

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

OCT 16 AM 8:32

Office Use Only

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

1685101

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00550749

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

AMENDED (A)

NE

1011

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

January 31 Year-End Report (YE)

Termination Report (TER)

Termination Report (TER)

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

Primary (12P)

Primary (12P)

General (12G)

General (12G)

Runoff (12R)

Runoff (12R)

Convention (12C)

Convention (12C)

Special (12S)

Special (12S)

Election on

MM

DD

YYYYYY

in the State of

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

General (30G)

General (30G)

Runoff (30R)

Runoff (30R)

Special (30S)

Special (30S)

Election on

MM

DD

YYYYYY

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

10

06

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**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

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
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	44,650.00	29,347.39
(b) Total Contribution Refunds (from Line 20(d)) .....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	44,650.00	29,347.39
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	9,068.80	7,359.85
(b) Total Offsets to Operating Expenditures (from Line 14) .....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	9,068.80	7,359.85
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	21,987.54	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>		
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>		

**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

24,378.59

(ii) Unitemized .....

165.00

2,756.00

(iii) TOTAL of contributions from individuals .....

4,165.00

27,134.59

(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

29,347.39

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

29,347.39

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	9,068.80	7,359.85
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) ►	9,068.80	7,359.85

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18,429.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4,465.00
25. SUBTOTAL (add Line 23 and Line 24).....	22,894.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9,068.80
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	<input type="checkbox"/> 15	4

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 L.**

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) **.....**

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)

Election Cycle-to-Date **.....**

Date of Receipt **.....**

Amount of Each Receipt this Period **.....**

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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

PAGE 2 OF 4

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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 **self** Occupation **Attorney**

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 **500.00**

Date of Receipt  
**04 / 30 / 2014**

Amount of Each Receipt this Period  
**500.00**

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 **100.00**

Date of Receipt  
**04 / 29 / 2014**

Amount of Each Receipt this Period  
**100.00**

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

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

Amount of Each Receipt this Period

**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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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  
*250.00*

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  
*self* Occupation  
*Philanthropist*

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 Workers of America*

Mailing Address  
*Local 7470, 2448 N Street*

City  
*Lincoln* State  
*NE* Zip Code  
*68510-9981*

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

Name of Employer  
*Communication Workers of America* Occupation  
*Communication Worker*

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).....

Amount of Each Receipt this Period

**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>4</u> OF <u>4</u>
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Crawford for Congress

A. Full Name (Last, First, Middle Initial)  
Lathrop, Steven

Mailing Address  
1005 S. 107th Ave, Suite 200

City Omaha State NE Zip Code 68114

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  
250.00

Date of Receipt  
06 04 2014

Amount of Each Receipt this Period  
250.00

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

Mailing Address  
PO Box 81277

City Lincoln State NE Zip Code 68501

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  
100.00

Date of Receipt  
06 23 2014

Amount of Each Receipt this Period  
100.00

C. Full Name (Last, First, Middle Initial)  
Washington County Central Committee

Mailing Address  
PO Box 664

City Blair State NE Zip Code 68008

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
06 07 2014

Amount of Each Receipt this Period  
300.00

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

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

.....

.....



**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)  
 17  
 18  
 19a  
 19b  
 20a  
 20b  
 20c  
 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** Amount of Each Disbursement this Period **500.00**

Candidate Name **Dennis P. Crawford** Category/Type **13C**

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

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

B. Full Name (Last, First, Middle Initial) **Act. Blue** Date of Disbursement **05/01/2014**

Mailing Address **PO Box 441146**

City **Somerville** State **MA** Zip Code **02144**

Purpose of Disbursement **collection fee** Amount of Each Disbursement this Period **8.50**

Candidate Name **Dennis Crawford** Category/Type **17**

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

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

C. Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Disbursement \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_ Amount of Each Disbursement this Period \_\_\_\_\_

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

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

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

SUBTOTAL of Disbursements This Page (optional) \_\_\_\_\_

TOTAL This Period (last page this line number only) \_\_\_\_\_

FORM 101-1-11-11

**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)  
 17 18 19a 19b  
 20a  20b  20c  21  
 PAGE 2 OF 4

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NAME OF COMMITTEE (In Full)  
*Crawford For Congress*

A. Full Name (Last, First, Middle Initial) *Crawford, Diane*  
 Mailing Address *9600 Calvert St*  
 City *Lincoln* State *NE* Zip Code *68520*  
 Purpose of Disbursement *poles + ties for banner*  
 Candidate Name *Dennis Crawford* Category/Type *29*  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: *NE* District: *01*  
 Date of Disbursement *04/21/2014*  
 Amount of Each Disbursement this Period *1330*

B. Full Name (Last, First, Middle Initial) *Blair Area Chamber of Commerce*  
 Mailing Address *1646 Washington Street*  
 City *Blair* State *NE* Zip Code *68008*  
 Purpose of Disbursement *Parade entry fee*  
 Candidate Name *Dennis Crawford* Category/Type *20*  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: *NE* District: *01*  
 Date of Disbursement *04/18/2014*  
 Amount of Each Disbursement this Period *250.00*

C. Full Name (Last, First, Middle Initial) *Bellevue - Offutt Kiwanis Club*  
 Mailing Address *PO Box 715*  
 City *Bellevue* State *NE* Zip Code *68005*  
 Purpose of Disbursement *Parade entry fee*  
 Candidate Name *Dennis Crawford* Category/Type *20*  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: *NE* District: *01*  
 Date of Disbursement *05/23/2014*  
 Amount of Each Disbursement this Period *35.00*

SUBTOTAL of Disbursements This Page (optional) .....  
 TOTAL This Period (last page this line number only) .....

2014-04-21 11:11:11



**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)

PAGE 4 OF 4

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

Crawford for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 25 / 2014

A. KTCH - FM

Mailing Address

PO Box 413

City

Wayne

State

NE

Zip Code

68787

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement

Link to voter guide

3

Candidate Name

Dennis Crawford

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: NE

District: 01

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 16 / 2014

B. NE AFL-CIO

Mailing Address

5418 S. 27th St Suite 1

City

Omaha

State

NE

Zip Code

68107

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement

Sponsorship of golf hole

3

Candidate Name

Dennis Crawford

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: NE

District: 01

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 09 / 2014

C. Diane Crawford

Mailing Address

9600 Calvert St

City

Lincoln

State

NE

Zip Code

68520

Amount of Each Disbursement this Period

20.00

Purpose of Disbursement

Reimbursement for FedEx mailing

49

Candidate Name

Dennis Crawford

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: NE

District: 01

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

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

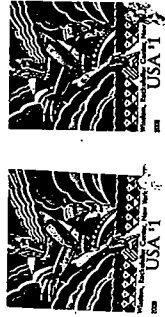

500 21st St  
68570

POSTNET

POSTNET

Federal Election Commission  
999 E Street NW  
Washington, DC 20463

✓



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*A*  
 PREPARER  
 (8/2013)

*10/16/14*  
 DATE PREPARED

140011 11/11/14