

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Crossroads Media LLC</b>			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2014		
Mailing Address of Payee 66 Canal Center Plaza #555			Amount 1916222.00		
City	State	Zip Code			
Alexandria	VA	22314			
Name of Employer		Occupation	Communication Date M M / D D / Y Y Y Y Y Y 09 / 23 / 2014		
Purpose of Disbursement (Including title(s) of communication(s)) Media production and distribution			<b>Transaction ID : F93.000001</b>		
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) ▶ _____	
<b>Transaction ID : F94.000002</b>					
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>B. Full Name (Last, First, Middle Initial) of Payee</b>			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Mailing Address of Payee			Amount		
City	State	Zip Code			
Name of Employer		Occupation	Communication Date M M / D D / Y Y Y Y Y Y		
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) ▶ _____	
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶			1916222.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)			1916222.00		