

# 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="2016"/>	<input type="text" value="3070065.23"/>	<input type="text" value="3070065.23"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2704512.33"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1845425.00"/>	<input type="text" value="2743981.30"/>
(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="4549937.33"/>	<input type="text" value="5814046.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="581420.78"/>	<input type="text" value="1845529.98"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3968516.55"/>	<input type="text" value="3968516.55"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	1800500.00	2543357.45
(ii) Unitemized .....	125.00	1275.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1800625.00	2544632.45
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1800625.00	2544632.45
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	44800.00	199348.85
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1845425.00	2743981.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1845425.00	2743981.30

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	581420.78	1727916.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	581420.78	1727916.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	117613.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	581420.78	1845529.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	581420.78	1845529.98

**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) .....	1800625.00	2544632.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1800625.00	2544632.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	581420.78	1727916.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	44800.00	199348.85
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	536620.78	1528568.13

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

Form/Schedule: F3XN

Transaction ID :

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 3200 CHERRY CREEK S. DRIVE  
SUITE 230

City DENVER State CO Zip Code 80209-3246

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 ▼  
50000.00

Date of Receipt  
06 / 02 / 2016  
Transaction ID : SA11A.13584

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 1717 S. BOULDER AVE.  
SUITE 400

City TULSA State OK Zip Code 74119-4833

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000000.00

Date of Receipt  
06 / 07 / 2016  
Transaction ID : SA11A.13585

Amount of Each Receipt this Period  
1000000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 3810 MONETS LN

City CINCINNATI State OH Zip Code 45241-3864

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

Name of Employer PAR EXCELLENCE SYSTEMS Occupation SOFTWARE DEVELOPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
06 / 08 / 2016  
Transaction ID : SA11A.13586

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 50
	<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. BETSY DEVOS**

Mailing Address 201 MONROE AVENUE  
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503-2212

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

Name of Employer RDV CORPORATION Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
06 / 10 / 2016  
**Transaction ID : SA11A.13591**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CHERI DEVOS**

Mailing Address 126 OTTAWA AVENUE, NW, STE. 500

City GRAND RAPIDS State MI Zip Code 49503-2882

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

Name of Employer RDV CORPORATION Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
06 / 10 / 2016  
**Transaction ID : SA11A.13592**

Amount of Each Receipt this Period  
100000.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DANIEL G. DEVOS**

Mailing Address 126 OTTAWA AVENUE NW, STE. 500

City GRAND RAPIDS State MI Zip Code 49503-2882

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

Name of Employer RDV CORPORATION Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
06 / 10 / 2016  
**Transaction ID : SA11A.13590**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200000.00
<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 9 OF 50
	<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. DOUGLAS L. DEVOS**  
Full Name (Last, First, Middle Initial)

Mailing Address 126 OTTAWA AVENUE NW, STE. 500

City GRAND RAPIDS	State MI	Zip Code 49503-2882
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FEC ID number of contributing federal political committee. **C**

Name of Employer RDV CORPORATION	Occupation EXECUTIVE
-------------------------------------	-------------------------

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 / 10 / 2016  
**Transaction ID : SA11A.13589**

Amount of Each Receipt this Period  
 50000.00

Memo Item  
CONTRIBUTION

**B. HELEN DEVOS**  
Full Name (Last, First, Middle Initial)

Mailing Address 126 OTTAWA AVENUE NW, STE. 500

City GRAND RAPIDS	State MI	Zip Code 49503-2882
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FEC ID number of contributing federal political committee. **C**

Name of Employer RDV CORPORATION	Occupation EXECUTIVE
-------------------------------------	-------------------------

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 / 10 / 2016  
**Transaction ID : SA11A.13593**

Amount of Each Receipt this Period  
 50000.00

Memo Item  
CONTRIBUTION

**C. MARIA DEVOS**  
Full Name (Last, First, Middle Initial)

Mailing Address 126 OTTAWA AVENUE NW, STE. 500

City GRAND RAPIDS	State MI	Zip Code 49503-2882
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FEC ID number of contributing federal political committee. **C**

Name of Employer RDV CORPORATION	Occupation EXECUTIVE
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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 / 10 / 2016  
**Transaction ID : SA11A.13595**

Amount of Each Receipt this Period  
 50000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 50
<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. PAMELLA DEVOS**  
Full Name (Last, First, Middle Initial)

Mailing Address 126 OTTAWA AVENUE NW, STE. 500

City GRAND RAPIDS	State MI	Zip Code 49503-2882
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FEC ID number of contributing federal political committee. **C**

Name of Employer RDV CORPORATION	Occupation EXECUTIVE
-------------------------------------	-------------------------

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 / 10 / 2016  
**Transaction ID : SA11A.13594**

Amount of Each Receipt this Period  
 50000.00

Memo Item  
CONTRIBUTION

**B. RICHARD DEVOS JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 126 OTTAWA AVENUE NW, STE. 500

City GRAND RAPIDS	State MI	Zip Code 49503-2882
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FEC ID number of contributing federal political committee. **C**

Name of Employer RDV CORPORATION	Occupation EXECUTIVE
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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 / 10 / 2016  
**Transaction ID : SA11A.13588**

Amount of Each Receipt this Period  
 50000.00

Memo Item  
CONTRIBUTION

**C. RICHARD M. DEVOS SR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 126 OTTAWA AVENUE, NW, STE. 500

City GRAND RAPIDS	State MI	Zip Code 49503-2882
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FEC ID number of contributing federal political committee. **C**

Name of Employer RDV CORPORATION	Occupation EXECUTIVE
-------------------------------------	-------------------------

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 / 10 / 2016  
**Transaction ID : SA11A.13587**

Amount of Each Receipt this Period  
 50000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 11 OF 50
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Crossroads

A. DAVID CLANCY
Full Name (Last, First, Middle Initial)
Mailing Address 23 HOLYOKE STREET
City BOSTON State MA Zip Code 02116-5813
FEC ID number of contributing federal political committee. C
Name of Employer SKADDEN ARPS Occupation LAWYER
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt 06 / 14 / 2016
Transaction ID : SA11A.13596
Amount of Each Receipt this Period 250.00
Memo Item CONTRIBUTION

B. TREVOR D. REES-JONES
Full Name (Last, First, Middle Initial)
Mailing Address 8111 WESTCHESTER DRIVE SUITE 900
City DALLAS State TX Zip Code 75225-6146
FEC ID number of contributing federal political committee. C
Name of Employer CHIEF OIL & GAS, LLC Occupation OWNER & CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500000.00

Date of Receipt 06 / 28 / 2016
Transaction ID : SA11A.13604
Amount of Each Receipt this Period 250000.00
Memo Item CONTRIBUTION

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

Date of Receipt
Amount of Each Receipt this Period
Memo Item

Table with 2 columns: Description and Amount. Rows include SUBTOTAL of Receipts This Page (optional) at 250250.00 and TOTAL This Period (last page this line number only) at 1800500.00.

# 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 50	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. SENATE LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address 45 N HILL DR, STE 100

City WARRENTON State VA Zip Code 20186

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
198800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA15.7478**

Amount of Each Receipt this Period  
 44800.00

Memo Item

**OVERHEAD AND ADMINISTRATIVE SERVICES**

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	44800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	44800.00

**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. UNUM LIFE INSURANCE COMPANY OF AMERICA**

Mailing Address 601 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2016

Transaction ID : SB21B.I7409

Amount of Each Disbursement this Period

259.74

Memo Item

Full Name (Last, First, Middle Initial)

**B. WIDGETMAKR**

Mailing Address 7704 LEESBURG PIKE SUITE 400

City FALLS CHURCH State VA Zip Code 22043-2245

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2016

Transaction ID : SB21B.I7415

Amount of Each Disbursement this Period

1.48

Memo Item

Full Name (Last, First, Middle Initial)

**C. GRACE EBERHART**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
REIMBURSEMENT - TAXIS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2016

Transaction ID : SB21B.I7335

Amount of Each Disbursement this Period

4.61

Memo Item

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

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

265.83

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. GRACE EBERHART**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
ULTIMATE VENDOR - DOES NOT MEET ITEMIZATION THRESHOLD

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2016

Transaction ID : **SB21B.I7336**

Amount of Each Disbursement this Period

42.12

Memo Item

Full Name (Last, First, Middle Initial)

**B. BRITTNEY GODOY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
REIMBURSEMENT - TAXIS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2016

Transaction ID : **SB21B.I7341**

Amount of Each Disbursement this Period

126.88

Memo Item

Full Name (Last, First, Middle Initial)

**C. BRITTNEY GODOY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
ULTIMATE VENDOR - SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2016

Transaction ID : **SB21B.I7342**

Amount of Each Disbursement this Period

425.32

Memo Item

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

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

594.32

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. METROPOLITAN AT THE 9**

Mailing Address 2017 E 9TH STREET

City CLEVELAND State OH Zip Code 44115

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2016

Transaction ID : **SB21B.I7425**

Amount of Each Disbursement this Period

221.05

Memo Item

Full Name (Last, First, Middle Initial)

**B. STEVEN LAW**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement  
REIMBURSEMENT - TAXIS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2016

Transaction ID : **SB21B.I7347**

Amount of Each Disbursement this Period

14.25

Memo Item

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2016

Transaction ID : **SB21B.I7379**

Amount of Each Disbursement this Period

1463.25

Memo Item

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

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

1477.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. BLACK ROCK GROUP LLC**

Mailing Address **66 CANAL CENTER PLAZA, STE 555**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement  
**CONSULTING, ADVOCACY**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
**06 / 02 / 2016**

**Transaction ID : SB21B.I7380**

Amount of Each Disbursement this Period  
**20000.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. CAPITOL COMPUTER EXCHANGE INC**

Mailing Address **4487 FORBES BLVD**

City **LANHAM** State **MD** Zip Code **20706**

Purpose of Disbursement  
**COMPUTER TECHNICAL SUPPORT / OFFICE EQUIPMENT**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
**06 / 02 / 2016**

**Transaction ID : SB21B.I7381**

Amount of Each Disbursement this Period  
**2025.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. CFC CONSULTING INC**

Mailing Address **3724 DUNBARTON DRIVE**

City **MOUNTAIN BROOK** State **AL** Zip Code **35223**

Purpose of Disbursement  
**BOOKKEEPING / COMPLIANCE**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
**06 / 02 / 2016**

**Transaction ID : SB21B.I7385**

Amount of Each Disbursement this Period  
**3500.00**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **25525.00**

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. DRIVER EIGHT MEDIA LLC**

Mailing Address 1875 CONNECTICUT AVE NW, 10TH FLR

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement  
CONSULTING, COMMUNICATIONS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 02 / 2016

Transaction ID : **SB21B.I7394**

Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. RIVERWOOD STRATEGIES**

Mailing Address 439 E SHORE DRIVE, STE 100

City EAGLE State ID Zip Code 83616

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 02 / 2016

Transaction ID : **SB21B.I7402**

Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. ROCK CONSULTING**

Mailing Address 5382 MEADOWBROOK ROAD

City BIRMINGHAM State AL Zip Code 35242

Purpose of Disbursement  
BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 02 / 2016

Transaction ID : **SB21B.I7403**

Amount of Each Disbursement this Period: 825.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5825.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 AVASCENT GROUP**

Mailing Address 1615 L STREET NW, STE 1200

City WASHINGTON State DC Zip Code 20036-5610

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2016

Transaction ID : SB21B.I7406

Amount of Each Disbursement this Period

9730.85

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE MK GROUP LLC**

Mailing Address 5905 GLOSTER ROAD

City BETHESDA State MD Zip Code 20816

Purpose of Disbursement  
DONOR DEVELOPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2016

Transaction ID : SB21B.I7408

Amount of Each Disbursement this Period

4375.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP INC**

Mailing Address 504 CLINTON CENTER DRIVE, STE 4400

City CLINTON State MS Zip Code 39056

Purpose of Disbursement  
PAYROLL PROCESSING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2016

Transaction ID : SB21B.I7369

Amount of Each Disbursement this Period

125.57

Memo Item

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

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

14231.42

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. WIDGETMAKR**

Mailing Address 7704 LEESBURG PIKE  
SUITE 400

City FALLS CHURCH State VA Zip Code 22043-2245

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

Transaction ID : SB21B.I7416

Amount of Each Disbursement this Period

262.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2016

Transaction ID : SB21B.I7374

Amount of Each Disbursement this Period

3295.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. AXIS RESEARCH INC**

Mailing Address 107 S WEST STREET, PMB 148

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2016

Transaction ID : SB21B.I7375

Amount of Each Disbursement this Period

37152.87

Memo Item

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

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

40711.12

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. RED OAK STRATEGIC LLC**

Mailing Address P.O. BOX 2561

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
CONSULTING, ADVOCACY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2016

Transaction ID : SB21B.I7401

Amount of Each Disbursement this Period

4510.09

Memo Item

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX ST, STE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
WEBSITE HOSTING / DEVELOPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2016

Transaction ID : SB21B.I7405

Amount of Each Disbursement this Period

4500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS - CARD**

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7373

Amount of Each Disbursement this Period

9890.37

Memo Item

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

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

18900.46

**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. ALLIED TELECOM**

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

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement INTERNET AND PHONE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 10 / 2016

Transaction ID : **SB21B.I7431**

Amount of Each Disbursement this Period: 613.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City FT WORTH State TX Zip Code 76155

Purpose of Disbursement AIRFARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 10 / 2016

Transaction ID : **SB21B.I7432**

Amount of Each Disbursement this Period: 894.17

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City FT WORTH State TX Zip Code 76155

Purpose of Disbursement AIRFARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 10 / 2016

Transaction ID : **SB21B.I7433**

Amount of Each Disbursement this Period: 331.33

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City State Zip Code  
FT WORTH TX 76155

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7434

Amount of Each Disbursement this Period

483.66

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

City State Zip Code  
FT WORTH TX 76155

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7435

Amount of Each Disbursement this Period

462.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMTRAK**

Mailing Address 50 MASSACHSETTS AVENUE

City State Zip Code  
WASHINGTON DC 20002

Purpose of Disbursement  
TRAIN

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7436

Amount of Each Disbursement this Period

467.00

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. BROOK FURNITURE RENTAL INC**

Mailing Address 24997 NETWORK PLACE

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement  
OFFICE FURNITURE RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7439

Amount of Each Disbursement this Period

364.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAREY**

Mailing Address 5300 SPECTRUM DRIVE, STE D

City FREDRICK State MD Zip Code 21703

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7441

Amount of Each Disbursement this Period

202.15

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAREY**

Mailing Address 5300 SPECTRUM DRIVE, STE D

City FREDRICK State MD Zip Code 21703

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7442

Amount of Each Disbursement this Period

197.22

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. CAREY**

Mailing Address 5300 SPECTRUM DRIVE, STE D

City FREDRICK State MD Zip Code 21703

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : **SB21B.I7443**

Amount of Each Disbursement this Period: 293.50

Memo Item

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

Mailing Address 5300 SPECTRUM DRIVE, STE D

City FREDRICK State MD Zip Code 21703

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : **SB21B.I7444**

Amount of Each Disbursement this Period: 257.19

Memo Item

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

Mailing Address 7704 LEESBURG PIKE  
SUITE 400

City FALLS CHURCH State VA Zip Code 22043-2245

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : **SB21B.I7446**

Amount of Each Disbursement this Period: 375.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

Mailing Address 900 MICHIGAN AVENUE NE

City WASHINGTON State DC Zip Code 20017

Purpose of Disbursement  
UTILITIES - INTERNET

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7447

Amount of Each Disbursement this Period

46.22

Memo Item

Full Name (Last, First, Middle Initial)

**B. CONFERENCE AMERICA INC**

Mailing Address P.O. BOX 241188

City MONTGOMERY State AL Zip Code 36124

Purpose of Disbursement  
CONFERENCE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7448

Amount of Each Disbursement this Period

302.15

Memo Item

Full Name (Last, First, Middle Initial)

**C. CQ ROLL CALL**

Mailing Address 77 K STREET NE, 8TH FLOOR  
8TH FLOOR

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7449

Amount of Each Disbursement this Period

971.75

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. DCA REAGAN**

Mailing Address REAGAN NATIONAL AIRPORT

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7453

Amount of Each Disbursement this Period

68.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address P.O. BOX 371461

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7456

Amount of Each Disbursement this Period

388.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. GUERNSEY OFFICE PRODUCTS INC**

Mailing Address P.O. BOX 10846

City CHANTILLY State VA Zip Code 20153

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7458

Amount of Each Disbursement this Period

60.04

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. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DRIVE

City MCCLEAN State VA Zip Code 22102

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7459

Amount of Each Disbursement this Period

321.57

Memo Item

Full Name (Last, First, Middle Initial)

**B. LAZ PARKING**

Mailing Address P.O. BOX 759311

City BALTIMORE State MD Zip Code 21275

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7461

Amount of Each Disbursement this Period

318.75

Memo Item

Full Name (Last, First, Middle Initial)

**C. LEXISNEXIS**

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7462

Amount of Each Disbursement this Period

695.09

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. NESTLE**

Mailing Address 50 COMMERCE WAY

City NORTON State MA Zip Code 02766

Purpose of Disbursement  
FOOD / BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7463

Amount of Each Disbursement this Period

39.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE LEXINGTON**

Mailing Address 511 LEXINGTON AVE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7467

Amount of Each Disbursement this Period

656.94

Memo Item

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address P.O. BOX 66100

City CHICAGO State IL Zip Code 60666

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB21B.I7469

Amount of Each Disbursement this Period

361.10

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. VERIZON WIRELESS**

Mailing Address 1314 F STREET NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
CELL PHONES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : **SB21B.I7470**

Amount of Each Disbursement this Period

266.65

Memo Item

Full Name (Last, First, Middle Initial)

**B. NICHOLAS BALLAS**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7330**

Amount of Each Disbursement this Period

538.55

Memo Item

Full Name (Last, First, Middle Initial)

**C. MALLORY BICHUNSKY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7333**

Amount of Each Disbursement this Period

569.42

Memo Item

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

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

1107.97

**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. GRACE EBERHART**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7337**

Amount of Each Disbursement this Period

842.89

Memo Item

Full Name (Last, First, Middle Initial)

**B. JENNIFER FAY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7339**

Amount of Each Disbursement this Period

1661.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. BRITTNEY GODOY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7343**

Amount of Each Disbursement this Period

1154.81

Memo Item

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

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

3659.10

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

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

FOR LINE NUMBER:  
(check only one)

<input 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. STEVEN LAW**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7348**

Amount of Each Disbursement this Period

3908.64

Memo Item

Full Name (Last, First, Middle Initial)

**B. STEFAN MEDVETZ**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7350**

Amount of Each Disbursement this Period

614.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. JENNIFER MUELLER**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7352**

Amount of Each Disbursement this Period

918.14

Memo Item

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

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

5441.28

**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. KRISTOPHER MUNGER**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7354**

Amount of Each Disbursement this Period

459.51

Memo Item

Full Name (Last, First, Middle Initial)

**B. KELLY NALLEN**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7356**

Amount of Each Disbursement this Period

1252.44

Memo Item

Full Name (Last, First, Middle Initial)

**C. MARK PETTIT**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7358**

Amount of Each Disbursement this Period

457.36

Memo Item

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

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

2169.31



**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. SEAN PHILBIN**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7360**

Amount of Each Disbursement this Period

1400.57

Memo Item

Full Name (Last, First, Middle Initial)

**B. IAN PRIOR**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7362**

Amount of Each Disbursement this Period

1633.82

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAITLIN SUTHERLAND**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7364**

Amount of Each Disbursement this Period

830.45

Memo Item

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

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

3864.84

**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. KATHERINE WILLIAMS**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7366**

Amount of Each Disbursement this Period

1198.29

Memo Item

Full Name (Last, First, Middle Initial)

**B. BENEFITWALLET**

Mailing Address P.O. BOX 1584

City SECAUCUS State NJ Zip Code 07094

Purpose of Disbursement  
HEALTH INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7377**

Amount of Each Disbursement this Period

850.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. COMPTROLLER OF MARYLAND**

Mailing Address STATE INCOME TAX BLDG

City ANNAPOLIS State MD Zip Code 21411

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7387**

Amount of Each Disbursement this Period

46.96

Memo Item

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

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

2095.25

**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**

Mailing Address P.O. BOX 9664

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : SB21B.I7391

Amount of Each Disbursement this Period

77.96

Memo Item

Full Name (Last, First, Middle Initial)

**B. DT CLIENT SERVICES LLC**

Mailing Address 1101 14TH ST NW, STE 650

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : SB21B.I7389

Amount of Each Disbursement this Period

74375.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. OFFICE OF TAX AND REVENUE**

Mailing Address P.O. BOX 96385

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : SB21B.I7397

Amount of Each Disbursement this Period

549.84

Memo Item

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

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

75002.80

**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. PRINCIPAL FINANCIAL GROUP**

Mailing Address P.O. BOX 10372

City DES MOINES State IA Zip Code 50306

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7399**

Amount of Each Disbursement this Period

2965.17

Memo Item

Full Name (Last, First, Middle Initial)

**B. US DEPARTMENT OF TREASURY**

Mailing Address 1500 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20220

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7410**

Amount of Each Disbursement this Period

7221.18

Memo Item

Full Name (Last, First, Middle Initial)

**C. VIRGINIA DEPT OF TAXATION**

Mailing Address P.O. BOX 1777

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.I7412**

Amount of Each Disbursement this Period

595.02

Memo Item

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

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

10781.37

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. WIDGETMAKR**

Mailing Address 7704 LEESBURG PIKE  
SUITE 400

City FALLS CHURCH State VA Zip Code 22043-2245

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : SB21B.I7417

Amount of Each Disbursement this Period

1.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANNE BEYERSDORFER**

Mailing Address 2315 CHAIN BRIDGE ROAD NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement  
CONSULTING, MEDIA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

Transaction ID : SB21B.I7332

Amount of Each Disbursement this Period

7500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL COMPUTER EXCHANGE INC**

Mailing Address 4487 FORBES BLVD

City LANHAM State MD Zip Code 20706

Purpose of Disbursement  
COMPUTER TECHNICAL SUPPORT / OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

Transaction ID : SB21B.I7382

Amount of Each Disbursement this Period

100.46

Memo Item

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

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

7601.96

**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. CAREFIRST BCBS**

Mailing Address P.O. BOX 79749

City State Zip Code  
BALTIMORE MD 21279

Purpose of Disbursement  
HEALTH INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

Transaction ID : SB21B.I7384

Amount of Each Disbursement this Period

7582.32

Memo Item

Full Name (Last, First, Middle Initial)

**B. CFC CONSULTING INC**

Mailing Address 3724 DUNBARTON DRIVE

City State Zip Code  
MOUNTAIN BROOK AL 35223

Purpose of Disbursement  
BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

Transaction ID : SB21B.I7386

Amount of Each Disbursement this Period

860.99

Memo Item

Full Name (Last, First, Middle Initial)

**C. DMM MEDIA INC**

Mailing Address 1911 N. FORT MYER DRIVE, STE 400

City State Zip Code  
ARLINGTON VA 22209

Purpose of Disbursement  
VIDEO PRODUCTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

Transaction ID : SB21B.I7393

Amount of Each Disbursement this Period

25464.32

Memo Item

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

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

33907.63

**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:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

Transaction ID : SB21B.I7395

Amount of Each Disbursement this Period

15019.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE HARTFORD**

Mailing Address P.O. BOX 660916

City DALLAS State TX Zip Code 75266

Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

Transaction ID : SB21B.I7407

Amount of Each Disbursement this Period

8771.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. WILSON-GRAND COMMUNICATIONS INC**

Mailing Address 429 N. ST. ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
VIDEO PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

Transaction ID : SB21B.I7419

Amount of Each Disbursement this Period

7995.00

Memo Item

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

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

31785.00

**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. DEEP ROOT ANALYTICS LLC**

Mailing Address 1100 WILSON BLVD, STE 950

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

Transaction ID : **SB21B.I7390**

Amount of Each Disbursement this Period

50800.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WIDGETMAKR**

Mailing Address 7704 LEESBURG PIKE  
SUITE 400

City FALLS CHURCH State VA Zip Code 22043-2245

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

Transaction ID : **SB21B.I7418**

Amount of Each Disbursement this Period

0.38

Memo Item

Full Name (Last, First, Middle Initial)

**C. BRITTNEY GODOY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
REIMBURSEMENT - PARKING AND TAXIS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

Transaction ID : **SB21B.I7344**

Amount of Each Disbursement this Period

30.26

Memo Item

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

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

50830.64



**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. BRITTNEY GODOY**

Mailing Address P.O. BOX 34413

City State Zip Code  
WASHINGTON DC 20043

Purpose of Disbursement  
ULTIMATE VENDOR - DOES NOT MEET ITEMIZATION THRESHOLD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

Transaction ID : **SB21B.I7345**

Amount of Each Disbursement this Period

51.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. AXIS RESEARCH INC**

Mailing Address 107 S WEST STREET, PMB 148

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

Transaction ID : **SB21B.I7376**

Amount of Each Disbursement this Period

184200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL COMPUTER EXCHANGE INC**

Mailing Address 4487 FORBES BLVD

City State Zip Code  
LANHAM MD 20706

Purpose of Disbursement  
COMPUTER TECHNICAL SUPPORT / OFFICE EQUIPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

Transaction ID : **SB21B.I7383**

Amount of Each Disbursement this Period

2044.56

Memo Item

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

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

186296.06

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ROCK CONSULTING**

Mailing Address 5382 MEADOWBROOK ROAD

City BIRMINGHAM State AL Zip Code 35242

Purpose of Disbursement  
BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

Transaction ID : SB21B.I7404

Amount of Each Disbursement this Period

55.72

Memo Item

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:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2016

Transaction ID : SB21B.I7370

Amount of Each Disbursement this Period

146.57

Memo Item

Full Name (Last, First, Middle Initial)

**C. PRINCIPAL FINANCIAL GROUP**

Mailing Address P.O. BOX 10372

City DES MOINES State IA Zip Code 50306

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2016

Transaction ID : SB21B.I7400

Amount of Each Disbursement this Period

4146.42

Memo Item

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

4348.71

**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. NICHOLAS BALLAS**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.I7331**

Amount of Each Disbursement this Period

538.56

Memo Item

Full Name (Last, First, Middle Initial)

**B. MALLORY BICHUNSKY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.I7334**

Amount of Each Disbursement this Period

569.42

Memo Item

Full Name (Last, First, Middle Initial)

**C. GRACE EBERHART**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.I7338**

Amount of Each Disbursement this Period

842.89

Memo Item

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

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

1950.87

**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. JENNIFER FAY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.I7340**

Amount of Each Disbursement this Period

1661.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. BRITTNEY GODOY**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.I7346**

Amount of Each Disbursement this Period

6215.32

Memo Item

Full Name (Last, First, Middle Initial)

**C. STEVEN LAW**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.I7349**

Amount of Each Disbursement this Period

3908.65

Memo Item

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

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

11785.37

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. STEFAN MEDVETZ**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SB21B.I7351

Amount of Each Disbursement this Period

614.49

Memo Item

Full Name (Last, First, Middle Initial)

**B. JENNIFER MUELLER**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SB21B.I7353

Amount of Each Disbursement this Period

918.13

Memo Item

Full Name (Last, First, Middle Initial)

**C. KRISTOPHER MUNGER**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SB21B.I7355

Amount of Each Disbursement this Period

459.49

Memo Item

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

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

1992.11

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. KELLY NALLEN**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.I7357**

Amount of Each Disbursement this Period

1252.43

Memo Item

Full Name (Last, First, Middle Initial)

**B. MARK PETTIT**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.I7359**

Amount of Each Disbursement this Period

457.37

Memo Item

Full Name (Last, First, Middle Initial)

**C. SEAN PHILBIN**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.I7361**

Amount of Each Disbursement this Period

1400.57

Memo Item

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

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

3110.37

**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. IAN PRIOR**

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2016

Mailing Address P.O. BOX 34413

City: WASHINGTON State: DC Zip Code: 20043

Purpose of Disbursement: PAYROLL

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Transaction ID : **SB21B.I7363**

Amount of Each Disbursement this Period: 1633.81

Memo Item

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

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2016

Mailing Address P.O. BOX 34413

City: WASHINGTON State: DC Zip Code: 20043

Purpose of Disbursement: PAYROLL

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Transaction ID : **SB21B.I7365**

Amount of Each Disbursement this Period: 830.46

Memo Item

Full Name (Last, First, Middle Initial)  
**C. KATHERINE WILLIAMS**

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2016

Mailing Address P.O. BOX 34413

City: WASHINGTON State: DC Zip Code: 20043

Purpose of Disbursement: PAYROLL

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Transaction ID : **SB21B.I7367**

Amount of Each Disbursement this Period: 1198.28

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3662.55

**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. KATHERINE WILLIAMS**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
REIMBURSEMENT - TAXIS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.I7368**

Amount of Each Disbursement this Period

8.72

Memo Item

Full Name (Last, First, Middle Initial)

**B. BENEFITWALLET**

Mailing Address P.O. BOX 1584

City SECAUCUS State NJ Zip Code 07094

Purpose of Disbursement  
HEALTH INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.I7378**

Amount of Each Disbursement this Period

850.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. COMPTROLLER OF MARYLAND**

Mailing Address STATE INCOME TAX BLDG

City ANNAPOLIS State MD Zip Code 21411

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.I7388**

Amount of Each Disbursement this Period

46.96

Memo Item

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

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

905.68



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. DEPARTMENT OF EMPLOYMENT SERVICES**

Mailing Address P.O. BOX 9664

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SB21B.I7392

Amount of Each Disbursement this Period

77.96

Memo Item

Full Name (Last, First, Middle Initial)

**B. MCCARTHY HENNINGS WHALEN INC**

Mailing Address 1850 M ST NW, SUITE 235

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
VIDEO PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SB21B.I7396

Amount of Each Disbursement this Period

19415.03

Memo Item

Full Name (Last, First, Middle Initial)

**C. OFFICE OF TAX AND REVENUE**

Mailing Address P.O. BOX 96385

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SB21B.I7398

Amount of Each Disbursement this Period

1159.99

Memo Item

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

20652.98

**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. US DEPARTMENT OF TREASURY**

Mailing Address 1500 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20220

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : SB21B.I7411

Amount of Each Disbursement this Period

10174.52

Memo Item

Full Name (Last, First, Middle Initial)

**B. VIRGINIA DEPT OF TAXATION**

Mailing Address P.O. BOX 1777

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : SB21B.I7413

Amount of Each Disbursement this Period

595.02

Memo Item

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

10769.54

581252.04