM / DD / YYYY <b>06 / 13 / 2012</b>
Mailing Address <b>3299 K STREET NW, STE 200</b>		Amount <b>12889.78</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20007</b>
Purpose of Expenditure <b>TV / MEDIA PRODUCTION</b>	Category/Type	<b>Transaction ID : E.006</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SHELLEY BERKLEY</b>		Office Sought: <input type="checkbox"/> House    State: <b>NV</b> <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>346582.50</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>179736.14</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **07 / 20 / 2012**

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

NAME OF COMMITTEE (In Full) <b>American Crossroads</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; border: 1px solid black; padding: 2px;">C</span> C00487363             </div>
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	

Full Name (Last, First, Middle Initial) of Payee <b>CROSSROADS MEDIA LLC</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">06</span> / <span style="font-size: 1.2em;">13</span> / <span style="font-size: 1.2em;">2012</span> </div>
Mailing Address <b>66 CANAL CENTER PLAZA, SUITE 555</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">358202.98</span> </div>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	<b>Transaction ID : E.007</b>	
Purpose of Expenditure <b>TV / MEDIA PLACEMENT</b>	Category/Type	Office Sought: <input type="checkbox"/> House    State: <u>VA</u> <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TIMOTHY KAINE</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">728652.47</span> </div>		2012

Full Name (Last, First, Middle Initial) of Payee <b>UPGRADE FILMS</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">06</span> / <span style="font-size: 1.2em;">13</span> / <span style="font-size: 1.2em;">2012</span> </div>
Mailing Address <b>3299 K STREET NW, STE 200</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">12246.51</span> </div>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20007</b>	<b>Transaction ID : E.008</b>	
Purpose of Expenditure <b>TV / MEDIA PRODUCTION</b>	Category/Type	Office Sought: <input type="checkbox"/> House    State: <u>VA</u> <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TIMOTHY KAINE</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">728652.47</span> </div>		2012

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">370449.49</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;"> </span> </div>

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      Date 07 / 20 / 2012

[Electronically Filed]



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

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

Full Name (Last, First, Middle Initial) of Payee <b>MENTZER MEDIA SERVICES INC</b>		Date 06 / 13 / 2012
Mailing Address 600 FAIRMONT AVE, SUITE 306		Amount 128034.56
City TOWSON	State MD	Zip Code 21286
Purpose of Expenditure TV / MEDIA PLACEMENT	Category/Type	Transaction ID : <b>E.009</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BOB KERREY		Office Sought: <input type="checkbox"/> House    State: <u>NE</u> <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
266849.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>UPGRADE FILMS</b>		Date 06 / 13 / 2012
Mailing Address 3299 K STREET NW, STE 200		Amount 11749.10
City WASHINGTON	State DC	Zip Code 20007
Purpose of Expenditure TV / MEDIA PRODUCTION	Category/Type	Transaction ID : <b>E.010</b>
Name of Federal Candidate Supported or Opposed by Expenditure: BOB KERREY		Office Sought: <input type="checkbox"/> House    State: <u>NE</u> <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
266849.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	139783.66
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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

*CALEB CROSBY*

Signature \_\_\_\_\_ Date 07 / 20 / 2012

[Electronically Filed]

**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="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>MENTZER MEDIA SERVICES INC</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 14 / 2012</b>
Mailing Address <b>600 FAIRMONT AVE, SUITE 306</b>		Amount <span style="margin-left: 20px;">118593.52</span>
City <b>TOWSON</b>	State <b>MD</b>	
Zip Code <b>21286</b>	<b>Transaction ID : E.011</b>	
Purpose of Expenditure <b>TV / MEDIA PLACEMENT</b>	Category/Type	Office Sought: <input type="checkbox"/> House State: <b>NM</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>HEATHER WILSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;"><b>427940.84</b></span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>RICHARD SALES MEDIA LLC</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 15 / 2012</b>
Mailing Address <b>9010 S. 10TH ST.</b>		Amount <span style="margin-left: 20px;">3000.00</span>
City <b>PHOENIX</b>	State <b>AZ</b>	
Zip Code <b>85042</b>	<b>Transaction ID : E.012</b>	
Purpose of Expenditure <b>WEB VIDEO</b>	Category/Type	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <b>00</b> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;"><b>126736.17</b></span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;"><b>121593.52</b></span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="margin-left: 20px;"></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 M / D D D / Y Y Y Y Y Y  
**07 / 20 / 2012**

**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	

Full Name (Last, First, Middle Initial) of Payee <b>CROSSROADS MEDIA LLC</b>		Date MM / DD / YYYY <b>06 / 20 / 2012</b>
Mailing Address <b>66 CANAL CENTER PLAZA, SUITE 555</b>		Amount <b>166846.36</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : E.013</b>	
Purpose of Expenditure <b>TV / MEDIA PLACEMENT</b>	Category/Type	Office Sought: <input type="checkbox"/> House    State: <b>NV</b> <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SHELLEY BERKLEY</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>346582.50</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>CROSSROADS MEDIA LLC</b>		Date MM / DD / YYYY <b>06 / 20 / 2012</b>
Mailing Address <b>66 CANAL CENTER PLAZA, SUITE 555</b>		Amount <b>358202.98</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : E.014</b>	
Purpose of Expenditure <b>TV / MEDIA PLACEMENT</b>	Category/Type	Office Sought: <input type="checkbox"/> House    State: <b>VA</b> <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TIMOTHY KAINE</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>728652.47</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>525049.34</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*CALEB CROSBY*

Signature \_\_\_\_\_ Date **07 / 20 / 2012**

[Electronically Filed]

**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="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>MENTZER MEDIA SERVICES INC</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 20 / 2012</b>
Mailing Address <b>600 FAIRMONT AVE, SUITE 306</b>		Amount <span style="margin-left: 20px;">127065.80</span>
City <b>TOWSON</b>	State <b>MD</b>	
Zip Code <b>21286</b>	<b>Transaction ID : E.015</b>	
Purpose of Expenditure <b>TV / MEDIA PLACEMENT</b>	Category/Type	Office Sought: <input type="checkbox"/> House State: <b>NE</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BOB KERREY</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;"><b>266849.46</b></span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>MENTZER MEDIA SERVICES INC</b>		Date <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 27 / 2012</b>
Mailing Address <b>600 FAIRMONT AVE, SUITE 306</b>		Amount <span style="margin-left: 20px;">170098.80</span>
City <b>TOWSON</b>	State <b>MD</b>	
Zip Code <b>21286</b>	<b>Transaction ID : E.016</b>	
Purpose of Expenditure <b>TV / MEDIA PLACEMENT</b>	Category/Type	Office Sought: <input type="checkbox"/> House State: <b>NM</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>HEATHER WILSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;"><b>427940.84</b></span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="margin-left: 20px;"><b>297164.60</b></span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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 M M M / D D D / Y Y Y Y Y Y  
**07 / 20 / 2012**

**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	

Full Name (Last, First, Middle Initial) of Payee <b>WILSON-GRAND COMMUNICATIONS</b>		Date MM / DD / YYYY <b>06 / 27 / 2012</b>
Mailing Address <b>429 N. ST. ASAPH ST.</b>		Amount <b>10097.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : E.017</b>	
Purpose of Expenditure <b>TV / MEDIA PRODUCTION</b>	Category/Type	Office Sought: <input type="checkbox"/> House    State: <b>NM</b> <input checked="" type="checkbox"/> Senate    District: <b>00</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>HEATHER WILSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>427940.84</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>CROSSROADS MEDIA LLC</b>		Date MM / DD / YYYY <b>06 / 30 / 2012</b>
Mailing Address <b>66 CANAL CENTER PLAZA, SUITE 555</b>		Amount <b>90525.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : E.018</b>	
Purpose of Expenditure <b>TV / MEDIA PLACEMENT</b>	Category/Type	Office Sought: <input type="checkbox"/> House    State: <input type="checkbox"/> Senate    District: <b>00</b> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>126736.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>100622.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **07 / 20 / 2012**

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

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

Full Name (Last, First, Middle Initial) of Payee <b>UPGRADE FILMS</b>		Date MM / DD / YYYY <b>06 / 30 / 2012</b>
Mailing Address <b>3299 K STREET NW, STE 200</b>		Amount <b>9211.17</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20007</b>
Purpose of Expenditure <b>TV / MEDIA PRODUCTION</b>	Category/Type	Transaction ID : <b>E.019</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <b>00</b>
Calendar Year-To-Date Per Election for Office Sought <b>126736.17</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>9211.17</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	<b>1905845.44</b>

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 **07 / 20 / 2012**