

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

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Office Use Only

FEC MAIL CENTER

12FE4M5

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

Crawford for Congress

ADDRESS (number and street)

135 Lakewood Drive

Check if different than previously reported. (ACC)

Lincoln

NE

68510

2. FEC IDENTIFICATION NUMBER

000550749

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NE

01

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)
Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G)
Runoff (30R)
Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

04/01/2014

through

06/30/2014

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

Diane Crawford

Signature of Treasurer

Diane Crawford

Date

07/07/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Crawford For Congress

Report Covering the Period:

From:

04 01 2014

To:

06 30 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	446501	2818600
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	446501	2818600
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	188501	711126
(b) Total Offsets to Operating Expenditures (from Line 14)	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	188501	711126
8. Cash on Hand at Close of Reporting Period (from Line 27)	2198754	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Crawford for Congress

Report Covering the Period: From:

04 01 2014

To:

06 30 2014

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

4,000.00

24,130.00

(ii) Unitemized.....

165.00

2,756.00

(iii) TOTAL of contributions from individuals ▶

4,165.00

26,886.00

(b) Political Party Committees.....

300.00

300.00

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

19,128.00

(e) TOTAL CONTRIBUTIONS

(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

4,465.00

29,098.80

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

4,465.00

29,098.80

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	1,885.01	7,111.26
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1,885.01	7,111.26

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	19,407.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4,465.00
25. SUBTOTAL (add Line 23 and Line 24).....	22,872.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1,885.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	21,987.54

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
Lang, Bob &

Mailing Address
1608 N 128th Circle

City **Omaha** State **NE** Zip Code **68154**

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

Name of Employer **Lakeside Hospital** Occupation **Emergency Medicine**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **60000**

Date of Receipt **04 04 2014**

Amount of Each Receipt this Period **60000**

B. Full Name (Last, First, Middle Initial)
[REDACTED]

Mailing Address
[REDACTED]

City **[REDACTED]** State **[REDACTED]** Zip Code **[REDACTED]**

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

Name of Employer **[REDACTED]** Occupation **[REDACTED]**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **[REDACTED]**

Date of Receipt **[REDACTED]**

Amount of Each Receipt this Period **[REDACTED]**

C. Full Name (Last, First, Middle Initial)
Nelson, Ben

Mailing Address
PO Box 8666

City **Omaha** State **NE** Zip Code **68108**

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

Name of Employer **Nat'l Assn of Insurance** Occupation **Chief Exec.**

Receipt For:
 Primary General
 Other (specify) **Commiss.**

Election Cycle-to-Date **1,000.00**

Date of Receipt **04 11 2014**

Amount of Each Receipt this Period **1,000.00**

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE <u>2</u> OF <u>4</u>
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
Welsh, Christopher

Mailing Address
9290 West Dodge Rd #204

City Omaha, NE State NE Zip Code 68114

FEC ID number of contributing federal political committee. C

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
20000

Date of Receipt
04 30 2014

Amount of Each Receipt this Period
20000

B. Full Name (Last, First, Middle Initial)
Kyle Johnson

Mailing Address
1909 S. 33rd St

City Lincoln State NE Zip Code 68506

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation Attorney

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
50000

Date of Receipt
04 30 2014

Amount of Each Receipt this Period
50000

C. Full Name (Last, First, Middle Initial)
Lombardi, Richard

Mailing Address
3730 Prescott Ave

City Lincoln State NE Zip Code 68506

FEC ID number of contributing federal political committee. C

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
10000

Date of Receipt
04 29 2014

Amount of Each Receipt this Period
10000

SUBTOTAL of Receipts This Page (optional).....

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

44001 0001 0001

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 3 OF 4
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
Bangiola, Paul

Mailing Address
31 Altamont Ct.

City
Morristown, NJ State
NJ Zip Code
07960

FEC ID number of contributing federal political committee.
C

Name of Employer
self employed Occupation
Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
25000

Date of Receipt
05 / 14 / 2014

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Holland, Mary

Mailing Address
673 N 58th St

City
Omaha, NE State
NE Zip Code
68132

FEC ID number of contributing federal political committee.
C

Name of Employer
Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
05 / 19 / 2014

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Communication Leasurers of America

Mailing Address
Local 7470, 2448 N Street

City
Lincoln, NE State
NE Zip Code
68510-9981

FEC ID number of contributing federal political committee.
C

Name of Employer
Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
05 / 22 / 2014

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

.....

.....

143001-1000-10001

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c
<input type="checkbox"/> 21		

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
Anthony Circo c/o Tribune Consulting

Date of Disbursement: **06 / 20 / 2014**

Mailing Address: **6224 NW 5th**

City: **Lincoln** State: **NE** Zip Code: **68521**

Purpose of Disbursement: **campaign help** Category/Type: **13c**

Candidate Name: **Dennis P. Crawford**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: **NE** District: **01**

Amount of Each Disbursement this Period: **500.00**

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

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Amount of Each Disbursement this Period

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

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Amount of Each Disbursement this Period

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

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

110001100010001

15 Congress
ood Drive
68510

81400 1 00011 1 W0414



Federal Election Commission
999 E Street NW
Washington, DC 20463

