

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Crowley Maritime Corporation Federal PAC**

**A. Grune, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6576 163rd Place, SE  
 City Bellevue State WA Zip Code 98006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Crowley Liner Services Inc. Occupation (for Individual) Senior VP & General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2017  
**Transaction ID : SA11AI.14668**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 Payroll Deduction

**B. Harrison, Parker, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9487 Regency Square Blvd. N.  
 City Jacksonville State FL Zip Code 32225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Crowley Maritime Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2017  
**Transaction ID : SA11AI.14669**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 Payroll Deduction

**C. Hourihan, John, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12534 Mission Hills Circle, S  
 City Jacksonville State FL Zip Code 32225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Crowley Liner Services, Inc. Occupation (for Individual) Senior Vice President & General Manag  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2017  
**Transaction ID : SA11AI.14673**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	