

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE

14 JUL 18 AM 10:23

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Crow For US Senate

ADDRESS (number and street)

PO Box 825



Check if different than previously reported. (ACC)

Chickasha

OK

73023-0825

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

0464995683

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

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

06

05

2014

through

06

30

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jimmie Kreizenbeck

Signature of Treasurer

Jimmie Kreizenbeck

Date

07

19

2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Crow For US Senate

Report Covering the Period: From:

06 ' 05 ' 2014

To:

06 ' 05 ' 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	1,148.00	6,049.00
(b) Total Contribution Refunds (from Line 20(d)) ..		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	1,148.00	6,049.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	2,052.77	5,575.74
(b) Total Offsets to Operating Expenditures (from Line 14)...		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	2,052.77	5,575.74
8. Cash on Hand at Close of Reporting Period (from Line 27)...	473.26	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...	0000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	0000	

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

14020591429

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

*Crow For US Senate*

Report Covering the Period: From:

**06** ' **04** ' **2014**

To:

**06** ' **30** ' **2014**

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

*1,148.00*

*6,049.00*

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals .

*1,148.00*

*6,049.00*

(b) Political Party Committees...

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

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

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

*1,148.00*

*6,049.00*

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

13. LOANS:

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

(b) All Other Loans...

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

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

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

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

*1,148.00*

*6,049.00*

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**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

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

17. OPERATING EXPENDITURES...	205,277	557,574
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ...		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...		
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...		
(b) Political Party Committees...		
(c) Other Political Committees (such as PACs) ...		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...		
21. OTHER DISBURSEMENTS ...		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	205,277	557,574

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	137,803
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	114,800
25. SUBTOTAL (add Line 23 and Line 24)...	252,603
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	205,277
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	47,326

14020591431

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input 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)  
**Crow For US Senate**

**A.** Full Name (Last, First, Middle Initial)  
**Ryan Schneider**

Mailing Address  
**10217 Mantle**

City  
**Oklahoma City** State  
**OK** Zip Code  
**73162**

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

Name of Employer  
**Unknown** Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**40000**

Date of Receipt  
**06** / **13** / **2014**

Amount of Each Receipt this Period  
**40000**

**B.** Full Name (Last, First, Middle Initial)  
**Kevin Jones**

Mailing Address  
**16 5th St**

City  
**Richmond,** State  
**KY** Zip Code  
**40475**

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

Name of Employer  
**Unknown** Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000**

Date of Receipt  
**06** / **13** / **2014**

Amount of Each Receipt this Period  
**5000**

**C.** Full Name (Last, First, Middle Initial)  
**Sherrri Janzen**

Mailing Address  
**PO Box 42**

City  
**Turpin,** State  
**OK** Zip Code  
**73950**

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

Name of Employer  
**Unknown** Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500**

Date of Receipt  
**06** / **20** / **2014**

Amount of Each Receipt this Period  
**3500**

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

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

14020591432

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input 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)  
*Crow For US Senate*

A. Full Name (Last, First, Middle Initial)  
*Foy Streetman*

Mailing Address  
*PO Box 1984*

City  
*Chickasha* State  
*OK* Zip Code  
*73023*

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

Name of Employer  
*Self* Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*3300*

Date of Receipt  
*02* / *29* / *2014*

Amount of Each Receipt this Period  
*3300*

*In Kind*

B. Full Name (Last, First, Middle Initial)  
*Christie Kern*

Mailing Address  
*PO Box 263*

City  
*Chickasha* State  
*OK* Zip Code  
*73023*

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

Name of Employer  
*State of OK* Occupation  
*Auditor*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*7000*

Date of Receipt  
*02* / *23* / *2014*

Amount of Each Receipt this Period  
*7000*

*In Kind*

C. Full Name (Last, First, Middle Initial)  
*Mark Keeling*

Mailing Address  
*2471 CS 2855*

City  
*Chickasha* State  
*OK* Zip Code  
*73023*

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

Name of Employer  
*TAS Trucking* Occupation  
*Truck Driver*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*56000*

Date of Receipt  
*06* / *30* / *2014*

Amount of Each Receipt this Period  
*56000*

*In Kind*

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

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

.....

.....

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**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	OF
	<input 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)  
*Crow For US Senate*

A. Full Name (Last, First, Middle Initial) <i>Bill Martin</i>		Date of Disbursement <i>06' 12' 2014</i>	
Mailing Address <i>NA</i>		Amount of Each Disbursement this Period <i>60.00</i>	
City <i>Chickasha</i>	State <i>OK</i>		Zip Code <i>73023</i>
Purpose of Disbursement <i>Metal Frames For Signs</i>	Category/Type <input type="checkbox"/>		
Candidate Name <i>Kevin Crow</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: <i>OK</i> District:	

B. Full Name (Last, First, Middle Initial) <i>Pay Pal</i>		Date of Disbursement <i>06' 06' 2014</i>	
Mailing Address		Amount of Each Disbursement this Period <i>8.87</i>	
City	State		Zip Code
Purpose of Disbursement <i>Fees charged</i>	Category/Type <input type="checkbox"/>		
Candidate Name <i>Kevin Crow</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: <i>OK</i> District:	

C. Full Name (Last, First, Middle Initial) <i>Washita Valley Shopper</i>		Date of Disbursement <i>06' 15' 2014</i>	
Mailing Address <i>920 S. 4th</i>		Amount of Each Disbursement this Period <i>296.40</i>	
City <i>Chickasha</i>	State <i>OK</i>		Zip Code <i>73023</i>
Purpose of Disbursement <i>Newspaper Ad</i>	Category/Type <input type="checkbox"/>		
Candidate Name <i>Kevin Crow</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: <i>OK</i> District:	

SUBTOTAL of Disbursements This Page (optional).....	<input type="checkbox"/>
TOTAL This Period (last page this line number only).....	<input type="checkbox"/>

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**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 OF	
	<input 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)  
**Crow For US Senate**

Full Name (Last, First, Middle Initial) <b>A. Tuttle Times</b>		Date of Disbursement <b>06' 20' 2014</b>
Mailing Address <b>553 N. Mustang Rd</b>		Amount of Each Disbursement this Period <b>150.00</b>
City <b>Mustang</b>	State <b>OK</b>	
Zip Code <b>73064</b>		Category/ Type
Purpose of Disbursement <b>Newspaper Ad (Tuttle)</b>		
Candidate Name <b>Kevin Crow</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OK</b> District:	

Full Name (Last, First, Middle Initial) <b>B. Enid News and Eagle</b>		Date of Disbursement <b>06' 20' 2014</b>
Mailing Address <b>PO Box 1192</b>		Amount of Each Disbursement this Period <b>724.50</b>
City <b>Enid</b>	State <b>OK</b>	
Zip Code <b>73702</b>		Category/ Type
Purpose of Disbursement <b>Newspaper Ad</b>		
Candidate Name <b>Kevin Crow</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OK</b> District:	

Full Name (Last, First, Middle Initial) <b>C. Midwest City Beacon</b>		Date of Disbursement <b>06' 30' 2014</b>
Mailing Address <b>553 N. Mustang Rd</b>		Amount of Each Disbursement this Period <b>150.00</b>
City <b>Mustang</b>	State <b>OK</b>	
Zip Code <b>73064</b>		Category/ Type
Purpose of Disbursement <b>Newspaper Ad (MWC)</b>		
Candidate Name <b>Kevin Crow</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OK</b> District:	

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

14020591435



**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 OF	
	<input 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)  
**Crow For US Senate**

A. **Foy Streetman (From InKind Donation)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **PO Box 1984**  
 City: **Chickasha** State: **OK** Zip Code: **73023**  
 Purpose of Disbursement: **email domain**  
 Candidate Name: **Kevin Crow**  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: **OK** District: \_\_\_\_\_  
 Date of Disbursement: **02/25/2014**  
 Amount of Each Disbursement this Period: **33.00**

B. **Christie Kern (From InKind Donation)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **PO Box 263**  
 City: **Chickasha** State: **OK** Zip Code: **73023**  
 Purpose of Disbursement: **PO Box Rental**  
 Candidate Name: **Kevin Crow**  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: **OK** District: \_\_\_\_\_  
 Date of Disbursement: **02/25/2014**  
 Amount of Each Disbursement this Period: **70.00**

C. **Mark Keeling (From InKind Donation)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **2471 CS 2855**  
 City: **Chickasha** State: **OK** Zip Code: **73023**  
 Purpose of Disbursement: **Telephone during Campaign**  
 Candidate Name: **Kevin Crow**  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: **OK** District: \_\_\_\_\_  
 Date of Disbursement: **06/30/2014**  
 Amount of Each Disbursement this Period: **560.00**

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

14020591436

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

NAME OF COMMITTEE (In Full)  
*Crow For US Senate*

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

**TERMS**

Date Incurred <input type="text"/> / <input type="text"/> / <input type="text"/>	Date Due <input type="text"/> / <input type="text"/> / <input type="text"/>	Interest Rate <input type="text"/> % (apr)	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---	--

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City _____ State _____ ZIP Code _____	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City _____ State _____ ZIP Code _____	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City _____ State _____ ZIP Code _____	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City _____ State _____ ZIP Code _____	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional)...	<input type="text" value="000.00"/>
<b>TOTALS</b> This Period (last page in this line only) ..	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020591437

**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>Crow For US Senate</i>		FEC IDENTIFICATION NUMBER <b>C</b>
LENDING INSTITUTION (LENDER) Full Name <i>None</i>	Amount of Loan <i>00000</i>	Interest Rate (APR) _____ %
Mailing Address	Date Incurred or Established MM / DD / YYYY	
City State Zip Code	Date Due MM / DD / YYYY	

A. Has loan been restructured?  No  Yes      If yes, date originally incurred MM / DD / YYYY

B. If line of credit,  
 Amount of this Draw: \_\_\_\_\_ Total Outstanding Balance: \_\_\_\_\_

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?  
 \_\_\_\_\_

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?  
 \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).      Location of account: \_\_\_\_\_

Date account established: MM / DD / YYYY      Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER

Typed Name	DATE MM / DD / YYYY
Signature	

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE		DATE MM / DD / YYYY
Typed Name	Signature	Title

14020591438

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
*Crow For US Senate*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code
Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code
Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code
Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional) ...	<input type="text"/>
2) TOTALS This Period (last page this line number only) ...	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="000.00"/>

14020591439

**FEC FORM 3Z (File with Form 3)**  
**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**  
 (To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)  <i>Crow For US Senate</i>	Report Covering Period: From: <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2014</span> To: <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
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Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A <i>Crow For US Senate</i>	<i>1148.00</i>	<i>0</i>
B Column Total Last Page Only.....		

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	<i>0</i>	<i>0</i>	<i>1148.00</i>	<i>0</i>	<i>0</i>	<i>0</i>
B						

	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
B						

	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
B						

	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	<i>0</i>	<i>0</i>	<i>2052.77</i>	<i>1,378.03</i>	<i>473.26</i>	<i>0</i>
B						

	(aa) Line No. 10 Debts & Obligation. Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	<i>0</i>	<i>6049.00</i>	<i>5575.74</i>			
B						

14020591440

14020591441



FROM:

Jimmie Kreizenbeck  
PO Box 295  
Atapaho, OK 73620

TO:

Secretary of the Senate  
Office of Public Records  
PO Box 77578  
Washington, DC 20013-7578

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JANCY ERICKSON  
SECRETARY

DANA C. MCCALLUM  
SUPERINTENDENT

STATE OFFICE B1  
SUITE 232  
WILMINGTON, DE 20518-7111  
PHONE (202) 224-0222

# United States Senate

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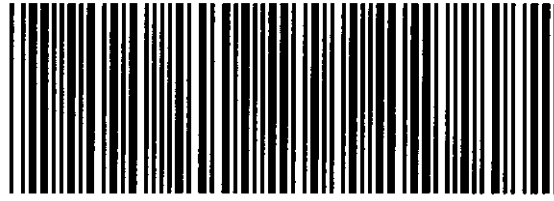
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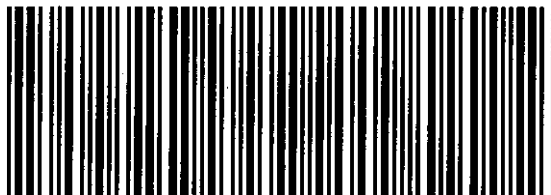
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