

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Crawford for Congress					
ADDRESS (number and street) PO Box 16956					
CITY JONESBORO		STATE AR		ZIP CODE 72403	
2. NAME OF CANDIDATE Crawford, Eric, , ,			3. OFFICE SOUGHT (State and District) House AR 01		4. FEC IDENTIFICATION NUMBER C00462374
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____					
A. FULL NAME SCHNEIDER NATIONAL INC, TRANSPAC				Name of Employer	
MAILING ADDRESS 3101 S PACKERLAND DRIVE PO BOX 1475				Date (month, day, year) 02/28/2024	
CITY GREEN BAY		STATE WI		ZIP CODE 54305-1475	
				Amount 2500.00	
B. FULL NAME AUSTIN, LISA, , MRS.,				Name of Employer	
MAILING ADDRESS 629 N RIDGEWAY DRIVE				Date (month, day, year) 02/26/2024	
CITY BLYTHEVILLE		STATE AR		ZIP CODE 72315-	
				Amount 1000.00	
C. FULL NAME CURL, FRED A, C., MRS. ,				Name of Employer	
MAILING ADDRESS 604 RIDGEWAY				Date (month, day, year) 02/26/2024	
CITY BLYTHEVILLE		STATE AR		ZIP CODE 72315-8052	
				Amount 1500.00	
D. FULL NAME HOLIFIELD, SETH, , MR.,				Name of Employer	
MAILING ADDRESS 1000 COUNTRY CLUB RD				Date (month, day, year) 02/26/2024	
CITY BLYTHEVILLE		STATE AR		ZIP CODE 72315-	
				Amount 1000.00	
E. FULL NAME HOUSEWORTH, ABBY, , MS.,				Name of Employer	
MAILING ADDRESS 1008 PARK LANE				Date (month, day, year) 02/26/2024	
CITY BLYTHEVILLE		STATE AR		ZIP CODE 72315-1254	
				Amount 1000.00	
SIGNATURE (optional) Knight, Matthew, , ,				DATE 02/28/2024	
For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov					

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 03/2016)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
HOUSEWORTH, ROBIN, , MRS., 1705 WEDGEWOOD DRIVE BLYTHEVILLE AR 72315-		Name of Employer SMITH-HOUSE, INC Transaction ID : TX15156 Occupation VICE PRESIDENT	Date (month, day, year) 02/26/2024 Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
JACKSON, BETTY, J, MS., P.O. BOX 815 PARAGOULD AR 72451-0815		Name of Employer RETIRED Transaction ID : TX15155 Occupation RETIRED	Date (month, day, year) 02/26/2024 Amount 1500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
JACQUES, MICHAEL, , MR., 618 LINDSEY STREET GOSNELL AR 72315-5606		Name of Employer SIEMENS Transaction ID : TX15153 Occupation EXECUTIVE	Date (month, day, year) 02/26/2024 Amount 1500.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
REGENOLD, EDWARD, M., MR., II P.O. BOX 70 ARMORAL AR 72310-		Name of Employer ARMOREL PLANTING COMPANY Transaction ID : TX15150 Occupation PRESIDENT	Date (month, day, year) 02/26/2024 Amount 2000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
SIERRA, VICTORIA, A., MRS., 116 N CRESCENT DRIVE BLYTHEVILLE AR 72315-		Name of Employer SIERRA GROUP ROOFING AND SOLAR Transaction ID : TX15149 Occupation VICE PRESIDENT	Date (month, day, year) 02/26/2024 Amount 1000.00

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continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE WALLACE, DAVID, , MR., P.O. BOX 11 LEACHVILLE AR 72438-		Name of Employer WALLACE RESOURCE SYSTEMS Transaction ID : TX15162 Occupation OWNER Date (month, day, year) 02/26/2024 Amount 1700.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE WALLACE, KAREN, , MRS., P.O. BOX 11 LEACHVILLE AR 72438-0011		Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Transaction ID : TX15161 Occupation INFORMATION REQUESTED PER BI Date (month, day, year) 02/26/2024 Amount 1700.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation Date (month, day, year) Amount	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation Date (month, day, year) Amount	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer Occupation Date (month, day, year) Amount	