

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Crawford for Congress

ADDRESS (number and street) PO Box 16956
 Check if different than previously reported. (ACC) JONESBORO AR 72403

2. **FEC IDENTIFICATION NUMBER** C C00462374 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) AR 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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 05 / 01 / 2014 through M M / D D / Y Y Y Y 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 Matthew Knight
Signature of Treasurer Matthew Knight *[Electronically Filed]* Date M M / D D / Y Y Y Y 07 / 13 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Crawford for Congress

Report Covering the Period: From: / / To: / /

	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))....	94295.00	666033.79
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	94295.00	666033.79
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	43570.57	405276.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	43570.57	405276.13
8. Cash on Hand at Close of Reporting Period (from Line 27).....	429465.19	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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)

Write or Type Committee Name

Crawford for Congress

Report Covering the Period: From: / / To: / /

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).....	28425.00	244663.56
(ii) Unitemized.....	6870.00	57771.65
(iii) TOTAL of contributions from individuals ▶	35295.00	302435.21
(b) Political Party Committees.....	12000.00	12500.00
(c) Other Political Committees (such as PACs).....	47000.00	351098.58
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	94295.00	666033.79
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	94295.00	666033.79

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43570.57	405276.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	47000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	43570.57	452276.13

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	378740.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	94295.00
25. SUBTOTAL (add Line 23 and Line 24).....	473035.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43570.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	429465.19

**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 5 OF 60
	<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	

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)
MR. J. DEWAYNE ALLEN

Mailing Address 403 WINCHESTER

City: PARAGOULD State: AR Zip Code: 72450-3560

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

Name of Employer: ALLEN ENGINEERING CORP Occupation: OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 800.00

Date of Receipt: 06 / 30 / 2014

Transaction ID : SA11.8015

Amount of Each Receipt this Period: 200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MARY ANN ALLEN

Mailing Address 403 WINCHESTER PLACE

City: PARAGOULD State: AR Zip Code: 72450-3560

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

Name of Employer: ALLEN ENGINEERING Occupation: OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 700.00

Date of Receipt: 06 / 30 / 2014

Transaction ID : SA11.8020

Amount of Each Receipt this Period: 200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. REX A. AMONETTE

Mailing Address 665 S WILLETT

City: MEMPHIS State: TN Zip Code: 38104-4932

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

Name of Employer: MEMPHIS DERMATOLOGY CLINIC Occupation: PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 17 / 2014

Transaction ID : SA11.7879

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

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

650.00

**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 6 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. R. KEITH BISE

Mailing Address **P.O. BOX 220**

City **WEINER** State **AR** Zip Code **72479-0220**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11.7891

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BILLY G. CARTER

Mailing Address **108 PROCTOR**

City **HELENA** State **AR** Zip Code **72342-2211**

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

Name of Employer **SELF EMPLOYED** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.7872

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN A. COOPER III

Mailing Address **903 NORTH 47TH STREET**

City **ROGERS** State **AR** Zip Code **72756-9622**

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

Name of Employer **COOPER COMMUNITIES, INC.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.8071

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1600.00

**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 7 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. JOHN D. CORRENTI

Mailing Address **808 E MAIN STREET**

City **BLYTHERVILLE** State **AR** Zip Code **72315-2522**

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

Name of Employer **BIG RIVER STEEL** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 21 / 2014

Transaction ID : SA11.7978

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARCUS E. CREASY

Mailing Address **P.O. BOX 220**

City **HEBER SPRINGS** State **AR** Zip Code **72543-0220**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.8070

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. GINGER CROWDER

Mailing Address **3806 WEST LAKE DR.**

City **PINE BLUFF** State **AR** Zip Code **71603-8400**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.8017

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

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

1300.00

**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 8 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. NIEL CROWSON

Mailing Address 503 MELTON CIRCLE

City State Zip Code
JONESBORO AR 72401-7185

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

Name of Employer Occupation
EC BARTON & COMPANY PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.8051

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CINDY DAVIS

Mailing Address 45 CANDLESTICK ROAD E

City State Zip Code
HEBER SPRINGS AR 72543-8419

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

Name of Employer Occupation
SELF FAST FOOD FRANCHISEE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.8053

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT DIXON

Mailing Address 1416 RIVIERA COVE

City State Zip Code
HEBER SPRINGS AR 72543-1808

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.8065

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

3250.00

**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 9 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MRS. NOEL EGGERS

Mailing Address 402 E. DREW

City State Zip Code
MONETTE AR 72447-

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.7915

Amount of Each Receipt this Period
200.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DENNIS FARMER

Mailing Address 2520 WOODLAND BLUFF DRIVE

City State Zip Code
HEBER SPRINGS AR 72543-6232

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.8068

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SCOTT P. FLIPPO

Mailing Address 500 DRIFTWOOD DRIVE

City State Zip Code
MOUNTAIN HOME AR 72653-7927

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

Name of Employer Occupation
FLIPPO'S CAREFREE LIVING OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.7874

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

700.00

**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 10 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. TED R. FREY

Mailing Address 5292 FAIRFIELD W.

City State Zip Code
DUNWOODY GA 30338-3203

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

Name of Employer Occupation
SELF SMALL INVESTER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11.7992

Amount of Each Receipt this Period
 275.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TED R. FREY

Mailing Address 5292 FAIRFIELD W.

City State Zip Code
DUNWOODY GA 30338-3203

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

Name of Employer Occupation
SELF SMALL INVESTER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11.7993

Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GERALD FULBRIGHT

Mailing Address 300 FULBRIGHT ROAD

City State Zip Code
LOCUST GROVE AR 72550-

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11.7909

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

400.00

**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 11 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. MR. S. BAKER FULLERTON III		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2014	
Mailing Address P.O. BOX 293		Transaction ID : SA11.7957	
City DEWITT	State AR	Zip Code 72042-0293	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer SELF	Occupation CONSULTANT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. MR. JOE GIROIR		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1250 SAWMILL S.		Transaction ID : SA11.8066	
City QUITMAN	State AR	Zip Code 72131-9522	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer SELF	Occupation RANCHER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2100.00		

Full Name (Last, First, Middle Initial) C. MRS. JERRY GOODMAN		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1343 CR 123		Transaction ID : SA11.8010	
City CORNING	State AR	Zip Code 72422-7167	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer SELF EMPLOYED	Occupation FARMER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 12 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. KENNETH GRAVES

Mailing Address 3107 HWY 153

City DEWITT State AR Zip Code 72042-9444

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2014

Transaction ID : SA11.7950

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. WILLIAM ROBERT GREEN

Mailing Address 2408 SKYLINE POINTE

City JONESBORO State AR Zip Code 72404-

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

Name of Employer SELF EMPLOYED Occupation RADIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.8055

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CARL W. GUSTKE

Mailing Address 233 STATON ROAD

City CABOT State AR Zip Code 72023-9420

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

Name of Employer FEDEX Occupation PILOT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.8038

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

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

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

1550.00

**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 13 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MRS. RETA HAMILTON

Mailing Address P.O. BOX 5423

City State Zip Code
BELLA VISTA AR 72714-0423

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11.7869

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BARRY F. HAMMERS

Mailing Address 39 PAKER DRIVE

City State Zip Code
BATESVILLE AR 72501-4103

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

Name of Employer Occupation
FLOWERS BAKING COMPANY CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.8006

Amount of Each Receipt this Period
 150.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT WESLEY HARRIS

Mailing Address 812 AUSLEY DRIVE

City State Zip Code
HEBER SPRINGS AR 72543-2301

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.8076

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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

500.00

**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 14 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. DONALD HILL

Mailing Address 83 CR 160

City WYNNE State AR Zip Code 72396-7424

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 21 / 2014

Transaction ID : SA11.7972

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JUDGE JERRY HOLMES

Mailing Address 749 PANGBURN ROAD

City HERBER SPRINGS State AR Zip Code 72543-8354

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

Name of Employer CLEBURNE COUNTY Occupation COUNTY JUDGE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.8067

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. DAVID HOUN

Mailing Address 2102 SPRING HOLLOW DRIVE

City JONESBORO State AR Zip Code 72404-8064

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

Name of Employer ARKANSAS ANATOMIC PATHOLOGY LABOR. Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.7875

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

850.00

**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 15 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MS. MACINE HUGHES

Mailing Address 110 HARVESTER DRIVE

City State Zip Code
JONESBORO AR 72401-5915

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 21 / 2014

Transaction ID : SA11.7947

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JERRY B JACKSON

Mailing Address P.O. BOX 780

City State Zip Code
HEBER SPRINGS AR 72543-0780

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.8056

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN D. JOHNSON

Mailing Address 210 NAVY DR.

City State Zip Code
POCAHONTAS AR 72455-8824

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

Name of Employer Occupation
SELF CATTLE RANCHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11.7884

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

1100.00

**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 16 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. DONALD E. JONES

Mailing Address **1 PONTE ONE LANE**

City **HEBER SPRINGS** State **AR** Zip Code **72543-6115**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.7936

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HENRY S. KINSLOW

Mailing Address **139 WOODLAND DRIVE**

City **EL DORADO** State **AR** Zip Code **71730-3125**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.7919

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. WHITFIELD L. KNAPPLE

Mailing Address **4703 CRESTWOOD DR.**

City **LITTLE ROCK** State **AR** Zip Code **72207-5435**

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

Name of Employer **SELF EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 10 / 2014

Transaction ID : SA11.7842

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 17 OF 60
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. TOMMY LAND

Mailing Address 199 HEBER SPRINGS ROAD WEST

City State Zip Code
HEBER SPRINGS AR 72543-9029

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

Name of Employer Occupation
HEBER SPRINGS COMMUNICATIONS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 30 2014

Transaction ID : SA11.8063

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BRIAN MADDUX

Mailing Address 2256 WILLIAMSBURG DRIVE

City State Zip Code
JONESBORO AR 72404-9575

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 28 2014

Transaction ID : SA11.8000

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES L. MAGEE

Mailing Address 735 NORTH 6TH

City State Zip Code
PIGGOTT AR 72454-1210

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

Name of Employer Occupation
PIGGOTT COMMUNITY HOSPITAL CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 17 2014

Transaction ID : SA11.7905

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

600.00

**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 18 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MS. JACQUE MARTIN

Mailing Address 55 SARTAIN RD

City State Zip Code
QUITMAN AR 72131-6007

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

Name of Employer Occupation
LEARN.COM SYSTEMS ANALYST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.8054

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HUGH D. MCCLAIN

Mailing Address P.O. BOX 703

City State Zip Code
MOUNTAIN HOME AR 72654-0703

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

Name of Employer Occupation
OWNER MCCLAIN FARMS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.7871

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LARRY MCCLENDON

Mailing Address 160 LEE ROAD 316

City State Zip Code
MARIANNA AR 72360-8102

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 21 / 2014

Transaction ID : SA11.7941

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

1250.00

**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 19 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
DR. JOSEPH MCGRATH

Mailing Address 3004 BERKSHIRE COVE

City State Zip Code
JONESBORO AR 72401-8087

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

Name of Employer Occupation
NEA CLINIC PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 21 / 2014

Transaction ID : SA11.7940

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. LINDA MERTEN

Mailing Address P.O. BOX 327

City State Zip Code
CAVE SPRINGS AR 72718-0327

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11.7898

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT W. NEWELL

Mailing Address 1 HOLMES STREET

City State Zip Code
NEWPORT AR 72112-4046

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.8008

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

300.00

**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 20 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. PAUL S. OSBORN

Mailing Address 1124 WARNER

City State Zip Code
JONESBORO AR 72401-3823

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

Name of Employer Occupation
OSBORN & OSBORN, CPA'S, PLLC CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.7908

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. O. L. PAYTON

Mailing Address 6099 CENTER RIDGE ROAD

City State Zip Code
WILBURN AR 72179-9721

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.8057

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. RHONDA PAYTON

Mailing Address P.O. BOX 181

City State Zip Code
WILBURN AR 72179-0181

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

Name of Employer Occupation
PAYTON AUCTION SERVICE OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.8059

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

2500.00

**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 21 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. TYLER J. PAYTON

Mailing Address P.O. BOX 181

City: WILBURN State: AR Zip Code: 72179-0181

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

Name of Employer: SELF Occupation: AUCTIONEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 30 / 2014

Transaction ID : SA11.8062

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN RAUSCH

Mailing Address P.O. BOX 10560

City: FAYETTEVILLE State: AR Zip Code: 72703-0044

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

Name of Employer: RAUSCH COLEMAN HOMES, INC. Occupation: PRESIDENT/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 30 / 2014

Transaction ID : SA11.8044

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES EDWARD SAIG

Mailing Address PO BOX 69

City: CASH State: AR Zip Code: 72421-0069

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

Name of Employer: J.E. SAIG FARMS, LLC Occupation: OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 21 / 2014

Transaction ID : SA11.7942

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

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

1500.00

**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 22 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. KEN E. SAVAGE

Mailing Address 2383 HINKLEY ROAD

City PROCTOR State AR Zip Code 72376-9574

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

Name of Employer K. E SAVAGE FARM Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2014

Transaction ID : SA11.7951

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. LEAH E. SCHAEFER

Mailing Address 9924 WELLINGTON WAY

City FORT SMITH State AR Zip Code 72908-9059

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2014

Transaction ID : SA11.7963

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICKEY SEEMAN

Mailing Address 2900 BROWNS LN

City JONESBORO State AR Zip Code 72401-7237

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

Name of Employer SELF Occupation INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.8064

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

2900.00

**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 23 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. LARRY SLOAN

Mailing Address P.O. BOX 390

City State Zip Code
WALNUT RIDGE AR 72476-0390

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.8018

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. SEAN W. STEM

Mailing Address 3709 RIVIERA DRIVE

City State Zip Code
JONESBORO AR 72404-6866

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

Name of Employer Occupation
CONSTRUCTION NETWORK, INC GENERAL CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.8042

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RAMEY STILES

Mailing Address 123 LEE ROAD 316

City State Zip Code
MARIANNA AR 72360-8102

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11.7897

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1100.00

**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 24 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MRS. MARGARET THOMAS

Mailing Address 1497 N GOLF LINKS COVE

City WEST MEMPHIS State AR Zip Code 72301-3820

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.8012

Amount of Each Receipt this Period
75.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN R. TURBEVILLE

Mailing Address 650 HAYS ROAD

City HEBER SPRINGS State AR Zip Code 72543-8644

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.8078

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HENRY L. TURNER

Mailing Address 1814 EXECUTIVE SQUARE

City JONESBORO State AR Zip Code 72401-6085

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

Name of Employer PREMIER TANS INC Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11.7878

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

825.00

**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 25 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
DR. EMELDA WILLIAMS

Mailing Address **2718 E NETTLETON AVENUE**

City **JONESBORO** State **AR** Zip Code **72401-4529**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.8011

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEVEN R. WILLIAMS

Mailing Address **P.O. BOX 15428**

City **LITTLE ROCK** State **AR** Zip Code **72231-5428**

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

Name of Employer **MAVERICK TRANSPORTATION** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.8043

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEVE A. WILSON

Mailing Address **ONE PARK**

City **WILSON** State **AR** Zip Code **72395-1100**

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

Name of Employer **LEE WILSON & COMPANY** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.7870

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1750.00

**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 26 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. R. W. WINEMILLER

Mailing Address 4611 JACKSON ROAD 70

City State Zip Code
SWIFTON AR 72471-9047

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 21 / 2014

Transaction ID : SA11.7952

Amount of Each Receipt this Period
150.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOE YAO

Mailing Address 526 CHICKASAWBA STREET

City State Zip Code
BLYTHEVILLE AR 72315-2722

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
230.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.7917

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GEORGE ZANONE

Mailing Address 2303 HORSESHOE CIRCLE

City State Zip Code
HORSESHOE LAKE AR 72348-9060

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

Name of Employer Occupation
ZANONE PLANTATION OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.7918

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

300.00

**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 27 OF 60
	<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	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
R-G JOINT VENTURES LLC

Mailing Address 1215 REBSAMEN PARK ROAD

City State Zip Code
LITTLE ROCK AR 72202-1819

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.7912

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GORDON GONDEK

Mailing Address 1215 REBSAMEN PARK ROAD

City State Zip Code
LITTLE ROCK AR 72202-1819

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

Name of Employer Occupation
R - G JOINT VENTURES LLC OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.7938

Amount of Each Receipt this Period
250.00
CONTRIBUTION
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MR. ALLAN ROBERTS

Mailing Address 1215 REBSAMEN PARK RD

City State Zip Code
LITTLE ROCK AR 72202-1819

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

Name of Employer Occupation
R-G JOINT VENTURES LLC PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11.7937

Amount of Each Receipt this Period
250.00
CONTRIBUTION
[MEMO ITEM]

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

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

500.00

28425.00

**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 28 OF 60
	<input type="checkbox"/> 11a 12 <input checked="" 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)
CRAIGHEAD COUNTY REPUBLICAN COMMITTEE

Mailing Address **P.O. BOX 9**

City **JONESBORO** State **AR** Zip Code **72403-0009**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 28 / 2014

Transaction ID : SA11.7987

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FIRST CONGRESSIONAL DISTRICT RPA

Mailing Address **C/O DOROTHY CROCKETT
702 WEST QUINN**

City **OSCEOLA** State **AR** Zip Code **72370-1816**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11.7857

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
REPUBLICAN PARTY OF ARKANSAS

Mailing Address **1201 WEST 6TH STREET**

City **LITTLE ROCK** State **AR** Zip Code **72201-3019**

FEC ID number of contributing federal political committee. **C C00084954**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11.7856

Amount of Each Receipt this Period
5000.00
 CONTRIBUTION

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

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

7000.00

**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 29 OF 60
	<input type="checkbox"/> 11a 12 <input checked="" 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)
REPUBLICAN PARTY OF ARKANSAS

Mailing Address 1201 WEST 6TH STREET

City Little Rock State AR Zip Code 72201-3019

FEC ID number of contributing federal political committee. **C** C00084954

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2014

Transaction ID : SA11.7860

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

5000.00

12000.00

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

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

FOR LINE NUMBER: PAGE 30 OF 60
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
AIRCRAFT OWNERS AND PILOTS ASSOCIATIONS PAC

Mailing Address 421 AVIATIONS WAY

City State Zip Code
FREDERICK MD 21701-4756

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.8005

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMI

Mailing Address ONE MASSACHUSETTS AVE NW SUITE 800

City State Zip Code
WASHINGTON DC 20001-1401

FEC ID number of contributing federal political committee. **C** C00172833

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA11.7854

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION PAC

Mailing Address 25 MASSACHUSETTS AVENUE NW, SUITE

City State Zip Code
WASHINGTON DC 20001-7400

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11.7841

Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

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

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

5000.00

**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 31 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
AMERICAN PODIATRIC MEDICAL ASSOCIATION PAC

Mailing Address 9312 OLD GEORGETOWN ROAD

City State Zip Code
BETHESDA MD 20814-1621

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11.7868

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN SOYBEAN ASSOCIATION PAC

Mailing Address 12125 WOODCREST DRIVE
SUITE 100

City State Zip Code
ST. LOUIS MO 63141-

FEC ID number of contributing federal political committee. **C** C00408468

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11.7863

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN SOYBEAN ASSOCIATION PAC

Mailing Address 12125 WOODCREST DRIVE
SUITE 100

City State Zip Code
ST. LOUIS MO 63141-

FEC ID number of contributing federal political committee. **C** C00408468

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11.7914

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

**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 32 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
AMERICAN VETERINARY MEDICAL ASSOC PAC

Mailing Address 1910 SUNDERLAND PLACE NW

City State Zip Code
WASHINGTON DC 20036-1608

FEC ID number of contributing federal political committee. **C** C00114132

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11.8004

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ARKANSAS FOR LEADERSHIP PAC

Mailing Address P.O. BOX 1672

City State Zip Code
ALEXANDRIA VA 22313-1672

FEC ID number of contributing federal political committee. **C** C00413948

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11.7848

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ARKANSAS RICE PRODUCERS GROUP INC. PAC

Mailing Address P.O. BOX 23915

City State Zip Code
LITTLE ROCK AR 72221-3915

FEC ID number of contributing federal political committee. **C** C00525691

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11.7991

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

4000.00

**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 33 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL P

Mailing Address 208 S. AKARD STREET
SUITE 2701

City DALLAS State TX Zip Code 75202-4206

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11.7865

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AUTOMOTIVE AFTERMARKET PAC

Mailing Address 7101 WISCONSIN AVENUE, SUITE 1300

City BETHESDA State MD Zip Code 20814-4866

FEC ID number of contributing federal political committee. **C** C00250753

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11.7859

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AUTOMOTIVE FREE INTERNATIONAL TRADE PAC

Mailing Address 1625 PRINCE STREET SUITE 225

City ALEXANDRIA State VA Zip Code 22314-2882

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11.7989

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	4500.00
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 34 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
ENPAC FEDERAL

Mailing Address 101 CONSTITUTION AVE, NW
SUITE 200 EAST

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00363879**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2014

Transaction ID : SA11.7910

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EVERY REPUBLICAN IS CRUCIAL (ERIC PAC)

Mailing Address 25 EAST MAIN STREET, SUITE 200

City RICHMOND State VA Zip Code 23219-2109

FEC ID number of contributing federal political committee. **C C00384701**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11.7864

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FARM CREDIT COUNCIL PAC

Mailing Address 50 F ST. NW, SUITE 900

City WASHINGTON State DC Zip Code 20001-1530

FEC ID number of contributing federal political committee. **C C00193631**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA11.7855

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

7000.00

**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 35 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
FEDERAL EXPRESS POLITICAL ACTION COMMITTEE

Mailing Address 942 SOUTH SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120-4117

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11.7988

Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

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

Mailing Address P.O. BOX 1084

City LITTLE ROCK State AR Zip Code 72203-1084

FEC ID number of contributing federal political committee. **C** C00559609

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11.7851

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN (GDVP)

Mailing Address 2941 FAIRVIEW PARK DR.
SUITE 100

City FALLS CHURCH State VA Zip Code 22042-4541

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11.7845

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

4500.00

**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 36 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
HONEYWELL INTERNATIONAL PAC

Mailing Address 101 CONSTITUTION AVE NW, SUITE 500

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11.7847

Amount of Each Receipt this Period
 1944.16

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL PAC

Mailing Address 101 CONSTITUTION AVE NW, SUITE 500

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11.7866

Amount of Each Receipt this Period
 55.84

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JBS USA, INC. PAC

Mailing Address 1770 PROMONTORY CIRCLE

City GREELEY State CO Zip Code 80634-9039

FEC ID number of contributing federal political committee. **C C00394650**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11.7861

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

3000.00

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 type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" 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)
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMM

Mailing Address 2121 CRYSTAL DRIVE
SUITE 100

City	State	Zip Code
ARLINGTON	VA	22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6000.00
---	-----------------------------------

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11.7853

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MONSANTO COMPANY CITIZENSHIP FUND AKA MONSANTO CITIZENSHIP F

Mailing Address 800 N. LINDBERGH BLVD.

City	State	Zip Code
ST. LOUIS	MO	63167-1000

FEC ID number of contributing federal political committee. **C** C00042069

Name of Employer Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00
---	-----------------------------------

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11.8003

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL AGRICULTURAL AVIATION ASSOC.

Mailing Address 1440 DUKE STREET

City	State	Zip Code
ALEXANDRIA	VA	22314-3403

FEC ID number of contributing federal political committee. **C** C00341701

Name of Employer Occupation

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00
---	-----------------------------------

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 10 / 2014

Transaction ID : SA11.7844

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 38 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
NATIONAL ASSOCIATION OF CONVENIENCE STORES PAC

Mailing Address 1600 DUKE STREET

City ALEXANDRIA State VA Zip Code 22314-3466

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11.7850

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL RIFLE ASSOC OF AMERICA-POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City FAIRFAX State VA Zip Code 22030-6003

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11.7867

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

Mailing Address 4121 WILSON BLVD.
SUITE 900, 10TH FLOOR

City ARLINGTON State VA Zip Code 22203-1839

FEC ID number of contributing federal political committee. **C** C00004473

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11.7840

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3500.00

**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 39 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
PEANUTPAC OF ALABAMA

Mailing Address **P.O. BOX 10182**

City **DOTHAN** State **AL** Zip Code **36304-2182**

FEC ID number of contributing federal political committee. **C C00211037**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 28 / 2014

Transaction ID : SA11.7990

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE

Mailing Address **1301 K STREET NW
SUITE 800W**

City **WASHINGTON** State **DC** Zip Code **20005-3317**

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11.7846

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE HOME DEPOT INC. PAC

Mailing Address **1155 F STREET, NW
SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20004-1346**

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 19 / 2014

Transaction ID : SA11.7849

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

5500.00

**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 40 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
TOYOTA MOTOR NORTH AMERICA, INC. PAC

Mailing Address 601 THIRTEENTH STREET NW SUITE 910

City WASHINGTON State DC Zip Code 20005-3807

FEC ID number of contributing federal political committee. **C C00542365**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11.7852

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716-6209

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11.7862

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

Mailing Address 4001 RODNEY PARHAM RD

City LITTLE ROCK State AR Zip Code 72212-2459

FEC ID number of contributing federal political committee. **C C00425975**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11.7839

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

4000.00

47000.00

**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 41 OF 60			
	<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) A. RICK CRAWFORD		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address P.O. BOX 16956		Amount of Each Disbursement this Period 75.21
City JONESBORO	State AR	
Zip Code 72403	Purpose of Disbursement EXPENSE REIMBURSEMENT	SEE BELOW
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. VIVINT		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 4931 N. 300 W		Amount of Each Disbursement this Period 75.21
City PROVO	State UT	
Zip Code 84604	Purpose of Disbursement HOME SECURITY SYSTEM	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RICK CRAWFORD		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address P.O. BOX 16956		Amount of Each Disbursement this Period 75.21
City JONESBORO	State AR	
Zip Code 72403	Purpose of Disbursement EXPENSE REIMBURSEMENT	SEE BELOW
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	150.42
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)	PAGE 42 OF 60			
	<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) A. VIVINT		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 4931 N. 300 W		Amount of Each Disbursement this Period 75.21
City PROVO	State UT	
Zip Code 84604	Purpose of Disbursement HOME SECURITY SYSTEM	Transaction ID : SB17.I1034
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. ASA HUTCHINSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address P.O. BOX 22467		Amount of Each Disbursement this Period 2000.00
City LITTLE ROCK	State AR	
Zip Code 72221	Purpose of Disbursement CONTRIBUTION	Transaction ID : SB17.I1016
Candidate Name ASA HUTCHINSON	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ASA HUTCHINSON		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address P.O. BOX 22467		Amount of Each Disbursement this Period 2000.00
City LITTLE ROCK	State AR	
Zip Code 72221	Purpose of Disbursement CONTRIBUTION	Transaction ID : SB17.I1017
Candidate Name ASA HUTCHINSON	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	4000.00
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)	PAGE 43 OF 60			
	<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)
A. FRENCH HILL FOR ARKANSAS

Mailing Address P.O. BOX 7841

City LITTLE ROCK State AR Zip Code 72403

Purpose of Disbursement
CANDIDATE CONTRIBUTION

Candidate Name
FRENCH HILL

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: AR District: 02

Date of Disbursement
M M / D D / Y Y Y Y
06 / 02 / 2014

Amount of Each Disbursement this Period
2000.00

Transaction ID : SB17.I1023

Full Name (Last, First, Middle Initial)
B. FRIENDS OF JACK KINGSTON

Mailing Address P.O. BOX 2133

City SAVANNAH State GA Zip Code 31402

Purpose of Disbursement
CANDIDATE CONTRIBUTION

Candidate Name
JACK KINGSTON

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: GA District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 02 / 2014

Amount of Each Disbursement this Period
500.00

Transaction ID : SB17.I1024

Full Name (Last, First, Middle Initial)
C. WESTERMAN FOR CONGRESS

Mailing Address P.O. BOX 21097

City HOT SPRINGS State AR Zip Code 71903

Purpose of Disbursement
CANDIDATE CONTRIBUTION

Candidate Name
BRUCE WESTERMAN

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: AR District: 04

Date of Disbursement
M M / D D / Y Y Y Y
06 / 02 / 2014

Amount of Each Disbursement this Period
2000.00

Transaction ID : SB17.I1025

SUBTOTAL of Disbursements This Page (optional)..... 4500.00

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)		PAGE 44 OF 60	
	<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) A. ANDREA ALLEN			Date of Disbursement MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 1 WILLOW CREEK LANE			Amount of Each Disbursement this Period 144.96	
City JONESBORO	State AR	Zip Code 72404	Transaction ID : SB17.I1044	
Purpose of Disbursement MILEAGE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) B. JAMES ARNOLD			Date of Disbursement MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 230 RIVERSIDE DRIVE			Amount of Each Disbursement this Period 670.93	
City MARKED TREE	State AR	Zip Code 72365	Transaction ID : SB17.I1072	
Purpose of Disbursement SALARY		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) C. BSB SOLUTIONS			Date of Disbursement MM / DD / YYYY 05 / 01 / 2014	
Mailing Address 3538 SOUTH WAKEFIELD ST.			Amount of Each Disbursement this Period 1759.68	
City ARLINGTON	State VA	Zip Code 22206	Transaction ID : SB17.I1004	
Purpose of Disbursement COMPLIANCE SERVICES AND EXPENSES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		SEE BELOW	
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	2575.57
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)		PAGE 45 OF 60	
	<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) A. BSB SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 1500.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES	
Candidate Name		Transaction ID : SB17.I1005 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. FEDERAL EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 2000 DUKE STREET		Amount of Each Disbursement this Period 259.68
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement SHIPPING	
Candidate Name		Transaction ID : SB17.I1006 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. BSB SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 3538 SOUTH WAKEFIELD ST.		Amount of Each Disbursement this Period 1500.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement COMPLIANCE SERVICES	
Candidate Name		Transaction ID : SB17.I1028
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1500.00
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)		PAGE 46 OF 60	
	<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

A. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
EVENT FOOD AND BEVERAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 01 / 2014

Amount of Each Disbursement this Period: 1847.28

Transaction ID : SB17.I1012

B. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
EVENT FOOD AND BEVERAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 01 / 2014

Amount of Each Disbursement this Period: 598.62

Transaction ID : SB17.I1026

C. KLF & COMPANY

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 22642

City LITTLE ROCK State AR Zip Code 72221

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 01 / 2014

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.I1001

SUBTOTAL of Disbursements This Page (optional) 4445.90

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)	PAGE 47 OF 60			
	<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) A. KLF & COMPANY		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address P.O. BOX 22642		Amount of Each Disbursement this Period 4115.09
City LITTLE ROCK	State AR	
Zip Code 72221	Purpose of Disbursement FUNDRAISING CONSULTANT	Transaction ID : SB17.I1007
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. KLF & COMPANY		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address P.O. BOX 22642		Amount of Each Disbursement this Period 2000.00
City LITTLE ROCK	State AR	
Zip Code 72221	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.I1008
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. KLF & COMPANY		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address P.O. BOX 22642		Amount of Each Disbursement this Period 2750.16
City LITTLE ROCK	State AR	
Zip Code 72221	Purpose of Disbursement EXPENSE REIMBURSEMENT	Transaction ID : SB17.I1021
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SEE BELOW
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8865.25
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)	PAGE 48 OF 60			
	<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) A. FEDERAL EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 111 CENTER STREET		Amount of Each Disbursement this Period 366.54
City LITTLE ROCK	State AR	
Zip Code 72201	Purpose of Disbursement PRINTING	Transaction ID : SB17.I1049 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JOSIE'S STEAKHOUSE		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 7964 HWY 49		Amount of Each Disbursement this Period 795.06
City WALDENBURG	State AR	
Zip Code 72475	Purpose of Disbursement EVENT FOOD AND BEVERAGE	Transaction ID : SB17.I1051 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LORETTA'S LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 2013 GRANT		Amount of Each Disbursement this Period 572.52
City JONESBORO	State AR	
Zip Code 72212	Purpose of Disbursement EVENT CATERING	Transaction ID : SB17.I1045 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 49 OF 60	
	<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) A. OFFICE DEPOT		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 2600 CANTRELL ROAD		Amount of Each Disbursement this Period 196.00
City LITTLE ROCK	State AR Zip Code 72202	
Purpose of Disbursement PRINTING	Category/Type	Transaction ID : SB17.I1046 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TC PRINTING		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 4150 EAST 43RD STREET		Amount of Each Disbursement this Period 177.14
City LITTLE ROCK	State AR Zip Code 72117	
Purpose of Disbursement PRINTING	Category/Type	Transaction ID : SB17.I1022 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 5420 KAVANAUGH BLVD.		Amount of Each Disbursement this Period 294.00
City LITTLE ROCK	State AR Zip Code 72207	
Purpose of Disbursement POSTAGE	Category/Type	Transaction ID : SB17.I1048 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)	PAGE 50 OF 60			
	<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) A. KLF & COMPANY		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address P.O. BOX 22642		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.I1029
City LITTLE ROCK	State AR	
Zip Code 72221	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. PLETH, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 2010 REYNOLDS STREET		Amount of Each Disbursement this Period 94.50 Transaction ID : SB17.I1002
City BATESVILLE	State AR	
Zip Code 72501	Purpose of Disbursement WEB SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. PLETH, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 2010 REYNOLDS STREET		Amount of Each Disbursement this Period 4875.00 Transaction ID : SB17.I1003
City BATESVILLE	State AR	
Zip Code 72501	Purpose of Disbursement WEB SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	6969.50
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)	PAGE 51 OF 60			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. PLETH, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 2010 REYNOLDS STREET		Amount of Each Disbursement this Period 94.50
City BATESVILLE	State AR Zip Code 72501	
Purpose of Disbursement WEB SERVICES	Category/Type	Transaction ID : SB17.I1027
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SECURITY BANKCARD CENTER, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 2134.31
City TULSA	State OK Zip Code 74121	
Purpose of Disbursement CREDIT CARD PAYMENT	Category/Type	Transaction ID : SB17.I1053
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		SEE BELOW

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 300 FIRST STREET, SE		Amount of Each Disbursement this Period 113.21
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement MEMBERSHIP DUES	Category/Type	Transaction ID : SB17.I1054
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	2228.81
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)		PAGE 52 OF 60	
	<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) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 800.00
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement SOFTWARE	Transaction ID : SB17.I1055
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 105.00
City ATLANTA	State GA	
Zip Code 30320	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I1056
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. HOLIDAY INN WASHINGTON CAPITOL		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 550 C STREET SW		Amount of Each Disbursement this Period 62.37
City WASHINGTON	State DC	
Zip Code 20024	Purpose of Disbursement LODGING	Transaction ID : SB17.I1058
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)	PAGE 53 OF 60			
	<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

A. US HOUSE OF REP. GIFT SHOP

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

City WASHINGTON State DC Zip Code 20515

Purpose of Disbursement DONOR MEMENTOS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 01 / 2014

Amount of Each Disbursement this Period: 54.15

Transaction ID : SB17.I1061

[MEMO ITEM]

B. USAIRWAYS

Full Name (Last, First, Middle Initial)
Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AR Zip Code 85034

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 01 / 2014

Amount of Each Disbursement this Period: 685.50

Transaction ID : SB17.I1057

[MEMO ITEM]

C. VERIZON WIRELESS

Full Name (Last, First, Middle Initial)
Mailing Address 7101 DEMOCRACY BLVD.

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement CELL PHONE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 01 / 2014

Amount of Each Disbursement this Period: 89.98

Transaction ID : SB17.I1060

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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)	PAGE 54 OF 60			
	<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) A. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1815 E. HIGHLAND DR.		Amount of Each Disbursement this Period 211.06
City JONESBORO State AR Zip Code 72401	Purpose of Disbursement CAMPAIGN SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.I1059
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SECURITY BANKCARD CENTER, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 2110.65
City TULSA State OK Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENT	
Candidate Name	Category/Type	Transaction ID : SB17.I1062
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 300 FIRST STREET, SE		Amount of Each Disbursement this Period 211.08
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MEMBERSHIP DUES	
Candidate Name	Category/Type	Transaction ID : SB17.I1063
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2110.65
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)		PAGE 55 OF 60	
	<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

A. CMDI

Full Name (Last, First, Middle Initial)
Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 01 / 2014

Amount of Each Disbursement this Period: 800.00

Transaction ID : SB17.I1064

[MEMO ITEM]

B. DELTA AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 01 / 2014

Amount of Each Disbursement this Period: 561.00

Transaction ID : SB17.I1067

[MEMO ITEM]

C. HOLIDAY INN WASHINGTON CAPITOL

Full Name (Last, First, Middle Initial)
Mailing Address 550 C STREET SW

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 01 / 2014

Amount of Each Disbursement this Period: 28.62

Transaction ID : SB17.I1068

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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)		PAGE 56 OF 60	
	<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) A. HOTELS.COM		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 10440 NORTH CENTRAL EXPRESSWAY		Amount of Each Disbursement this Period 340.07
City DALLAS State TX Zip Code 75231	Purpose of Disbursement LODGING	
Candidate Name		Transaction ID : SB17.I1065 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. TORTILLA COAST		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 400 FIRST STREET, SE		Amount of Each Disbursement this Period 68.18
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement CAMPAIGN LUNCH	
Candidate Name		Transaction ID : SB17.I1066 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. UNITED STATES POST OFFICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 2404 RACE STREET		Amount of Each Disbursement this Period 220.00
City JONESBORO State AR Zip Code 72401	Purpose of Disbursement BRM PERMIT/POSTAGE	
Candidate Name		Transaction ID : SB17.I1018
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	220.00
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)	PAGE 57 OF 60			
	<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) A. UNITED STATES POST OFFICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 2404 RACE STREET		Amount of Each Disbursement this Period 685.00
City JONESBORO	State AR	
Zip Code 72401	Purpose of Disbursement BRM ANNUAL MAINTENANCE/POSTAGE	Transaction ID : SB17.I1019
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 7101 DEMOCRACY BLVD.		Amount of Each Disbursement this Period 364.64
City BETHESDA	State MD	
Zip Code 20817	Purpose of Disbursement CELL SERVICE	Transaction ID : SB17.I1069
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 7101 DEMOCRACY BLVD.		Amount of Each Disbursement this Period 364.64
City BETHESDA	State MD	
Zip Code 20817	Purpose of Disbursement CELL SERVICES	Transaction ID : SB17.I1070
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1414.28
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)		PAGE 58 OF 60	
	<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) A. WINFREY & COMPANY		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 228 S WASHINGTON STREET SUITE B-20		Amount of Each Disbursement this Period 572.46
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement FUNDRAISING EXPENSES	Category/Type	Transaction ID : SB17.I1009
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) B. TRATTORIA ALBERTO		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 506 8TH STREET SE		Amount of Each Disbursement this Period 562.26
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement EVENT FOOD AND BEVERAGE	Category/Type	Transaction ID : SB17.I1010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. WINFREY & COMPANY		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 228 S WASHINGTON STREET SUITE B-20		Amount of Each Disbursement this Period 2621.11
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement FUNDRAISNG EXPENSES	Category/Type	Transaction ID : SB17.I1038
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	SEE BELOW
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3193.57
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)		PAGE 59 OF 60	
	<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

A. FEDERAL EXPRESS

Full Name (Last, First, Middle Initial)
Mailing Address 2000 DUKE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 01 / 2014

Amount of Each Disbursement this Period: 47.74

Transaction ID : SB17.I1041

[MEMO ITEM]

B. TRATTORIA ALBERTO

Full Name (Last, First, Middle Initial)
Mailing Address 506 8TH STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement EVENT FOOD AND BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 01 / 2014

Amount of Each Disbursement this Period: 488.22

Transaction ID : SB17.I1042

[MEMO ITEM]

C. WINFREY & COMPANY

Full Name (Last, First, Middle Initial)
Mailing Address 228 S WASHINGTON STREET SUITE B-20

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 01 / 2014

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.I1039

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

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)		PAGE 60 OF 60	
	<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) A. BAXTER COUNTY REPUBLICAN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1870 CR 15		Amount of Each Disbursement this Period 440.00 Transaction ID : SB17.I1013
City MOUNTAIN HOME	State AR	
Zip Code 72653	Purpose of Disbursement EVENT TABLE AND PROGRAM AD	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CRAIGHEAD COUNTY REPUBLICAN CLUB		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 3500 BOLT BLVD		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.I1035
City JONESBORO	State AR	
Zip Code 72401	Purpose of Disbursement LINCOLN DAY DINNER	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	940.00
TOTAL This Period (last page this line number only).....	43113.95