

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Crossroads Media LLC			Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014		
Mailing Address of Payee 66 Canal Center Plaza #555			Amount 805550.89		
City	State	Zip Code	Communication Date M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014		
Alexandria	VA	22314			
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Production and Media Placement			Transaction ID : F93.000001		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For: 2014	
Thom Tillis	<input checked="" type="checkbox"/>	Senate	NC	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
	<input type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
Transaction ID : F94.000002					
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y		
Mailing Address of Payee			Amount		
City	State	Zip Code	Communication Date		
			M M M / D D D / Y Y Y Y Y Y		
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			805550.89		
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			805550.89		