

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2017 JUN 26 AM 7:14
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

CRAWFORD FOR CONGRESS

ADDRESS (number and street)

1135 Lakewood Street Drive

(Check if address is changed)

Lincoln

NET 685101

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

denniscrawford@gmail.com

Optional Second E-Mail Address
maxwellkellyc@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.denniscrawford.org

2. DATE

05 25 2017

3. FEC IDENTIFICATION NUMBER ▶

000550749

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

Kelly C. Maxwell

Signature of Treasurer

Kelly C. Maxwell

Date

05 25 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

NON-FEDERAL CAMPAIGN FINANCING

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Dennis P. Crawford

Candidate Party Affiliation Dem Rep Ind Other

Office Sought: House Senate President

State NE ME VT HI AK DC Other

District 1 2 3 4 5 6 7 8 9 10 11 12

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

2011-09-16 10:00:00 AM

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

KELLY, C MAXWELL

Mailing Address

1135 LAKEWOOD DRIVE

[Empty grid line for address]

LINCOLN NE 68510

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

402-219-3913

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

KELLY, C MAXWELL

Mailing Address

1135 LAKEWOOD DRIVE

[Empty grid line for address]

LINCOLN NE 68510

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

402-219-3913

2017-09-08 10:00:00 AM

Full Name of Designated Agent

[Empty grid for name]

Mailing Address

[Empty grid for address line 1]

[Empty grid for address line 2]

[Empty grid for city]

[Empty grid for state]

[Empty grid for zip code]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for title]

Telephone number

[Empty grid for telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

GREAT WESTERN BANK

Mailing Address

6945 A STREET

[Empty grid for address line 2]

LINCOLN

NE

68510

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for bank name]

Mailing Address

[Empty grid for address line 1]

[Empty grid for address line 2]

[Empty grid for city]

[Empty grid for state]

[Empty grid for zip code]

CITY

STATE

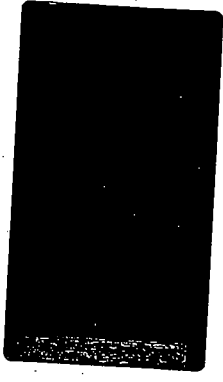
ZIP CODE

2011 001 2011 001 2011 001

COMMUNICATIONS SECTION

FORD FOR CONGRESS
LAKEWOOD DRIVE
LN NE 68510

COMMUNIA
MESSO
ELECTION '17
PM 11 L



FEDERAL ELECTION COMMISSION
999 E STREET NW
WASHINGTON DC

20463

20463-



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked <i>6/21/2017</i>	<i>6/26/2017</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER *MAP*
 (3/2015)

6/26/2017
 DATE PREPARED

2017-06-26 10:00:00 AM