

# 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  
**Robert L. Crowder for Congress**

ADDRESS (number and street) P. O. Box 656  
 Check if different than previously reported. (ACC) Stuart FL 34995

2. **FEC IDENTIFICATION NUMBER** C C00513945 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) FL 18

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 through M M / D D / Y Y Y Y

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 David A. Ralicki  
Signature of Treasurer David A. Ralicki *[Electronically Filed]* Date M M / D D / Y Y Y Y

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  
**Robert L. Crowder 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))....	17280.00	91434.38
(b) Total Contribution Refunds (from Line 20(d)) .....	2800.00	2850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	14480.00	88584.38
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	24050.76	88759.38
(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)).....	24050.76	88759.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**Robert L. Crowder for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 26 / 2012 To: M M / D D / Y Y Y Y 09 / 30 / 2012

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).....	8325.00	63367.97
(ii) Unitemized.....	3655.00	22266.41
(iii) TOTAL of contributions from individuals ▶	11980.00	85634.38
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	300.00	300.00
(d) The Candidate.....	5000.00	5500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17280.00	91434.38
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.).....		
	250.00	250.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	17530.00	91684.38

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24050.76	88759.38
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 .....	2500.00	2550.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	300.00	300.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2800.00	2850.00
21. OTHER DISBURSEMENTS .....	0.00	75.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	26850.76	91684.38

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9320.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17530.00
25. SUBTOTAL (add Line 23 and Line 24).....	26850.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26850.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**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 5 OF 21
	<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)  
**Robert L. Crowder for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Terry R Bettendorf**

Mailing Address 5412 SE Meredith Terrace  
STE 113

City State Zip Code  
Stuart FL 34997

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2012

**Transaction ID : SA11AI.4898**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Harry Charlston**

Mailing Address 117 Gomoz Road

City State Zip Code  
Hobe Sound FL 33455

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

Name of Employer Occupation  
Buttonwood Stables, LLC Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : SA11AI.4970**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6856 SW Woodbine Way

City State Zip Code  
Palm City FL 34990

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

Name of Employer Occupation  
Creech Engineers Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : SA11AI.4907**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

**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 21
	<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)  
**Robert L. Crowder for Congress**

Full Name (Last, First, Middle Initial) <b>A. Charles Giles</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 28 / 2012	
Mailing Address 1092 NE Santa Cruz Drive		<b>Transaction ID : SA11AI.4892</b>	
City Jensen Beach	State FL	Zip Code 34957	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer N/A	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Linda Hoffman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 10 / 2012	
Mailing Address 4586 SW Long Bay Drive		<b>Transaction ID : SA11AI.5007</b>	
City Palm City	State FL	Zip Code 34990	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer N/A	Occupation Stay at Home Mother		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. Barry Hummel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 10 / 2012	
Mailing Address 6822 NW 108th Ave		<b>Transaction ID : SA11AI.5011</b>	
City Parkland	State FL	Zip Code 33076	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Quit Doc Research and Educatio	Occupation Executive Director		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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 7 OF 21
	<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)  
**Robert L. Crowder for Congress**

Full Name (Last, First, Middle Initial) <b>A. Natalie Larson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2012	
Mailing Address 6687 SE Yorktown Drive		<b>Transaction ID : SA11AI.4899</b>	
City Hobe Sound	State FL	Zip Code 33455	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer N/A	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Suzanne Martin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2012	
Mailing Address PO Box 161		<b>Transaction ID : SA11AI.4920</b>	
City Hobe Sound	State FL	Zip Code 33475	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Jim Diamond, Inc.	Occupation Owner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. Paul May</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 30 / 2012	
Mailing Address 1780 SW 28th Ave		<b>Transaction ID : SA11AI.4953</b>	
City Okeechobee	State FL	Zip Code 34974	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer N/A	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 21
	<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)  
**Robert L. Crowder for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Stan Merkin**

Mailing Address 2336 SE Ocean Blvd.  
PMB#368

City: Stuart State: FL Zip Code: 34996

FEC ID number of contributing federal political committee: C

Name of Employer: N/A Occupation: Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1250.00

Date of Receipt: 07 / 27 / 2012

**Transaction ID : SA11AI.4878**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 2513 S Indian River Drive

City: Fort Pierce State: FL Zip Code: 34950

FEC ID number of contributing federal political committee: C

Name of Employer: Casa Del Rio Groves Occupation: Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 08 / 03 / 2012

**Transaction ID : SA11AI.4942**

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Harold O'Connell**

Mailing Address 1570 NW Fork Road

City: Stuart State: FL Zip Code: 34994

FEC ID number of contributing federal political committee: C

Name of Employer: N/A Occupation: Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 08 / 01 / 2012

**Transaction ID : SA11AI.4923**

Amount of Each Receipt this Period: 1000.00

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

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

2250.00



**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 21
	<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)  
**Robert L. Crowder for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sara O'Connell**

Mailing Address 1570 NW Fork Road

City: Stuart State: FL Zip Code: 34994

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

Name of Employer: Self Employed Occupation: Housewife

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 08 / 01 / 2012

**Transaction ID : SA11AI.4922**

Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Larry Parr**

Mailing Address 344 SW Winnachee Drive

City: Stuart State: FL Zip Code: 34994

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

Name of Employer: LPLA, Inc. Occupation: Landscape Architect

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 07 / 27 / 2012

**Transaction ID : SA11AI.4879**

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Victoria Peritz**

Mailing Address 100 Xanadu Place

City: Jupiter State: FL Zip Code: 33477

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

Name of Employer: Spaulding Financial Group Occupation: Insurance Sales

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 07 / 31 / 2012

**Transaction ID : SA11AI.4903**

Amount of Each Receipt this Period: 250.00

**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 10 OF 21
	<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)  
**Robert L. Crowder for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Margaret Peterson**

Mailing Address 1975 NW Ford Road

City Stuart State FL Zip Code 34994

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

Name of Employer N/A Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 31 / 2012

**Transaction ID : SA11AI.4918**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Rob Ranieri**

Mailing Address 2062 SW Raquet Club Drive

City Palm City State FL Zip Code 34990

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

Name of Employer The Firefly Group Occupation Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : SA11AI.4940**

Amount of Each Receipt this Period  
 325.00

In-kind - Office Rental

**C.** Full Name (Last, First, Middle Initial)  
**Julie Sessa**

Mailing Address 7021 Beagrass Road

City Harmony State FL Zip Code 34773

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

Name of Employer Osceola County Occupation Human Resources Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 28 / 2012

**Transaction ID : SA11AI.4890**

Amount of Each Receipt this Period  
 500.00

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

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

1075.00

**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 21
	<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)  
**Robert L. Crowder for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James Westcott**

Mailing Address 719 SW Bittern Street

City State Zip Code  
Palm City FL 34990

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

Name of Employer Occupation  
OxyPros Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2012

**Transaction ID : SA11Al.4979**

Amount of Each Receipt this Period  
250.00

**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).....

250.00

8325.00

**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 12 OF 21
	<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)  
**Robert L. Crowder for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MCEA Tiger Cope**

Mailing Address 668 SE Monterey Road

City State Zip Code  
Stuart FL 34994

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : SA11C.4937**

Amount of Each Receipt this Period  
 300.00

**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).....

300.00

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 13 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Robert L. Crowder for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert L. Crowder**

Mailing Address P. O. Box 656

City State Zip Code  
Stuart FL 34995

FEC ID number of contributing federal political committee. **C H2FL18062**

Name of Employer Occupation  
Martin County Sheriff's Office Sheriff of Martin County

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2012

**Transaction ID : SA11D.5032**

Amount of Each Receipt this Period  
5000.00

**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

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 14 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Robert L. Crowder for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**City of Port St. Lucie**

Mailing Address 121 SW Port St. Lucie Blvd.  
Bldg B

City Port St. Lucie State FL Zip Code 34984

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2012

**Transaction ID : SA15.5036**

Amount of Each Receipt this Period  
250.00

Refund of Sign Bond

**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).....

250.00

250.00

**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 15 OF 21			
	<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)  
**Robert L. Crowder for Congress**

Full Name (Last, First, Middle Initial) <b>A. BGM Creative</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 11505 SW Meadowlark Circle		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.4947</b>
City Stuart	State FL	
Purpose of Disbursement Consulting	Candidate Name	Category/ Type 004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BGM Creative</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 11505 SW Meadowlark Circle		Amount of Each Disbursement this Period 1800.00 <b>Transaction ID : SB17.4948</b>
City Stuart	State FL	
Purpose of Disbursement Radio Ads	Candidate Name	Category/ Type 004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. BGM Creative</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 11505 SW Meadowlark Circle		Amount of Each Disbursement this Period 480.00 <b>Transaction ID : SB17.5000</b>
City Stuart	State FL	
Purpose of Disbursement Radio Ads	Candidate Name	Category/ Type 004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3030.00
<b>TOTAL</b> 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 16 OF 21			
	<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)  
**Robert L. Crowder for Congress**

**A. Cornerstone Solutions & Communications, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 6917 Vista Parkway North Suite 1

City Weat Palm Beach State FL Zip Code 33411

Purpose of Disbursement Mailing List

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 10 / 2012

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.4986

Category/Type: 004

**B. Kinane Corporation**

Full Name (Last, First, Middle Initial)

Mailing Address 310 Southeast Denver avenue

City Stuart State FL Zip Code 34994

Purpose of Disbursement Printing and Mailings

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 10 / 2012

Amount of Each Disbursement this Period: 6849.49

Transaction ID : SB17.4984

Category/Type: 003

**C. Kinane Corporation**

Full Name (Last, First, Middle Initial)

Mailing Address 310 Southeast Denver avenue

City Stuart State FL Zip Code 34994

Purpose of Disbursement Postage Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 10 / 2012

Amount of Each Disbursement this Period: 828.07

Transaction ID : SB17.4987

Category/Type: 004

**SUBTOTAL** of Disbursements This Page (optional) ..... 8177.56

**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 17 OF 21	
	<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)  
**Robert L. Crowder for Congress**

Full Name (Last, First, Middle Initial) <b>A. David Donald Nunley</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 3200 SE Aster Lane Apt. S 202		Amount of Each Disbursement this Period 385.84 <b>Transaction ID : SB17.4939</b>
City Stuart	State FL	
Zip Code 34994	Purpose of Disbursement Sign Supplies	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 168.30 <b>Transaction ID : SB17.4983</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement CC Processing Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Piryx, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 178.88 <b>Transaction ID : SB17.5031</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	733.02
<b>TOTAL</b> 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 18 OF 21			
	<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)  
**Robert L. Crowder for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rob Ranieri</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2012
Mailing Address 2062 SW Raquet Club Drive		Amount of Each Disbursement this Period 325.00 <b>Transaction ID : SB17.4941</b>
City Palm City	State FL	
Zip Code 34990	Purpose of Disbursement In-kind - Office Rental	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. The Firefly Group</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2012
Mailing Address 1211 SW Sunset Trail		Amount of Each Disbursement this Period 8000.00 <b>Transaction ID : SB17.5035</b>
City Palm City	State FL	
Zip Code 34990	Purpose of Disbursement Consulting Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The Firefly Group</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2012
Mailing Address 1211 SW Sunset Trail		Amount of Each Disbursement this Period 1574.07 <b>Transaction ID : SB17.5037</b>
City Palm City	State FL	
Zip Code 34990	Purpose of Disbursement Consulting Expense	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9899.07
<b>TOTAL</b> 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 19 OF 21			
	<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)  
**Robert L. Crowder for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tin Fish</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2012
Mailing Address 1411 SE Indian St		Amount of Each Disbursement this Period 609.15
City Stuart	State FL	
Zip Code 34997	Purpose of Disbursement Election Night Campaign Party	<b>Transaction ID : SB17.5013</b>
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Your Point Mail, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2012
Mailing Address 310 SE Denver Ave.		Amount of Each Disbursement this Period 1302.96
City Stuart	State FL	
Zip Code 34994	Purpose of Disbursement Postage for Mailings	<b>Transaction ID : SB17.4985</b>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1912.11
<b>TOTAL</b> This Period (last page this line number only).....	23751.76

**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 20 OF 21	
	<input type="checkbox"/> 17 <input checked="" 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)  
**Robert L. Crowder for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marilyn Graham Mulach</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2012
Mailing Address 5996 Congressional Place		Amount of Each Disbursement this Period 2500.00
City Stuart	State FL	
Zip Code 34997	Purpose of Disbursement	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	2500.00

**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 21 OF 21	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Robert L. Crowder for Congress**

Full Name (Last, First, Middle Initial) <b>A. MCEA Tiger Cope</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2012
Mailing Address 668 SE Monterey Road		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB20C.4946</b>
City Stuart	State FL	
Zip Code 34994	Purpose of Disbursement 010 Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
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:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	300.00