



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Crowley for Congress

Report Covering the Period:

From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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)).....	247580.00	1525182.52
(b) Total Contribution Refunds (from Line 20(d)).....	250.00	3108.72
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	247330.00	1522073.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	98559.22	943159.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	3000.00	3617.08
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	95559.22	939542.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	871775.87	
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  
Crowley for Congress

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

**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).....

87530.00

523488.00

(ii) Unitemized.....

1640.00

16280.00

(iii) TOTAL of contributions

89170.00

539768.00

from individuals..... ▶

0.00

63.67

(b) Political Party Committees.....

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

158410.00

985350.85

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

247580.00

1525182.52

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

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

0.00

0.00

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

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

3000.00

3617.08

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

2143.96

21383.47

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

252723.96

1550183.07

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

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

17. OPERATING EXPENDITURES.....	98559.22	943159.36
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).....	250.00	3108.72
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	250.00	3108.72
21. OTHER DISBURSEMENTS.....	41055.00	458390.76
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	139864.22	1404658.84

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	758916.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	252723.96
25. SUBTOTAL (add Line 23 and Line 24).....	1011640.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	139864.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	871775.87

# 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 / 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
Crowley for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) M. Nasim Ali		Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 42 Pettit Place		<b>Transaction ID:</b> C4900685
	City Princeton	State NJ	Zip Code 08540
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer SBLI USA Insurance Company	Occupation Executive Vice President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Brian Appel		Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 233 Locust Street		<b>Transaction ID:</b> C4790771
	City West Hempstead	State NY	Zip Code 11552
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer Changing World Technologies	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Appel		Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 233 Locust Street		<b>Transaction ID:</b> C4790773
	City West Hempstead	State NY	Zip Code 11552
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer Changing World Technologies	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> 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: PAGE 6 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Doreen Appel</p> <p>Mailing Address 233 Locust Street</p> <p>City State Zip Code West Hempstead NY 11552</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer self Occupation self homemaker</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 2 6 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> C4900936</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Gary Beller</p> <p>Mailing Address 125 E 72nd Street Apt 10A</p> <p>City State Zip Code New York NY 10021</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer self Occupation self investments</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 4 / 2 3 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> C4742622</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Darel M. Benaim</p> <p>Mailing Address 135 Central Park West # 8NC</p> <p>City State Zip Code New York NY 10023</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer self Occupation self psychoanalyst</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 4 / 2 9 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> C4759300</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">4000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 120  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.**

Full Name (Last, First, Middle Initial) Robert Britton		Date of Receipt MM / DD / YYYY 04 / 15 / 2008
Mailing Address 1515 Locust St Unit 600		<b>Transaction ID:</b> C4649429
City Philadelphia	State PA	Zip Code 19102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Post Schell	Occupation attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Donald Capoccia		Date of Receipt MM / DD / YYYY 04 / 29 / 2008
Mailing Address 47 Grant Jones Street 7th Floor		<b>Transaction ID:</b> C4759317
City New York	State NY	Zip Code 10012
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer BFC Partners	Occupation Developer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

**C.**

Full Name (Last, First, Middle Initial) Ethel Chen		Date of Receipt MM / DD / YYYY 05 / 06 / 2008
Mailing Address 142-14 Eunice Ave		<b>Transaction ID:</b> C4763292
City Flushing	State NY	Zip Code 11355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer retired	Occupation Real Estate Broker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2800.00</b>
<b>TOTAL</b> 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: PAGE 9 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Daniel Crane

Mailing Address 8005 Lewinsville Road

City State Zip Code  
Mc Lean VA 22102

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
The Crane Group consultant

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

**Transaction ID:** C4792994

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Lewis Cullman

Mailing Address 767 Third Ave  
36th Floor

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
none retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

**Transaction ID:** C4759326

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Anthony Domino

Mailing Address 800 Westchester Ave  
N407

City State Zip Code  
Rye Brook NY 10573

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Guardian Life Financial Advisor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

**Transaction ID:** C4763302

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

**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 10 / 120
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Douglas D Durst		Date of Receipt
	Mailing Address Attn: Douglas Durst 1155 Avenue of the Americas		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New York	NY	10036
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Durst Organization		Occupation Co-President	Transaction ID: C4759308
Receipt For: 2008		Amount of Each Receipt this Period	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<input type="text" value="2000.00"/>	
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Rana Farruk		Date of Receipt
	Mailing Address 1241 Woodbrook Court		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Reston	VA	20194
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer retired		Occupation retired	Transaction ID: C4900673
Receipt For: 2008		Amount of Each Receipt this Period	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<input type="text" value="250.00"/>	
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Lionel Goldfrank		Date of Receipt
	Mailing Address 1120 5th Ave		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New York	NY	10128
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation investor	Transaction ID: C4649459
Receipt For: 2008		Amount of Each Receipt this Period	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<input type="text" value="2000.00"/>	
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="4250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 11 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
T. Reza Hussain

Mailing Address 3005 Braxton Wood Court

City State Zip Code  
Fairfax VA 22031

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

Name of Employer Occupation  
IRD budget analyst

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** C4900676

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Andrew Jacobson

Mailing Address One Chase Manhattan Plaza  
Floor 39

City State Zip Code  
New York NY 10005

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

Name of Employer Occupation  
Clausen Miller PC attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2008

**Transaction ID:** C4742595

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
David Jones

Mailing Address PO Box 57154

City State Zip Code  
Washington DC 20037

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

Name of Employer Occupation  
Capitol Counsel Principal

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2008

**Transaction ID:** C4761099

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

**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:	PAGE 12 / 120
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.**

Full Name (Last, First, Middle Initial) Harry Kamen		Date of Receipt MM / DD / YYYY 04 / 23 / 2008
Mailing Address 910 Park Avenue		<b>Transaction ID:</b> C4742625
City New York	State NY	Zip Code 10075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer MetLife	Occupation retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

**B.**

Full Name (Last, First, Middle Initial) George Kaufman		Date of Receipt MM / DD / YYYY 04 / 29 / 2008
Mailing Address 888 Park Ave		<b>Transaction ID:</b> C4759313
City New York	State NY	Zip Code 10075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Kaufman Management	Occupation owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

**C.**

Full Name (Last, First, Middle Initial) Edith Kean		Date of Receipt MM / DD / YYYY 05 / 02 / 2008
Mailing Address 130 East End Ave Apt 17A		<b>Transaction ID:</b> C4762192
City New York	State NY	Zip Code 10028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation landscape designer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4300.00
<b>TOTAL</b> 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:	PAGE 13 / 120
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Soon Ja Kim		Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 235 E. 40th Street 9A		<b>Transaction ID:</b> C4763304
	City New York	State NY	Zip Code 10016
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer M.K. Enterprises, INC	Occupation Vice President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) He Gin Lee		Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 34-16 149th St 2nd Floor		<b>Transaction ID:</b> C4763295
	City Flushing	State NY	Zip Code 11354
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer self	Occupation architect	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Lee		Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 233-27 40th Ave		<b>Transaction ID:</b> C4763305
	City Little Neck	State NY	Zip Code 11363
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
	Name of Employer Tafa Development	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2800.00
<b>TOTAL</b> 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: PAGE 14 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Michael Lee

Mailing Address 233-27 40th Ave

City State Zip Code  
Little Neck NY 11363

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

Name of Employer Occupation  
Tafa Development CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4600.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2008

**Transaction ID:** C4763306

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Lanny D Levin

Mailing Address 313 Laurel Avenue

City State Zip Code  
Highland Park IL 60035

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

Name of Employer Occupation  
The Levin Agency CLU

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

**Transaction ID:** C4768423

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Leonard Litwin

Mailing Address 1200 Union Tpke.

City State Zip Code  
New Hyde Park NY 11040

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

Name of Employer Occupation  
Glenwood Management Corp. President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2008

**Transaction ID:** C4759312

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4800.00**

**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: PAGE 15 / 120

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Gary Lundy

Mailing Address 507 We Crestview Ave

City State Zip Code  
Pittsburg KS 66762

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Watco Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2008

**Transaction ID:** C4900927

Amount of Each Receipt this Period  
1700.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Lane Luskey

Mailing Address 1801 K Street NW Suite 340

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
The Loeffler Group Consultant

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 23 / 2008

**Transaction ID:** C4774946

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Lane Luskey

Mailing Address 1801 K Street NW Suite 340

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
The Loeffler Group Consultant

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2008

**Transaction ID:** C4900648

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 2700.00

**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: PAGE 16 / 120  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Shannon Magill

Mailing Address 1735 Cameron Street

City State Zip Code  
Alexandria VA 22314

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

Name of Employer self Occupation  
homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

Transaction ID: C4900690

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Alan Manocherian

Mailing Address 28 Three Mile Harbor Dr.

City State Zip Code  
Hampton NY 12837

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

Name of Employer Manocherian Brothers Occupation  
Real Estate

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2008

Transaction ID: C4759306

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Bernice Manocherian

Mailing Address 135 Central Park W  
Apt 9NC

City State Zip Code  
New York NY 10023-2530

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

Name of Employer self Occupation  
homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2008

Transaction ID: C4759298

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2300.00**

**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: PAGE 17 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Donald Manocherian

Mailing Address 135 Central Park West

City State Zip Code  
New York NY 10023

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

Name of Employer self Occupation  
self real estate

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2008

Transaction ID: C4759302

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Manocherian

Mailing Address 135 Central Park West

City State Zip Code  
New York NY 10023-2413

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

Name of Employer self Occupation  
self real estate

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2008

Transaction ID: C4759301

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Don S. Mazzullo

Mailing Address 160 Edgemere Drive

City State Zip Code  
Rochester NY 14612

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

Name of Employer Harter, Seacrest & Emery Occupation  
Partner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2008

Transaction ID: C4761507

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**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: PAGE 18 / 120

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Chris McCannell

Mailing Address 2100 11th Street NW #207

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. C

Name of Employer quinn & gillespie Occupation partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 05 / 23 / 2008

**Transaction ID:** C4774930

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Gwen Mellor

Mailing Address 2 Washington Circle

City Alexandria State VA Zip Code 22305

FEC ID number of contributing federal political committee. C

Name of Employer Hogan & Hartson Occupation Counsel

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 02 / 2008

**Transaction ID:** C4762122

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Allan Mendels

Mailing Address 97 Powerhouse Rd

City rosyn State NY Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Guardian Life Occupation broker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 19 / 2008

**Transaction ID:** C4768399

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

**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: PAGE 19 / 120

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Jimmy Meng

Mailing Address 103-51 Franklin Ave

City State Zip Code  
Flushing NY 11355

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

Name of Employer Occupation  
Queens Lumber Merchant

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: C4763294

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Mark Murphy

Mailing Address 4 Becker Farm Road  
Suite 2

City State Zip Code  
Roseland NJ 07068

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

Name of Employer Occupation  
Guardian Life Insurance Field Representative

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: C4768410

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
William B O'Connor

Mailing Address 18 Monfort Road

City State Zip Code  
Port Washington NY 11050

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

Name of Employer Occupation  
self attorney

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 8

Transaction ID: C4742628

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

5000.00

**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: PAGE 20 / 120

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Larry Parsons

Mailing Address 1360 Stardust, NW

City State Zip Code  
Canton OH 44708

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

Name of Employer  
Wheeling & Lake Erie Rail-  
way

Occupation  
CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
430.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 8

Transaction ID: C4761678

Amount of Each Receipt this Period

430.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Lucie Phillips

Mailing Address 3607 Military Road

City State Zip Code  
Arlington VA 22207

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

Name of Employer  
IBI Consulting

Occupation  
Economist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: C4900691

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Robert Pichardo

Mailing Address 45-24 171st Street

City State Zip Code  
Fresh Meadows NY 11365

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

Name of Employer  
PC Richards

Occupation  
vendor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: C4903538

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

1680.00

**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: PAGE 21 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Robert Pichardo

Mailing Address 45-24 171st Street

City State Zip Code  
Fresh Meadows NY 11365

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

Name of Employer Occupation  
PC Richards vendor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** C4903540

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Sanjay K. Puri

Mailing Address 4455 Brookfield Corporate Dr

City State Zip Code  
Chantilly VA 20151-1670

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

Name of Employer Occupation  
USINPAC Chairman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2008

**Transaction ID:** C4792774

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Florin Rahman

Mailing Address 11548 Hemingway Drive

City State Zip Code  
Reston VA 20194

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

Name of Employer Occupation  
SYF Group Consultant

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** C4900682

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

**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: PAGE 22 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Taj Rajkumar

Mailing Address 126-20 101st Ave  
Suite 2

City State Zip Code  
South Richmond Hil NY 11419

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

Name of Employer self Occupation doctor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** C4900618

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Anthony Reck

Mailing Address 1 Circle Lake Drive

City State Zip Code  
Paducah KY 42001

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

Name of Employer Paducah & Louisville Rail-way Occupation railroad executive

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2008

**Transaction ID:** C4768400

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Burton Resnick

Mailing Address 110 East 59 Street

City State Zip Code  
New York NY 10022

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

Name of Employer Jack Resnick & Sons Occupation Real Estate Developer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2008

**Transaction ID:** C4759324

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

**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: PAGE 23 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ellen Roman

Mailing Address 7 Gracie Square

City State Zip Code  
New York NY 10028

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 3 / 2 0 0 8

**Transaction ID:** C4742616

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Adam Rose

Mailing Address 200 Madison Ave  
Fl 5

City State Zip Code  
New York NY 10016-3912

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

Name of Employer Rose Associates Inc Occupation executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 9 / 2 0 0 8

**Transaction ID:** C4759319

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Stephen M Ross

Mailing Address 65 Madison Ave  
9th Floor

City State Zip Code  
New York NY 10023-5800

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

Name of Employer Related Companies, Inc. Occupation CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 9 / 2 0 0 8

**Transaction ID:** C4759311

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5000.00**

**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: PAGE 24 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bill C Rudin

Mailing Address 345 Park Ave  
Ste 33

City State Zip Code  
New York NY 10154-0198

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

Name of Employer Rudin Management Co      Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: C4759314

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jack Rudin

Mailing Address 241 Central Park West

City State Zip Code  
New York NY 10024

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

Name of Employer Rudin Management      Occupation president

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: C4759309

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Edward Ruff

Mailing Address One South Wacker Drive  
suite 2500

City State Zip Code  
Chicago IL 60606

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

Name of Employer Pretzel & Stouffer      Occupation attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: C4649436

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5000.00**

**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: PAGE 25 / 120  
(check only one)

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

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)  
Crowley for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Julie Sakellariadis

Mailing Address 639 West End Avenue  
Apt 14

City State Zip Code  
New York NY 10025

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

Name of Employer self Occupation homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2008

Transaction ID: C4763741

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
M. Osman Siddique

Mailing Address 1217 Stuart Robeson Drive

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer retired Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

Transaction ID: C4900703

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
William Steere

Mailing Address 27471 Harbor Cove Ct

City State Zip Code  
Bonita Springs FL 34134

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

Name of Employer Pfizer Occupation CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2008

Transaction ID: C4763740

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

**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: PAGE 26 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
John Stinson  
Mailing Address 5929 Searl Terrace  
City Bethesda State MD Zip Code 20816  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 2008.00  
Date of Receipt 06 / 18 / 2008  
Transaction ID: C4792775  
Amount of Each Receipt this Period 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ghulam Suhrawardi  
Mailing Address 155 Mercer Rd  
City Colts Neck State NJ Zip Code 07722-1722  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NMCI Group Occupation CEO  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 2008.00  
Date of Receipt 06 / 25 / 2008  
Transaction ID: C4900692  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Michael Sullivan  
Mailing Address PO Box 742  
City Champlain State NY Zip Code 12919  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Customs Border Protection Occupation US Customs  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 2008.00  
Date of Receipt 06 / 25 / 2008  
Transaction ID: C4900852  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2750.00  
**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: PAGE 27 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

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

Mailing Address 6 Matthews Farm Road

City State Zip Code  
Belle Mead NJ 08502

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Guardian Life Financial Advisor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

**Transaction ID:** C4768411

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
David Wei

Mailing Address 623 Sackett Street

City State Zip Code  
Brooklyn NY 11217

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Strong Steel Door Company President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

**Transaction ID:** C4763296

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Shelby B White

Mailing Address 1 Sutton Place South

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

**Transaction ID:** C4763746

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 2000.00

**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: PAGE 28 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Alan H Wiener  
Mailing Address 375 Park Ave  
City New York State NY Zip Code 10152-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wachovia's Multifamily Capital Group Occupation Managing Director  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼  
1000.00  
Date of Receipt 04 / 29 / 2008  
Transaction ID: C4759331  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Timothy Wong  
Mailing Address 36 Monroe St #DB12  
City New York State NY Zip Code 10002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation dentist  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼  
350.00  
Date of Receipt 05 / 06 / 2008  
Transaction ID: C4763299  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
James Wu  
Mailing Address PO Box 520705  
City Flushing State NY Zip Code 11352  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation consultant  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼  
500.00  
Date of Receipt 05 / 06 / 2008  
Transaction ID: C4763303  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00  
**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: PAGE 29 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Osman O. Yousof

Mailing Address 9519 Bent Creek Ln

City Vienna State VA Zip Code 22182-1409

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

Name of Employer The SYF Group Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 25 / 2008  
**Transaction ID: C4900671**  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
John Zuccotti

Mailing Address 36 2nd Place

City Brooklyn State NY Zip Code 11231

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

Name of Employer Brookfield Properties Occupation chairman

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 04 / 29 / 2008  
**Transaction ID: C4759316**  
 Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Muss Development Co.

Mailing Address 118-35 Queens Boulevard

City Forest Hills State NY Zip Code 11375

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 05 / 28 / 2008  
**Transaction ID: C4776256**  
 Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

PARTNERSHIP--partners below if itemized

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 5000.00

**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: PAGE 30 / 120  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.**

Full Name (Last, First, Middle Initial) Joshua Muss		Date of Receipt MM / DD / YYYY 05 / 28 / 2008
Mailing Address Muss Development Company 118-35 Queens Boulevard		Transaction ID: C4776257
City Forest Hills	State NY	Zip Code 11375
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Muss Development LLC	Occupation Real Estate Development	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> *
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

**B.**

Full Name (Last, First, Middle Initial) Laughlin, Falbo, Levy & Moresi LLP		Date of Receipt MM / DD / YYYY 05 / 28 / 2008
Mailing Address 255 California Street Suite 600		Transaction ID: C4776258
City San Francisco	State CA	Zip Code 94111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>PARTNERSHIP--partners below if itemized</b>
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) John Bonnett		Date of Receipt MM / DD / YYYY 05 / 28 / 2008
Mailing Address 255 California Street Suite 600		Transaction ID: C4776259
City San Francisco	State CA	Zip Code 94111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Laughlin, Falbo, Levy & Moresi LLP	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> *
Receipt For: 2008 <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) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
John Geyer

Mailing Address 255 California Street  
Suite 600

City State Zip Code  
San Francisco CA 94111

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

Name of Employer Laughlin, Falbo, Levy & Moresi LLP  
Occupation Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2008

Transaction ID: C4776266

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* **[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Mj Kuperman

Mailing Address 255 California Street  
Suite 600

City State Zip Code  
San Francisco CA 94111

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

Name of Employer Laughlin, Falbo, Levy & Moresi LLP  
Occupation Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2008

Transaction ID: C4776267

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* **[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
James Pettibone

Mailing Address 255 California Street  
Suite 600

City State Zip Code  
San Francisco CA 94111

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

Name of Employer Laughlin, Falbo, Levy & Moresi LLP  
Occupation Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2008

Transaction ID: C4776260

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* **[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**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: PAGE 32 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Harter, Secrest & Emery, LLP  
Mailing Address 1600 Baush & Lomb Plaza  
City Rochester State NY Zip Code 14604  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00  
Date of Receipt 05 / 29 / 2008  
Transaction ID: C4776268  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
PARTNERSHIP--partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
Wiley Rein & Fielding LLP  
Mailing Address 1776 K Street, NW  
City Washington State DC Zip Code 20006  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2800.00  
Date of Receipt 05 / 29 / 2008  
Transaction ID: C4776269  
Amount of Each Receipt this Period 2300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
PARTNERSHIP--partners below if itemized

**C.** Full Name (Last, First, Middle Initial)  
Laura Foggan  
Mailing Address 1776 K St NW  
City Washington State DC Zip Code 20006-2304  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Wiley Rein & Fielding Partner  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00  
Date of Receipt 05 / 29 / 2008  
Transaction ID: C4776274  
Amount of Each Receipt this Period 200.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
[MEMO ITEM]  
\*

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3300.00  
**TOTAL** This Period (last page this line number only) ..... ►



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Rodney Glover

Mailing Address Wiley, Rein & Fielding LLP  
1776 K Street, N.W.

City Washington State DC Zip Code 20006

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

Name of Employer Wiley, REin & Fielding LLP Occupation Partner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
 Amount: 300.00

Date of Receipt: 05 / 29 / 2008  
**Transaction ID: C4776275**  
 Amount of Each Receipt this Period: 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 \*

**B.** Full Name (Last, First, Middle Initial)  
Richard Ifft

Mailing Address Wiley, Rein & Fielding LLP  
1776 K Street, N.W.

City Washington State DC Zip Code 20006

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

Name of Employer Wiley, Rein & Fielding LLP Occupation Partner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
 Amount: 300.00

Date of Receipt: 05 / 29 / 2008  
**Transaction ID: C4776276**  
 Amount of Each Receipt this Period: 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 \*

**C.** Full Name (Last, First, Middle Initial)  
Paul Khoury

Mailing Address Wiley, Rein & Fielding LLP  
1776 K Street, N.W.

City Washington State DC Zip Code 20006

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

Name of Employer Wiley, Rein & Fielding LLP Occupation Partner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
 Amount: 300.00

Date of Receipt: 05 / 29 / 2008  
**Transaction ID: C4776277**  
 Amount of Each Receipt this Period: 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 \*

**SUBTOTAL** of Receipts This Page (optional) ..... ► **0.00**

**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: PAGE 34 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Wilson, Esler, Moskowitz & Dicker LLP

Mailing Address 150 East 42nd Street

City State Zip Code  
New York NY 10017

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2008

**Transaction ID:** C4776282

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**PARTNERSHIP**--partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
Harold Moskowitz

Mailing Address Wilson, Esler, Moskowitz, Edelman  
150 East 42nd Street

City State Zip Code  
New York NY 10017

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

Name of Employer Occupation  
Wilson, Esler, Moskowitz, Edelman & Di Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2008

**Transaction ID:** C4776283

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
Finkelstein, Newman & Ferrara LLP

Mailing Address 225 Broadway, 8th Floor

City State Zip Code  
New York NY 10007

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2008

**Transaction ID:** C4776284

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**PARTNERSHIP**--partners below if itemized

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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: PAGE 35 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lucas Ferrara

Mailing Address 225 Broadway  
8th Floor

City State Zip Code  
New York NY 10007

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

Name of Employer Occupation  
Finkelstein, Newman, LLP partner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2008

Transaction ID: C4776286

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* **[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
O'Dwyer & Bernstein

Mailing Address 52 Duane St 5th Floor

City State Zip Code  
New York NY 10007

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

Name of Employer Occupation  
Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: C4910995

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
PARTNERSHIP--partners below if itemized

**C.** Full Name (Last, First, Middle Initial)  
Brian O'Dwyer

Mailing Address 52 Duane Street  
Fifth Floor

City State Zip Code  
New York NY 10007

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

Name of Employer Occupation  
O'Dwyer & Bernstein Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: C4911000

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* **[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **87530.00**

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

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

FOR LINE NUMBER: PAGE 36 / 120

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.**

Full Name (Last, First, Middle Initial)  
AFT-COPE

Mailing Address American Federation of Teachers  
555 New Jersey Avenue, N.W.

City State Zip Code  
Washington DC 20001-2079

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 11 / 2008

Transaction ID: C4790469

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
ALTRIA GROUP INC. POLITICAL ACTION COMMITTEE

Mailing Address 120 Park Avenue

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 30 / 2008

Transaction ID: C4761086

Amount of Each Receipt this Period

2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
AMERICAN ACADEMY OF OTOLARYNGOLOGY - HEAD AND NECK

Mailing Address One Prince Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00306449

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 05 / 2008

Transaction ID: C4785198

Amount of Each Receipt this Period

1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

5000.00

**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: PAGE 37 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Bankers Association

Mailing Address 1120 Connecticut Avenue

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt: 06 / 26 / 2008  
**Transaction ID:** C4901123  
 Amount of Each Receipt this Period: 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN COLLEGE OF CARDIOLOGY POLITICAL ACTION CO

Mailing Address 2400 N St NW

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt: 06 / 18 / 2008  
**Transaction ID:** C4792773  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AK

Mailing Address 25 Massachusetts Avenue Suite 700

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00403881

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 05 / 13 / 2008  
**Transaction ID:** C4766628  
 Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00

**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: PAGE 38 / 120

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.**

Full Name (Last, First, Middle Initial)  
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	0	8

Transaction ID: C4792155

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
American College of Surgeons

Mailing Address 1640 Wisconsin Ave NW

City Washington State DC Zip Code 20007

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	8

Transaction ID: C4785193

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 801 Pennsylvania Ave. NW Suite 650

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00040535

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	8

Transaction ID: C4790470

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

3500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Hospital Association PAC

Mailing Address 325 Seventh Street, N.W.

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** C4903255

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN INSTITUTE OF CPA's

Mailing Address American Institute of CPA's  
1455 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004-1007

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt MM / DD / YYYY  
04 / 15 / 2008

**Transaction ID:** C4649329

Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN INSTITUTE OF CPA's

Mailing Address American Institute of CPA's  
1455 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004-1007

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt MM / DD / YYYY  
06 / 04 / 2008

**Transaction ID:** C4783751

Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

**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: PAGE 40 / 120  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMM

Mailing Address 1101 VERMONT AVENUE NW  
12TH FLOOR

City State Zip Code  
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID:** C4761109

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMM

Mailing Address 1101 VERMONT AVENUE NW  
12TH FLOOR

City State Zip Code  
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

**Transaction ID:** C4763300

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OST

Mailing Address 1090 Vermont Ave. NW  
Suite 510

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00113803

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** C4903239

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 520 N. NORTHWEST HIGHWAY

City State Zip Code  
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 1 / 2 0 0 8

**Transaction ID:** C4790475

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Anheuser-Busch PAC

Mailing Address ONE BUSCH PLACE 202-5

City State Zip Code  
ST. LOUIS MO 63118

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 5 / 2 0 0 8

**Transaction ID:** C4649313

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AT&T PAC

Mailing Address AT&T Corporation  
32 Avenue of the Americas

City State Zip Code  
New York NY 10013

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 8

**Transaction ID:** C4903265

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00

**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: PAGE 42 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
AXA Equitable Life Assurance Society PAC

Mailing Address 1290 Avenue of the Americas  
Attn: Wendy Cooper

City State Zip Code  
New York NY 10104

FEC ID number of contributing federal political committee. **C** C00161901

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 5 / 2 0 0 8

**Transaction ID:** C4900602

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Bank of America Corporation PAC

Mailing Address 600 Peachtree Street NE  
3rd Floor

City State Zip Code  
Atlanta GA 30308

FEC ID number of contributing federal political committee. **C** C00043489

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 0 / 2 0 0 8

**Transaction ID:** C4789802

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Bank of America Corporation PAC

Mailing Address 600 Peachtree Street NE  
3rd Floor

City State Zip Code  
Atlanta GA 30308

FEC ID number of contributing federal political committee. **C** C00043489

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 0 / 2 0 0 8

**Transaction ID:** C4789803

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

**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: PAGE 43 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
BLUEPAC- BLUE CROSS BLUE SHIELD ASSOCIATION POLITI

Mailing Address 1310 G STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 04 / 30 / 2008  
**Transaction ID:** C4761147  
 Amount of Each Receipt this Period: 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
BLUEPAC- BLUE CROSS BLUE SHIELD ASSOCIATION POLITI

Mailing Address 1310 G STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 05 / 13 / 2008  
**Transaction ID:** C4766626  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Bryan Cave Strategies

Mailing Address 700 13th Street N.W.  
Suite 700

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00332643

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** C4903270  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

**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: PAGE 44 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Capital One Associates Political Fund

Mailing Address 1680 Capital One Drive

City State Zip Code  
Mc Lean VA 22102

FEC ID number of contributing federal political committee. **C** C00326595

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 4 / 2 0 0 8

**Transaction ID:** C4783746

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
CAREMARK RX INC. EMPLOYEES POLITICAL ACTION COMMIT

Mailing Address 2211 Sanders Road 10th Floor

City State Zip Code  
Northbrook IL 60062

FEC ID number of contributing federal political committee. **C** C00384818

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 5 / 2 0 0 8

**Transaction ID:** C4649337

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERA

Mailing Address 1101 PENNSYLVANIA AVE. NW  
SUITE 1000

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00039305

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 3 / 2 0 0 8

**Transaction ID:** C4766627

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

**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: PAGE 45 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
CITIZENS FINANCIAL GROUP PAC

Mailing Address One Citizens Plaza 12th Floor

City Providence State RI Zip Code 02903

FEC ID number of contributing federal political committee. **C** C00307249

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** C4902928  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
CLEAR CHANNEL COMMUNICATIONS INC. POLITICAL ACTION

Mailing Address 1401 I Street NW Suite 401

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 04 / 15 / 2008  
**Transaction ID:** C4649367  
 Amount of Each Receipt this Period: 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
CME/PAC CHICAGO MERCANTILE EXCHANGE PAC

Mailing Address 20 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C** C00076299

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 06 / 25 / 2008  
**Transaction ID:** C4900612  
 Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00

**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: PAGE 46 / 120

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.**

Full Name (Last, First, Middle Initial)  
COLONIAL PROPERTIES TRUST

Mailing Address 2101 6th Avenue North Suite 750

City State Zip Code  
Birmingham AL 35203

FEC ID number of contributing federal political committee. **C** C00327668

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 15 / 2008

Transaction ID: C4649424

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
COMCAST CORP. POLITICAL ACTION COMMITTEE

Mailing Address 1500 Market Street  
35th Floor

City State Zip Code  
Philadelphia PA 19102

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8500.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 23 / 2008

Transaction ID: C4742631

Amount of Each Receipt this Period

2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL AC

Mailing Address 701 Pennsylvania Avenue NW  
Suite 750

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 27 / 2008

Transaction ID: C4902293

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**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: PAGE 47 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Delta-PAC

Mailing Address Delta Airlines  
P.O. Box 20706

City Atlanta State GA Zip Code 30320-6001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 05 / 13 / 2008  
**Transaction ID:** C4766630  
 Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Dykema Gossett

Mailing Address 201 Townsend Street  
Suite 900

City Lansing State MI Zip Code 48933

FEC ID number of contributing federal political committee. **C** C00342113

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 11 / 2008  
**Transaction ID:** C4790467  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
EBAY INC-COMMITTEE FOR RESPONSIBLE INTERNET COMMER

Mailing Address 228 S. Washington St.  
Ste. 115

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00342394

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt: 05 / 13 / 2008  
**Transaction ID:** C4766629  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**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: PAGE 48 / 120

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.**

Full Name (Last, First, Middle Initial)  
GENESEE & WYOMING INC. PAC

Mailing Address 204 North George Street Suite 230

City State Zip Code  
York PA 17401

FEC ID number of contributing federal political committee. **C** C00289058

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1560.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 01 / 2008

Transaction ID: C4761510

Amount of Each Receipt this Period

1560.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Hogan & Hartson PAC

Mailing Address 555 THIRTEENTH STREET NW 8TH FL  
WEST TOWER

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00261339

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 02 / 2008

Transaction ID: C4762124

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

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

Mailing Address 101 Constitution  
Suite 800 West

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 15 / 2008

Transaction ID: C4649372

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

3060.00

**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: PAGE 49 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL  
Mailing Address 412 First Street SE Suite 300  
City Washington State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C** C00022343  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00  
Date of Receipt: 05 / 19 / 2008  
Transaction ID: C4768426  
Amount of Each Receipt this Period: 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL  
Mailing Address 412 First Street SE Suite 300  
City Washington State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C** C00022343  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00  
Date of Receipt: 05 / 19 / 2008  
Transaction ID: C4768425  
Amount of Each Receipt this Period: 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Int'l Union of Operating Engineers  
Mailing Address 265 West 14th Street  
City New York State NY Zip Code 10011  
FEC ID number of contributing federal political committee. **C** C00029504  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 7500.00  
Date of Receipt: 06 / 25 / 2008  
Transaction ID: C4900630  
Amount of Each Receipt this Period: 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00  
**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: PAGE 50 / 120

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMM		Date of Receipt																				
	Mailing Address 1401 H STREET NW SUITE 1200		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	4		3	0		2	0	0	8													
City State Zip Code WASHINGTON DC 20005		<b>Transaction ID:</b> C4761144																					
FEC ID number of contributing federal political committee. <b>C</b> C00105981		Amount of Each Receipt this Period 2000.00																					
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMM		Date of Receipt																				
	Mailing Address 1401 H STREET NW SUITE 1200		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	4		3	0		2	0	0	8													
City State Zip Code WASHINGTON DC 20005		<b>Transaction ID:</b> C4761143																					
FEC ID number of contributing federal political committee. <b>C</b> C00105981		Amount of Each Receipt this Period 500.00																					
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) J.P. MORGAN CHASE & CO. STATE AND FEDERAL POLITICA		Date of Receipt																				
	Mailing Address 270 Park Avenue 21st Floor		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	6		1	1		2	0	0	8													
City State Zip Code New York NY 10017		<b>Transaction ID:</b> C4790474																					
FEC ID number of contributing federal political committee. <b>C</b> C00003830		Amount of Each Receipt this Period 2500.00																					
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> 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: PAGE 51 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
KPMG PARTNERS PAC  
Mailing Address PO Box 18254  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C** C00280222  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00  
Date of Receipt: 06 / 17 / 2008  
Transaction ID: C4792152  
Amount of Each Receipt this Period: 5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
KPMG PARTNERS PAC  
Mailing Address PO Box 18254  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C** C00280222  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00  
Date of Receipt: 06 / 17 / 2008  
Transaction ID: C4792151  
Amount of Each Receipt this Period: 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mason Tenders District Council PAC  
Mailing Address 266 West 37th Street Suite 1150  
City New York State NY Zip Code 10018  
FEC ID number of contributing federal political committee. **C** C00337733  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt: 04 / 23 / 2008  
Transaction ID: C4742549  
Amount of Each Receipt this Period: 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7500.00  
**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: PAGE 52 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Metropolitan Life Insurance Company

Mailing Address Employees' Political Participation  
Attn: Kate Carey

City Long Island City State NY Zip Code 11101

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt 05 / 13 / 2008  
**Transaction ID:** C4766624  
 Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 16011 NE 36TH WAY  
BOX 97017

City REDMOND State WA Zip Code 98073

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** C4903260  
 Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MORGAN STANLEY POLITICAL ACTION COMMITTEE

Mailing Address 1585 Broadway 39th Floor

City New York State NY Zip Code 10036

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt 06 / 04 / 2008  
**Transaction ID:** C4783749  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00

**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: PAGE 53 / 120

(check only one)

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

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)  
Crowley for Congress

**A.**

Full Name (Last, First, Middle Initial)  
MORGAN STANLEY POLITICAL ACTION COMMITTEE

Mailing Address 1585 Broadway 39th Floor

City State Zip Code  
New York NY 10036

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2008

Transaction ID: C4903231

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
MORTGAGE BANKERS ASSOCIATION OF AMERICA POLITICAL

Mailing Address 1919 PENNSYLVANIA AVENUE NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 05 / 2008

Transaction ID: C4785190

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
NACS POLITICAL ACTION COMMITTEE

Mailing Address 1600 Duke Street

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2008

Transaction ID: C4789804

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> 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: PAGE 54 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Apartment Association

Mailing Address 4300 Wilson Blvd  
Suite 400

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00113241

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: 06 / 11 / 2008  
**Transaction ID:** C4790464  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
National Apartment Association

Mailing Address 4300 Wilson Blvd  
Suite 400

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00113241

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: 06 / 11 / 2008  
**Transaction ID:** C4790463  
 Amount of Each Receipt this Period: 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF BROADCASTERS TELEVISION AN

Mailing Address 1771 N Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt: 06 / 11 / 2008  
**Transaction ID:** C4790472  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

**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: PAGE 55 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF BROADCASTERS TELEVISION AN  
Mailing Address 1771 N Street NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 1 / 2 0 0 8

**Transaction ID:** C4790473

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION  
Mailing Address 430 North Michigan Avenue

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 5 / 2 0 0 8

**Transaction ID:** C4900642

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Association  
Mailing Address Political Action Committee  
1100 King Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 8

**Transaction ID:** C4903530

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6000.00**

**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: PAGE 56 / 120  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Cable Television PAC

Mailing Address 25 Massachusetts Avenue NW #100

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt 06 / 04 / 2008  
**Transaction ID:** C4783755  
Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 Daingerfield Road

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 06 / 11 / 2008  
**Transaction ID:** C4790471  
Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1101 Vermont Ave NW  
American Academy of Ophthalmology

City Washington State DC Zip Code 20005-3526

FEC ID number of contributing federal political committee. **C** C00196246

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 06 / 25 / 2008  
**Transaction ID:** C4900633  
Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

**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: PAGE 57 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
OPPENHEIMERFUNDS INC. POLITICAL ACTION COMMITTEE

Mailing Address 1295 State Street

City Springfield State MA Zip Code 01111

FEC ID number of contributing federal political committee. **C** C00367920

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 05 / 19 / 2008  
**Transaction ID: C4768397**  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
OPPENHEIMERFUNDS INC. POLITICAL ACTION COMMITTEE

Mailing Address 1295 State Street

City Springfield State MA Zip Code 01111

FEC ID number of contributing federal political committee. **C** C00367920

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 05 / 19 / 2008  
**Transaction ID: C4768398**  
 Amount of Each Receipt this Period: 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
PFIZER INC. PAC

Mailing Address 235 East 42nd Street

City New York State NY Zip Code 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8141.28

Date of Receipt: 05 / 29 / 2008  
**Transaction ID: C4776287**  
 Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00

**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: PAGE 58 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Procter & Gamble

Mailing Address One Procter & Gamble Plaza

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing federal political committee. **C** C00257329

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 5 / 2 0 0 8

**Transaction ID:** C4900608

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Property Casualty Insurers

Mailing Address 2600 South River Road

City State Zip Code  
Des Plaines IL 60018

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 7 / 2 0 0 8

**Transaction ID:** C4902300

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 5300 BROKEN SOUND BLVD NW

City State Zip Code  
BOCA RATON FL 33487

FEC ID number of contributing federal political committee. **C** C00362095

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1840.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 6 / 2 0 0 8

**Transaction ID:** C4763301

Amount of Each Receipt this Period  
1840.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3840.00**

**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: PAGE 59 / 120  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 870 Winter Street

City State Zip Code  
Waltham MA 02451

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 11 / 2008

**Transaction ID:** C4790461

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Securities Industry and Financial Markets Associat

Mailing Address 1425 K Street NW  
7th Floor

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00431312

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2008

**Transaction ID:** C4766625

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Securities Industry and Financial Markets Associat

Mailing Address 1425 K Street NW  
7th Floor

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00431312

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2008

**Transaction ID:** C4783748

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

**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: PAGE 60 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Seiu C.o.p.e. Fund

Mailing Address Service Employees International Un  
1313 L Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 8

**Transaction ID:** C4761363

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Seiu C.o.p.e. Fund

Mailing Address Service Employees International Un  
1313 L Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 8

**Transaction ID:** C4761362

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Seiu C.o.p.e. Fund

Mailing Address Service Employees International Un  
1313 L Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 9 / 2 0 0 8

**Transaction ID:** C4776288

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7500.00**

**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: PAGE 61 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sierra Club Political Committee

Mailing Address 85 Second Street, 2nd Floor

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C** C70001318

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** C4909277  
 Amount of Each Receipt this Period: 10.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

\* In-Kind: Website Endorsement

**B.** Full Name (Last, First, Middle Initial)  
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMM

Mailing Address 1025 CONNECTICUT AVENUE N.W.  
SUITE 1104

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00325936

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt: 06 / 05 / 2008  
**Transaction ID:** C4785194  
 Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
SONNENSCHN NATH & ROSENTHAL LLP POLITICAL ACTION

Mailing Address 1301 K STREET NW  
SUITE 600 EAST TOWER

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00216127

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt: 06 / 04 / 2008  
**Transaction ID:** C4783753  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3510.00**

**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: PAGE 62 / 120  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
The Hartford Advocates Fund

Mailing Address HARTFORD PLAZA  
HARTFORD PLAZA

City Hartford State CT Zip Code 06115

FEC ID number of contributing federal political committee. **C** C00168864

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: MM / DD / YYYY  
06 / 11 / 2008

Transaction ID: C4790468

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
TIAA Cref

Mailing Address 1101 PENNSYLVANIA AVE NW SUITE 800

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00431361

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: MM / DD / YYYY  
04 / 23 / 2008

Transaction ID: C4742633

Amount of Each Receipt this Period: 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
TIAA Cref

Mailing Address 1101 PENNSYLVANIA AVE NW SUITE 800

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00431361

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: MM / DD / YYYY  
06 / 04 / 2008

Transaction ID: C4783797

Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

**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: PAGE 63 / 120  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Time Warner Inc. PAC

Mailing Address 75 Rockefeller Plaza

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

**Transaction ID:** C4768991

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Trans Union Political Action Committee

Mailing Address 555 WEST ADAMS ST

City State Zip Code  
CHICAGO IL 60661

FEC ID number of contributing federal political committee. **C** C00313700

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

**Transaction ID:** C4792154

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
United Pilots PAC

Mailing Address 9550 W. Higgins Rd.  
Suite 1000

City State Zip Code  
ROSEMONT IL 60018

FEC ID number of contributing federal political committee. **C** C00251009

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

**Transaction ID:** C4776293

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

**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: PAGE 64 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
UNITED STATES STEEL CORPORATION PAC

Mailing Address 600 Grant Street  
Room 685

City State Zip Code  
Pittsburgh PA 15219

FEC ID number of contributing federal political committee. **C** C00030676

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 5 / 2 0 0 8

**Transaction ID:** C4649464

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 100 West Putnam Avenue

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C** C00104851

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 9 / 2 0 0 8

**Transaction ID:** C4768424

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
WASHINGTON MUTUAL INC FINANCE POLITICAL ACTION COM

Mailing Address 1201 THIRD AVE  
WMT1706

City State Zip Code  
SEATTLE WA 98101

FEC ID number of contributing federal political committee. **C** C00347807

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 5 / 2 0 0 8

**Transaction ID:** C4900615

Amount of Each Receipt this Period  
3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6500.00**

**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: PAGE 65 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
WELLPOINT INC. WELLPAC

Mailing Address 120 Monument Circle

City Indianapolis State IN Zip Code 46204

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 05 / 21 / 2008  
**Transaction ID:** C4768992  
 Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLI

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt 04 / 30 / 2008  
**Transaction ID:** C4761091  
 Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Zurich Financial Services Group

Mailing Address 1201 F Street NW, Suite 250

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00235036

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 05 / 29 / 2008  
**Transaction ID:** C4776583  
 Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7500.00

**TOTAL** This Period (last page this line number only) ..... ► 158410.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

**A.** Full Name (Last, First, Middle Initial)  
Crime Victims Support Svcs. of the N. Bro

Mailing Address 1138 Neill Avenue

City State Zip Code  
Bronx NY 10461

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 9 / 2 0 0 8

**Transaction ID:** C4776291

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Re-Elect Annabel Palma

Mailing Address 1920 McGraw Avenue, #3G

City State Zip Code  
Bronx NY 10462

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 4 / 2 0 0 8

**Transaction ID:** C4785147

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 Washington Street  
2nd Floor Suite 200

City State Zip Code  
Laredo TX 78042

FEC ID number of contributing federal political committee. **C** C00371302

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 9 / 2 0 0 8

**Transaction ID:** C4776292

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3000.00**

**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:		PAGE 67 / 120	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) North Fork Bank		Date of Receipt																					
	Mailing Address 89-01 Queens Blvd.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		3	0		2	0	0	8														
	City State Zip Code Elmhurst NY 11373		<b>Transaction ID:</b> C4910319																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2143.96																						
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																						
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
Election Cycle-to-Date ▼		21443.47																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2143.96
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2143.96

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Ace Party & Tent Rental Mailing Address 171-27 Station Road City Flushing State NY Zip Code 11358 Purpose of Disbursement event items Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D218385 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 383.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Anzalone Mailing Address 28-27 48th Street City Astoria State NY Zip Code 11103 Purpose of Disbursement outside service/birthday cards Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D218400 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Anzalone Mailing Address 28-27 48th Street City Astoria State NY Zip Code 11103 Purpose of Disbursement outside service/birthday cards Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D218297 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	533.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.	Full Name (Last, First, Middle Initial) Robert Anzalone	Transaction ID: D218440 Date of Disbursement 06 / 27 / 2008
	Mailing Address 28-27 48th Street	Amount of Each Disbursement this Period 75.00
	City Astoria State NY Zip Code 11103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement outside service/birthday cards	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D218365 Date of Disbursement 05 / 10 / 2008
	Mailing Address P.O. Box 9001310	Amount of Each Disbursement this Period 146.47
	City Louisville State KY Zip Code 40290-1310	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D218405 Date of Disbursement 06 / 03 / 2008
	Mailing Address P.O. Box 9001310	Amount of Each Disbursement this Period 42.83
	City Louisville State KY Zip Code 40290-1310	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>264.30</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.	Full Name (Last, First, Middle Initial) Beth Jacob Miriam School	Transaction ID: D218317 Date of Disbursement 05 / 10 / 2008
	Mailing Address 2126 Barnes Avenue	Amount of Each Disbursement this Period 300.00
	City Bronx State NY Zip Code 10462	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bronx Conservative Committee	Transaction ID: D218276 Date of Disbursement 04 / 12 / 2008
	Mailing Address Margaret White, Treasurer 415 Minnieford Avenue	Amount of Each Disbursement this Period 160.00
	City Bronx State NY Zip Code 10462	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bronx Conservative Committee	Transaction ID: D218277 Date of Disbursement 04 / 12 / 2008
	Mailing Address Margaret White, Treasurer 415 Minnieford Avenue	Amount of Each Disbursement this Period 160.00
	City Bronx State NY Zip Code 10462	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement advertising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>620.00</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.

Full Name (Last, First, Middle Initial)  
Bronx Council on the Arts

Mailing Address 1738 Hone Avenue

City State Zip Code  
Bronx NY 10461

Purpose of Disbursement  
Advertising  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D218313  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Bronx Times Reporter

Mailing Address P.O. Box 905

City State Zip Code  
Bronx NY 10465

Purpose of Disbursement  
Advertising  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D218270  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Caregivers Outreach Ministry Empowerment

Mailing Address PO Box 137

City State Zip Code  
Bronx NY 10475

Purpose of Disbursement  
Donation  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D218435  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.

Full Name (Last, First, Middle Initial)  
Christian Anzalone

Mailing Address 28-27 48th Street

City Astoria State NY Zip Code 11103

Purpose of Disbursement  
outside service/birthday cards

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218401  
Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

75.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Christian Anzalone

Mailing Address 28-27 48th Street

City Astoria State NY Zip Code 11103

Purpose of Disbursement  
outside service/birthday cards

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218298  
Date of Disbursement

04 / 14 / 2008

Amount of Each Disbursement this Period

75.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Christian Anzalone

Mailing Address 28-27 48th Street

City Astoria State NY Zip Code 11103

Purpose of Disbursement  
outside service/birthday cards

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218441  
Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

75.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

225.00

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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.

Full Name (Last, First, Middle Initial)  
Church of St. Theresa

Mailing Address 2855 St. Theresa Avenue

City State Zip Code  
Bronx NY 10461

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218384  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Citibank

Mailing Address P.O. Box 8118

City State Zip Code  
South Hackensack NJ 07606-8118

Purpose of Disbursement  
bank service charges

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218754  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
City News

Mailing Address 662 Main Street

City State Zip Code  
New Rochelle NY 10801

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218279  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Complete Campaign</p> <p>Mailing Address 616 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92192</p> <p>Purpose of Disbursement on-line contribution fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D218789</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 193.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Elmcot Alumni Association, Inc.</p> <p>Mailing Address 25-69 99th Street</p> <p>City East Elmhurst State NY Zip Code 11369</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D218282</p> <p>Date of Disbursement 04 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Walter Ensor</p> <p>Mailing Address 8000 Shore Front Parkway</p> <p>City Far Rockaway State NY Zip Code 11693</p> <p>Purpose of Disbursement band</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D218304</p> <p>Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

893.13

**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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.

Full Name (Last, First, Middle Initial)  
Grace Episcopal Church

Mailing Address  
151-17 14th Road

City State Zip Code  
Queens NY 11357

Purpose of Disbursement  
Journal Ad

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218437  
Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Irish American Unity Conference

Mailing Address c/o Gretchen Bales PO Box 78 diana

City State Zip Code  
Selma IN 47383

Purpose of Disbursement  
advertising

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218442  
Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
IRS

Mailing Address UNITED STATES TREASURY  
PO BOX 416

City State Zip Code  
Newark NJ 07101-0416

Purpose of Disbursement  
payroll taxes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218755  
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

6484.80

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

6684.80

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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Jewish Voice  Mailing Address 2150 East 4th Street  City Brooklyn State NY Zip Code 11223  Purpose of Disbursement Advertising Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D218326 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 8  Amount of Each Disbursement this Period 300.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) John F. Kennedy Democratic Club  Mailing Address 73-12 35th Ave, D55  City Jackson Heights State NY Zip Code 11372  Purpose of Disbursement Advertising Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D218312 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 8  Amount of Each Disbursement this Period 100.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Annette Juriaco  Mailing Address 25-18 44 Street  City Astoria State NY Zip Code 11103  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D218431 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8  Amount of Each Disbursement this Period 1200.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1600.00</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.	Full Name (Last, First, Middle Initial) Annette Juriaco	Transaction ID: D218378 Date of Disbursement 05 / 15 / 2008
	Mailing Address 25-18 44 Street	Amount of Each Disbursement this Period 1200.00
	City Astoria State NY Zip Code 11103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Scott Kaufman	Transaction ID: D218433 Date of Disbursement 06 / 17 / 2008
	Mailing Address 84-56 Grand Avenue	Amount of Each Disbursement this Period 3000.00
	City Elmhurst State NY Zip Code 11373	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Scott Kaufman	Transaction ID: D218310 Date of Disbursement 05 / 09 / 2008
	Mailing Address 84-56 Grand Avenue	Amount of Each Disbursement this Period 3000.00
	City Elmhurst State NY Zip Code 11373	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7200.00
<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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.	Full Name (Last, First, Middle Initial) Scott Kaufman	Transaction ID: D218296 Date of Disbursement 04 / 14 / 2008
	Mailing Address 84-56 Grand Avenue	Amount of Each Disbursement this Period 3000.00
	City Elmhurst State NY Zip Code 11373	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Killean Enterprises LLC	Transaction ID: D218399 Date of Disbursement 05 / 27 / 2008
	Mailing Address 84-56 Grand Avenue Elmhurst, New Y	Amount of Each Disbursement this Period 500.00
	City Elmhurst State NY Zip Code 11373	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Killean Enterprises LLC	Transaction ID: D218373 Date of Disbursement 05 / 10 / 2008
	Mailing Address 84-56 Grand Avenue Elmhurst, New Y	Amount of Each Disbursement this Period 500.00
	City Elmhurst State NY Zip Code 11373	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4000.00
<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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) La Semana Metropolitana  Mailing Address 82-11 37th Avenue, Suite LL8  City Jackson Heights State NY Zip Code 11372  Purpose of Disbursement Advertising Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D218388 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8  Amount of Each Disbursement this Period 150.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Local 372 Scholarship Fund  Mailing Address 125 Barclay Street  City NY State NY Zip Code 10007  Purpose of Disbursement Advertising Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D218321 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 8  Amount of Each Disbursement this Period 200.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Local 812 Scholarship Fund  Mailing Address 200 Summerfield Street  City Scarsdale State NY Zip Code 10583  Purpose of Disbursement Journal Ad for Fund Dinner May 3, 2 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D218303 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 8  Amount of Each Disbursement this Period 250.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.	Full Name (Last, First, Middle Initial) <b>MASPETH CHAMBER OF COMMERCE</b> <hr/> Mailing Address <b>PO BOX 780265</b> <hr/> City <b>Maspeth</b> State <b>NY</b> Zip Code <b>11378-0265</b> Purpose of Disbursement <b>Advertising</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: D218323</b> Date of Disbursement M M / D D / Y Y Y Y <b>0 5 / 1 0 / 2 0 0 8</b> <hr/> Amount of Each Disbursement this Period _____ <b>195.00</b> _____ <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) <b>McManus Democratic Club</b> <hr/> Mailing Address <b>321 West 44th Street, 2nd Fl. New</b> <hr/> City <b>New York</b> State <b>NY</b> Zip Code <b>10036</b> Purpose of Disbursement <b>Advertising</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: D218316</b> Date of Disbursement M M / D D / Y Y Y Y <b>0 5 / 1 0 / 2 0 0 8</b> <hr/> Amount of Each Disbursement this Period _____ <b>200.00</b> _____ <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) <b>NATIONAL DEMOCRATIC CLUB</b> <hr/> Mailing Address <b>30 IVY ST SE</b> <hr/> City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-4071</b> Purpose of Disbursement <b>Food &amp; Beverage</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: D218337</b> Date of Disbursement M M / D D / Y Y Y Y <b>0 5 / 1 0 / 2 0 0 8</b> <hr/> Amount of Each Disbursement this Period _____ <b>208.75</b> _____ <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>603.75</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) NYS Employment Taxes</p> <p>Mailing Address P.O. Box 4119</p> <p>City Binghamton State NY Zip Code 13902-4119</p> <p>Purpose of Disbursement taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218311 <b>Date of Disbursement</b> 05 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 159.51</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Parkside Printing Company</p> <p>Mailing Address 21 Garden Street</p> <p>City Brooklyn State NY Zip Code 11206</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218403 <b>Date of Disbursement</b> 06 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Perkins Coie LLP</p> <p>Mailing Address 1201 Third Avenue 40th Floor shin</p> <p>City Seattle State WA Zip Code 98101-3099</p> <p>Purpose of Disbursement Consulting legal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218370 <b>Date of Disbursement</b> 05 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 187.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1097.01

**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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Perkins Coie LLP</p> <p>Mailing Address 1201 Third Avenue 40th Floor shin</p> <p>City Seattle State WA Zip Code 98101-3099</p> <p>Purpose of Disbursement Consulting legal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218371</p> <p>Date of Disbursement 05 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 225.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Perkins Coie LLP</p> <p>Mailing Address 1201 Third Avenue 40th Floor shin</p> <p>City Seattle State WA Zip Code 98101-3099</p> <p>Purpose of Disbursement Consulting legal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218406</p> <p>Date of Disbursement 06 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 210.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) QUEENS CHRONICLE</p> <p>Mailing Address 6233 WOODHAVEN BLVD PO BOX 747769</p> <p>City Rego Park State NY Zip Code 11374-7769</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218428</p> <p>Date of Disbursement 06 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>585.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>QUEENS CHRONICLE</b> <hr/> Mailing Address <b>6233 WOODHAVEN BLVD PO BOX 747769</b> <hr/> City <b>Rego Park</b> State <b>NY</b> Zip Code <b>11374-7769</b> Purpose of Disbursement <b>Advertising</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>D218327</b> Date of Disbursement M M / D D / Y Y Y Y <b>0 5 / 1 0 / 2 0 0 8</b> <hr/> Amount of Each Disbursement this Period _____ <b>150.00</b> _____ <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>Queens Jewish Community Council</b> <hr/> Mailing Address <b>119-45 Union Turnpike</b> <hr/> City <b>Forest Hills</b> State <b>NY</b> Zip Code <b>11375</b> Purpose of Disbursement <b>Advertising</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>D218379</b> Date of Disbursement M M / D D / Y Y Y Y <b>0 5 / 2 0 / 2 0 0 8</b> <hr/> Amount of Each Disbursement this Period _____ <b>100.00</b> _____ <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>QUEENS LEDGER NEWSPAPER</b> <hr/> Mailing Address <b>5551 69TH ST PO BOX 780376</b> <hr/> City <b>Maspeth</b> State <b>NY</b> Zip Code <b>11378-0376</b> Purpose of Disbursement <b>Advertising</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>D218426</b> Date of Disbursement M M / D D / Y Y Y Y <b>0 6 / 0 3 / 2 0 0 8</b> <hr/> Amount of Each Disbursement this Period _____ <b>100.00</b> _____ <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>350.00</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>QUEENS TRIBUNE</b></p> <p>Mailing Address 17415 HORACE HARDING EXPWY</p> <p>City Fresh Meadows State NY Zip Code 11365</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218389</p> <p>Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 203.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>Queens Volunteer Lawyers Project</b></p> <p>Mailing Address 90-35 148th Street</p> <p>City Jamaica State NY Zip Code 11435</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218286</p> <p>Date of Disbursement 04 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>REBNY</b></p> <p>Mailing Address Attn: Gladys Roman 570 Lexington A</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Catering reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218336</p> <p>Date of Disbursement 05 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 299.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

752.55

**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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.

Full Name (Last, First, Middle Initial)  
Retriever Payment Systems

Mailing Address 20405 State Hwy 249 Ste 700

City Houston State TX Zip Code 77070

Purpose of Disbursement  
credit card charges

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218756  
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

1162.35

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Ridgewood Democratic Club

Mailing Address 60-70 Putnam Avenue

City Ridgewood State NY Zip Code 11385

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218330  
Date of Disbursement

05 / 10 / 2008

Amount of Each Disbursement this Period

300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Sandler Travis & Rosenberg PAC (STAR PAC)

Mailing Address 1300 Pennsylvania Avenue NW Washin

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218432  
Date of Disbursement

06 / 17 / 2008

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

1712.35

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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Stop &amp; Stor</p> <p>Mailing Address 7404 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373</p> <p>Purpose of Disbursement Storage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218372</p> <p>Date of Disbursement 05 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 201.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Stop &amp; Stor</p> <p>Mailing Address 7404 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373</p> <p>Purpose of Disbursement Storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218392</p> <p>Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 186.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Survival Instinct- The Network, Inc.</p> <p>Mailing Address PO Box 566</p> <p>City Bronx State NY Zip Code 10472</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218281</p> <p>Date of Disbursement 04 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>887.00</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) The Conrad Group <hr/> Mailing Address 426 C Street NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Fundraising management Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D218306 <b>Date of Disbursement</b> 05 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 7000.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) The Conrad Group <hr/> Mailing Address 426 C Street NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Reimbursement Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D218334 <b>Date of Disbursement</b> 05 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 932.90 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) The Conrad Group <hr/> Mailing Address 426 C Street NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Fundraising Management Candidate Name <span style="float: right;">Category/Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D218398 <b>Date of Disbursement</b> 05 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 7000.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>14932.90</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.

Full Name (Last, First, Middle Initial)  
THE SERVICE

Mailing Address 4216 34TH AVE

City Long Island City State NY Zip Code 11101

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D218429  
Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
THE SERVICE

Mailing Address 4216 34TH AVE

City Long Island City State NY Zip Code 11101

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D218329  
Date of Disbursement

05 / 10 / 2008

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
THE SERVICE

Mailing Address 4216 34TH AVE

City Long Island City State NY Zip Code 11101

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D218278  
Date of Disbursement

04 / 12 / 2008

Amount of Each Disbursement this Period

155.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

655.00

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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>THE SERVICE</b></p> <p>Mailing Address 4216 34TH AVE</p> <p>City Long Island City State NY Zip Code 11101</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218267</p> <p>Date of Disbursement 04 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 225.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>Time Warner Cable</b></p> <p>Mailing Address P.O. Box 371365</p> <p>City Pittsburgh State PA Zip Code 15250</p> <p>Purpose of Disbursement Cable</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218393</p> <p>Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 92.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>Time Warner Cable</b></p> <p>Mailing Address P.O. Box 371365</p> <p>City Pittsburgh State PA Zip Code 15250</p> <p>Purpose of Disbursement Cable</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218364</p> <p>Date of Disbursement 05 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 185.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**503.68**

**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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Times Ledger</p> <p>Mailing Address Queens Publishing Corp. 41-02 Bell Boulevard, 2nd Floor</p> <p>City Bayside State NY Zip Code 11361</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D218292</p> <p>Date of Disbursement 04 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 18.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Trinity Services, Inc.</p> <p>Mailing Address 104-02 Rockaway Beach Blvd.</p> <p>City Rockaway Park State NY Zip Code 11694</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D218380</p> <p>Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Trinity Services, Inc.</p> <p>Mailing Address 104-02 Rockaway Beach Blvd.</p> <p>City Rockaway Park State NY Zip Code 11694</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D218381</p> <p>Date of Disbursement 05 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

468.50

**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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) UPS Mailing Address PO BOX 7247 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Courier Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D218367 Date of Disbursement 05 / 10 / 2008 Amount of Each Disbursement this Period 48.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) UPS Mailing Address PO BOX 7247 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Courier Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D218395 Date of Disbursement 05 / 27 / 2008 Amount of Each Disbursement this Period 130.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Varsity Calendar Mailing Address 348 North Ardmore Avenue Iinois City Villa Park State IL Zip Code 60181 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D218436 Date of Disbursement 06 / 27 / 2008 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**429.67**

**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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D218394 Date of Disbursement 05 / 27 / 2008
	Mailing Address Attn: Jackie McCrocklin PO Box 15062	Amount of Each Disbursement this Period 345.58
	City Albany State NY Zip Code 12212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D218369 Date of Disbursement 05 / 10 / 2008
	Mailing Address Attn: Jackie McCrocklin PO Box 15062	Amount of Each Disbursement this Period 973.95
	City Albany State NY Zip Code 12212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: D218366 Date of Disbursement 05 / 10 / 2008
	Mailing Address P.O. BOX 15124	Amount of Each Disbursement this Period 326.71
	City Albany State NY Zip Code 12212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1646.24
<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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. BOX 15124</p> <p>City Albany State NY Zip Code 12212</p> <p>Purpose of Disbursement Internet Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218425</p> <p>Date of Disbursement 06 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 209.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Vona &amp; Vona LLP</p> <p>Mailing Address 56-19 Metropolitan Avenue</p> <p>City Ridgewood State NY Zip Code 11385</p> <p>Purpose of Disbursement Accounting Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218368</p> <p>Date of Disbursement 05 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2175.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Westchester United Methodist Church</p> <p>Mailing Address 2547 East Tremont Avenue</p> <p>City Bronx State NY Zip Code 10461</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218391</p> <p>Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

2634.06

**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 95 / 120

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) You Go Girl Go</p> <p>Mailing Address 3448 Wilson Avenue Suite GC</p> <p>City Bronx State NY Zip Code 10469</p> <p>Purpose of Disbursement Summer Program</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218439</p> <p>Date of Disbursement 06 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Pocahontas</p> <p>Mailing Address 41-05 Newtown Rd.</p> <p>City LIC State NY Zip Code 11103</p> <p>Purpose of Disbursement Annual Dinner Dance &amp; Journal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218299</p> <p>Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 900.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 2855</p> <p>City New York State NY Zip Code 10116-2855</p> <p>Purpose of Disbursement Credit Card See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218338</p> <p>Date of Disbursement 05 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 7493.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

8893.37

**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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.

Full Name (Last, First, Middle Initial)  
Congressional Liquor

Mailing Address 404 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Beverage

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218346  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	0	8

Amount of Each Disbursement this Period

315.29
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Jerome Flowers

Mailing Address 3418 Jerome Ave New York

City Bronx State NY Zip Code

Purpose of Disbursement Flowers

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218340  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	0	8

Amount of Each Disbursement this Period

164.73
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
La Pequena Columbia

Mailing Address Jackson Heights, New York

City Jackson Heights State NY Zip Code 11372

Purpose of Disbursement Food & Beverage

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218342  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	0	8

Amount of Each Disbursement this Period

476.83
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

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

0.00
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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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.

Full Name (Last, First, Middle Initial)  
New York Botanical Garden

Mailing Address Bronx River Parkway at Fordham roa

City State Zip Code  
Bronx NY 10458

Purpose of Disbursement  
catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218344

Date of Disbursement

05 / 10 / 2008

Amount of Each Disbursement this Period

2077.55

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Profax

Mailing Address 20 Max Avenue

City State Zip Code  
Hicksville NY 11801

Purpose of Disbursement  
Faxing

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218345

Date of Disbursement

05 / 10 / 2008

Amount of Each Disbursement this Period

288.63

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
STAPLES

Mailing Address 330 Baychester Avenue

City State Zip Code  
Bronx NY 10475

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218341

Date of Disbursement

05 / 10 / 2008

Amount of Each Disbursement this Period

119.18

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.

Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS

Mailing Address PO BOX 2855

City New York State NY Zip Code 10116-2855

Purpose of Disbursement  
Credit Card See Below

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218347  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	0	8

Amount of Each Disbursement this Period

22603.29
----------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
AMTRAK

Mailing Address 60 Massachusetts Avenue NW

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel Expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218359  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	0	8

Amount of Each Disbursement this Period

146.00
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
AMTRAK

Mailing Address 60 Massachusetts Avenue NW

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel Expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218360  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	0	8

Amount of Each Disbursement this Period

271.00
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

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

22603.29
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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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 88-01 Queens Blvd New York</p> <p>City Rego Park State NY Zip Code 11373</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218354</p> <p>Date of Disbursement 05 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 99.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Costco Wholesale Supermarket</p> <p>Mailing Address 1 Industrial Lane</p> <p>City New Rochelle State NY Zip Code 10805</p> <p>Purpose of Disbursement Food &amp; Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218355</p> <p>Date of Disbursement 05 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 280.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address New York</p> <p>City Flushing State NY Zip Code 11354</p> <p>Purpose of Disbursement candidate travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218357</p> <p>Date of Disbursement 05 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1035.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

**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 100 / 120

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.

Full Name (Last, First, Middle Initial)  
FreedomPay

Mailing Address 565 E. Swedesford Road

City Wayne State PA Zip Code 19087

Purpose of Disbursement  
Food & Beverage

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218350  
Date of Disbursement

05 / 10 / 2008

Amount of Each Disbursement this Period

100.78

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
FreedomPay

Mailing Address 565 E. Swedesford Road

City Wayne State PA Zip Code 19087

Purpose of Disbursement  
Food & Beverage

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218348  
Date of Disbursement

05 / 10 / 2008

Amount of Each Disbursement this Period

170.25

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Hyatt Hotels ChesapeCambridge

Mailing Address 100 Heron Blvd.

City Cambridge State MD Zip Code 21613

Purpose of Disbursement  
Accommodations

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218349  
Date of Disbursement

05 / 10 / 2008

Amount of Each Disbursement this Period

740.18

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Macelleria</p> <p>Mailing Address 48 Gansevoort Street</p> <p>City New York State NY Zip Code 10014</p> <p>Purpose of Disbursement Food &amp; Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218356</p> <p>Date of Disbursement 05 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Macelleria</p> <p>Mailing Address 48 Gansevoort Street</p> <p>City New York State NY Zip Code 10014</p> <p>Purpose of Disbursement Food &amp; Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218363</p> <p>Date of Disbursement 05 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 7724.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) New York Racing Association</p> <p>Mailing Address PO Box 90</p> <p>City Jamaica State NY Zip Code 11417</p> <p>Purpose of Disbursement Food &amp; Beverage for fundraising event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218301</p> <p>Date of Disbursement 05 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1305.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.

Full Name (Last, First, Middle Initial)  
Regency Hotel

Mailing Address 540 Park Avenue

City New York State NY Zip Code 10065

Purpose of Disbursement  
candidate travel Accomodations

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218302  
Date of Disbursement

05 / 10 / 2008

Amount of Each Disbursement this Period

120.25

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Sappori D'Ischia

Mailing Address 55-15 37th Avenue N.Y.

City Woodside State NY Zip Code

Purpose of Disbursement  
Food & Beverage

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218351  
Date of Disbursement

05 / 10 / 2008

Amount of Each Disbursement this Period

936.76

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
STAPLES

Mailing Address 330 Baychester Avenue

City Bronx State NY Zip Code 10475

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218361  
Date of Disbursement

05 / 10 / 2008

Amount of Each Disbursement this Period

111.98

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.	Full Name (Last, First, Middle Initial) Sushi Ko	Transaction ID: D218300 Date of Disbursement 05 / 10 / 2008
	Mailing Address Wisconsin Avenue Washington D.C.	Amount of Each Disbursement this Period 1076.07
	City 2309 State WI Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Food & Beverage	<b>[MEMO ITEM]</b>
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Vintage New York	Transaction ID: D218362 Date of Disbursement 05 / 10 / 2008
	Mailing Address 482 Broome Street	Amount of Each Disbursement this Period 6300.16
	City New York State NY Zip Code 10013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Food & Beverage	<b>[MEMO ITEM]</b>
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: D218407 Date of Disbursement 06 / 03 / 2008
	Mailing Address PO BOX 2855	Amount of Each Disbursement this Period 12729.39
	City New York State NY Zip Code 10116-2855	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card See Below	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>12729.39</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.	Full Name (Last, First, Middle Initial) Bistro Bis	Transaction ID: D218415
	Mailing Address 15 E Street, N.W.	Date of Disbursement 06 / 03 / 2008
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period 973.50
	Purpose of Disbursement Food & Beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) FreedomPay	Transaction ID: D218409
	Mailing Address 565 E. Swedesford Road	Date of Disbursement 06 / 03 / 2008
	City Wayne State PA Zip Code 19087	Amount of Each Disbursement this Period 143.45
	Purpose of Disbursement Food & Beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Jerome Flowers	Transaction ID: D218412
	Mailing Address 3418 Jerome Ave New York	Date of Disbursement 06 / 03 / 2008
	City Bronx State NY Zip Code	Amount of Each Disbursement this Period 209.06
	Purpose of Disbursement Flowers	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.	Full Name (Last, First, Middle Initial) Profax	Transaction ID: D218416 Date of Disbursement 06 / 03 / 2008
	Mailing Address 20 Max Avenue	Amount of Each Disbursement this Period 102.78
	City Hicksville State NY Zip Code 11801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Faxing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Profax	Transaction ID: D218417 Date of Disbursement 06 / 03 / 2008
	Mailing Address 20 Max Avenue	Amount of Each Disbursement this Period 191.90
	City Hicksville State NY Zip Code 11801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Faxing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Profax	Transaction ID: D218418 Date of Disbursement 06 / 03 / 2008
	Mailing Address 20 Max Avenue	Amount of Each Disbursement this Period 110.55
	City Hicksville State NY Zip Code 11801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Faxing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Profax <hr/> Mailing Address 20 Max Avenue <hr/> City Hicksville State NY Zip Code 11801 <hr/> Purpose of Disbursement Faxing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D218419 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 191.90
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b>
	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) Profax <hr/> Mailing Address 20 Max Avenue <hr/> City Hicksville State NY Zip Code 11801 <hr/> Purpose of Disbursement Faxing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D218421 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 102.68
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b>
	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) Profax <hr/> Mailing Address 20 Max Avenue <hr/> City Hicksville State NY Zip Code 11801 <hr/> Purpose of Disbursement Faxing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D218422 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 191.90
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b>
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

**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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.	Full Name (Last, First, Middle Initial) Ritz-Carlton Mailing Address 15 Arlington Street City Boston State MA Zip Code 02117 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D218423 Date of Disbursement 06 / 03 / 2008 Amount of Each Disbursement this Period 180.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
B.	Full Name (Last, First, Middle Initial) Ritz-Carlton Mailing Address 15 Arlington Street City Boston State MA Zip Code 02117 Purpose of Disbursement Accomodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D218420 Date of Disbursement 06 / 03 / 2008 Amount of Each Disbursement this Period 5462.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Ritz-Carlton Mailing Address 15 Arlington Street City Boston State MA Zip Code 02117 Purpose of Disbursement Accomodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D218411 Date of Disbursement 06 / 03 / 2008 Amount of Each Disbursement this Period 247.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.

Full Name (Last, First, Middle Initial)  
Ritz-Carlton

Mailing Address 15 Arlington Street

City Boston State MA Zip Code 02117

Purpose of Disbursement  
Accommodations  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D218408  
Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

144.59

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Ritz-Carlton

Mailing Address 15 Arlington Street

City Boston State MA Zip Code 02117

Purpose of Disbursement  
Accommodations  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D218414  
Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

217.91

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
US Airways

Mailing Address 4000 East Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Airfare  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D218413  
Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

344.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[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 109 / 120

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Transaction ID: D218424  
Date of Disbursement

Mailing Address Attn: Jackie McCrocklin  
PO Box 15062

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

City Albany State NY Zip Code 12212

Amount of Each Disbursement this Period

589.53
--------

Purpose of Disbursement  
Telephone

Category/ Type
-------------------

Candidate Name

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

**[MEMO ITEM]**

State: District:

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

0.00
------

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

96728.94
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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 110 / 120

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.

Full Name (Last, First, Middle Initial)  
STARPAC

Mailing Address 1300 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Refund to PAC

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218396  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	8

Amount of Each Disbursement this Period

250.00
--------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

250.00
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TOTAL This Period (last page this line number only) ..... ►

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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.	Full Name (Last, First, Middle Initial) Bronx Democratic Trustees <hr/> Mailing Address 135 Westchester Square <hr/> City Bronx State NY Zip Code 10461 <hr/> Purpose of Disbursement contrib of excess camp funds Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D218265 Date of Disbursement 04 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Committee to Elect Margaret M. Markey <hr/> Mailing Address Charles Markey, Treasurer 53-16 69th Street <hr/> City Maspeth State NY Zip Code 11378 <hr/> Purpose of Disbursement contribution Candidate Name Committee to Elect Margaret M. Markey <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D218305 Date of Disbursement 05 / 08 / 2008 <hr/> Amount of Each Disbursement this Period 3800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Democratic Organization of Queens County <hr/> Mailing Address 72-50 Austin Street <hr/> City Forest Hills State NY Zip Code 11375 <hr/> Purpose of Disbursement Contrib HSkeeping Candidate Name Democratic Organization of Queens County <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D218376 Date of Disbursement 05 / 13 / 2008 <hr/> Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9800.00
<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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Democratic Organization of Queens County</p> <p>Mailing Address 72-50 Austin Street</p> <p>City Forest Hills State NY Zip Code 11375</p> <p>Purpose of Disbursement Contrib HSE KEEPING</p> <p>Candidate Name Democratic Organization of Queens County</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218377</p> <p>Date of Disbursement 05 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth Crowley for City Council</p> <p>Mailing Address c/o Elser Group 420 Lexington Aven</p> <p>City New York State NY Zip Code 10170</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218307</p> <p>Date of Disbursement 05 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 1375.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Gillibrand for Congress</p> <p>Mailing Address PO Box 15734</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement contrib HSE NY-20</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218444</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**6375.00**

**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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) JOE Baca for Congress</p> <p>Mailing Address 246 W. Baseline St.</p> <p>City Rialto State CA Zip Code 92376</p> <p>Purpose of Disbursement contrib HSE CA - 43</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218264</p> <p>Date of Disbursement 06 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) KIWANIS CLUB OF WOODSIDE</p> <p>Mailing Address PO BOX 330</p> <p>City Woodside State NY Zip Code 11377-0330</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218293</p> <p>Date of Disbursement 04 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Maspeth Town Hall</p> <p>Mailing Address 53-37 72nd Street New York</p> <p>City Maspeth State NY Zip Code 11378</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218314</p> <p>Date of Disbursement 05 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1350.00

**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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.

Full Name (Last, First, Middle Initial)  
Melquiades Vasquez

Mailing Address 32-30 70th Street, Apt. #28

City East Elmhurst State NY Zip Code 11370

Purpose of Disbursement  
Sound for event  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D218280  
Date of Disbursement

04 / 12 / 2008

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Mike Benedetto for State Assembly

Mailing Address 3280 Geierich Place

City Bronx State NY Zip Code 10465

Purpose of Disbursement  
contribution  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D218308  
Date of Disbursement

05 / 08 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
North Bronx Youth Sports Association

Mailing Address c/o Colville Bascom 2420 Hunter Av

City Bronx State NY Zip Code 10475

Purpose of Disbursement  
Donation  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D218283  
Date of Disbursement

04 / 12 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

1250.00

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 115 / 120

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) NY Working Families Federal Account</p> <p>Mailing Address 2-4 Nevins Street, 3rd Floor Brook</p> <p>City Brooklyn State NY Zip Code 11217</p> <p>Purpose of Disbursement contribution of excess camp funds</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218434 <b>Date of Disbursement</b> 06 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NY Working Families Federal Account</p> <p>Mailing Address 2-4 Nevins Street, 3rd Floor Brook</p> <p>City Brooklyn State NY Zip Code 11217</p> <p>Purpose of Disbursement contrib of excess camp funds</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218443 <b>Date of Disbursement</b> 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pelham Preparatory Academy</p> <p>Mailing Address 20 Astor Avenue</p> <p>City Bronx State NY Zip Code 10469</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218309 <b>Date of Disbursement</b> 05 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

15250.00

**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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pocahontas Democratic Club, Inc.</p> <p>Mailing Address 41-05 Newtown Road</p> <p>City Long Island City State NY Zip Code 11103</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218374</p> <p>Date of Disbursement 05 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 260.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Re- Elect Annabel Palma</p> <p>Mailing Address c/o Ricky Pizarro, Treasurer 1920</p> <p>City Bronx State NY Zip Code 10462</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218430</p> <p>Date of Disbursement 06 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ridgewood Democratic Club</p> <p>Mailing Address 60-70 Putnam Avenue</p> <p>City Ridgewood State NY Zip Code 11385</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D218331</p> <p>Date of Disbursement 05 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1760.00
<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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.	Full Name (Last, First, Middle Initial) Single Source Productions <hr/> Mailing Address PO Box 377 <hr/> City Bronx State NY Zip Code 10475 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D218289 Date of Disbursement 04 / 12 / 2008 <hr/> Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN <hr/> Mailing Address 1519 Washington Street 2nd Floor Suite 200 <hr/> City Laredo State TX Zip Code 78042 <hr/> Purpose of Disbursement Contribution Candidate Name TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 28	Transaction ID: D218397 Date of Disbursement 05 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) The Bronx Puerto Rican Day Parade, Inc. <hr/> Mailing Address P.O. Box 917- Hub Station 633 St. <hr/> City Bronx State NY Zip Code 10455 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D218284 Date of Disbursement 04 / 12 / 2008 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2650.00
<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)

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.	Full Name (Last, First, Middle Initial) The Parents' Association of Public School	Transaction ID: D218383 Date of Disbursement 05 / 20 / 2008
	Mailing Address 650 Baychester Avenue	Amount of Each Disbursement this Period 300.00
	City Bronx State NY Zip Code 10475	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Donation	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Truman High School	Transaction ID: D218266 Date of Disbursement 04 / 03 / 2008
	Mailing Address 750 Baychester Avenue	Amount of Each Disbursement this Period 1000.00
	City Brinx State NY Zip Code 10475	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Donation	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) United Community Civic Association	Transaction ID: D218404 Date of Disbursement 06 / 03 / 2008
	Mailing Address 22-32 81st Street	Amount of Each Disbursement this Period 100.00
	City East Elmhurst State NY Zip Code 11370	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Donation	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1400.00
<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 119 / 120

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

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NAME OF COMMITTEE (In Full)  
Crowley for Congress

A.

Full Name (Last, First, Middle Initial)  
Voices UnBroken

Mailing Address P.O. Box 342

City State Zip Code  
Bronx NY 10461

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D218386

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	8

Amount of Each Disbursement this Period

250.00
--------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

250.00

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

40085.00

Image# 28993399231

Form/Schedule: SA11AI  
Transaction ID: C4776268

Contribution divided among 60 partners with average contribution of \$16.66.

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