

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) <b>Crawford For Congress Committee</b>		2. FEC IDENTIFICATION NUMBER <b>C00288407</b>
ADDRESS(number and street) <input type="checkbox"/> Check if different than previously reported <b>206 W. Patrick St.</b>		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CITY, STATE and ZIP CODE <b>Frederick MD 21702</b>	STATE/DISTRICT <b>MD/06</b>	

## 4. TYPE OF REPORT

☐ April 15 Quarterly Report ☐ Twelfth day report preceding election on \_\_\_\_\_ in the State of \_\_\_\_\_

☒ July 15 Quarterly Report ☐ Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report (Non-election Year Only) ☐ Termination Report

This report contains activity for ☐ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>4/01/96</u> through <u>6/30/96</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) . . . . .	\$90,193.88	\$141,062.38
(b) Total Contribution Refunds (from Line 20(d)) . . . . .	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6b from 6a).	\$90,193.88	\$141,062.38
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17). . . . .	\$66,726.83	\$127,217.15
(b) Total Offsets to Operating Expenditures (from Line 14) . . . . .	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)). . . . .	\$66,726.83	\$127,217.15
8. Cash on Hand at Close of Reporting Period (from Line 27). . . . .	\$49,325.38	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) . . . . .	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) . . . . .	\$13,200.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		

Type or Print Name of Treasurer

**Brad Young**

Signature of Treasurer

*Brad Young*

Date

7/15/96

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

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FEC FORM 3  
(Q.E.D., Inc. 1/93)

**DETAILED SUMMARY PAGE  
of Receipts and Disbursements**

(Page 2, FEC FORM 3)

Name of Committee (in full) <b>Crawford For Congress Committee C00288407</b>	Report Covering the Period: From: <b>4/01/96</b> To: <b>6/30/96</b>
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	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>I. RECEIPTS</b>		
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) . . . . .	36,685.98	
(ii) Unitemized . . . . .	25,407.90	
(iii) Total of contributions from individuals . . . . .	62,093.88	86,462.38
(b) Political Party Committee . . . . .	0.00	0.00
(c) Other Political Committees (such as PACs) . . . . .	28,100.00	54,600.00
(d) The Candidate . . . . .	0.00	0.00
(e) TOTAL CONTRIBUTIONS (add 11(a)(iii), (b), (c) and (d)). . . . .	90,193.88	141,062.38
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES . . . . .	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate . . . . .	5,000.00	5,000.00
(b) All Other Loans . . . . .	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b)) . . . . .	5,000.00	5,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) . . . . .	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) . . . . .	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) . . . . .	95,193.88	146,062.38
<b>II. DISBURSEMENTS</b>		
17. OPERATING EXPENDITURES . . . . .	66,726.83	127,217.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES . . . . .	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate . . . . .	2,000.00	2,000.00
(b) Of All Other Loans . . . . .	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a), (b) and (c)). . . . .	2,000.00	2,000.00
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). . . . .	0.00	0.00
(d) TOTAL CONTRIBUTIONS REFUNDS (add 20(a), (b) and (c)). . . . .	0.00	0.00
21. OTHER DISBURSEMENTS. . . . .	0.00	0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) . . . . .	68,726.83	129,217.15

<b>III. CASH SUMMARY</b>	
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD. . . . .	\$22,858.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16). . . . .	\$95,193.88
25. SUBTOTAL (add Line 23 and Line 24) . . . . .	\$118,052.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) . . . . .	\$68,726.83
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 and 25). . . . .	\$49,325.38

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 13  
FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals**

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)

Crawford For Congress Committee C00288407

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>David M Abramson 11043 Gaither Farm Rd Ellicott City MD 21042</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Levan, Schimel, Et Al</p> <p>Occupation</p> <p>Attorney</p> <p>Aggregate Year-to-Date &gt; \$300.00</p>	<p>Date (month, day, year)</p> <p>4/18/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Janice Ambrose 6739 Deer Spring Ln Middletown MD 21769</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Ambrose and Day, Attorn At Law</p> <p>Occupation</p> <p>Attorney</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)</p> <p>6/30/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Carl Belt 13119 Quarry Ridge Rd, Sw Cumberland MD 21502</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Carl Belt Industries</p> <p>Occupation</p> <p>President</p> <p>Aggregate Year-to-Date &gt; \$450.00</p>	<p>Date (month, day, year)</p> <p>4/25/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$200.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>John Blake 12213 Wildcat Rd Myersville MD 21773</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p></p> <p>Occupation</p> <p>Retired</p> <p>Aggregate Year-to-Date &gt; \$997.00</p>	<p>Date (month, day, year)</p> <p>5/16/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Karen Blood 103 S Carroll St Frederick MD 21701</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Scorpion Systems, Inc.</p> <p>Occupation</p> <p>President</p> <p>Aggregate Year-to-Date &gt; \$350.00</p>	<p>Date (month, day, year)</p> <p>6/29/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Marc Blum Esq. 2907 Strathmore Rd Baltimore MD 21209</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Gordon, Feinblatt, Roth n, Et Al</p> <p>Occupation</p> <p></p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year)</p> <p>4/30/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$1000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Kevin E Brannon 125 W. 2Nd Street Frederick MD 21701</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Frederick Brewing Compa</p> <p>Occupation</p> <p>Owner</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)</p> <p>5/25/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$250.00</p>

SUBTOTAL of Receipts This Page (optional)

\$2,450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 13  
FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full)

**Crawford For Congress Committee C00288407**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Yolanda Bruno 112320 Ridemark Row Columbia MD 21044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Francis C. Bruno, M.D., a	4/29/96 6/30/96	\$300.00 \$250.00
	Occupation Business Manager		
	Aggregate Year-to-Date > \$550.00		
B. Full Name, Mailing Address and ZIP Code Goodloe E Byron Jr. 5346-B Ballenger Creek Pike Frederick MD 21701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Potomac Investment Co	6/12/96	\$500.00
	Occupation Broker		
	Aggregate Year-to-Date > \$700.00		
C. Full Name, Mailing Address and ZIP Code Constance R Caplan 701 Cathedral St. Baltimore MD 21201 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Times Group	4/22/96	\$250.00
	Occupation Real Estate Mgt.Dev.		
	Aggregate Year-to-Date > \$250.00		
D. Full Name, Mailing Address and ZIP Code David Carney Esq. 10715 Charter Drive Columbia MD 21044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Reese And Carney, Llp	6/27/96	\$500.00
	Occupation Attorney At Law		
	Aggregate Year-to-Date > \$500.00		
E. Full Name, Mailing Address and ZIP Code Benjamin Civiletti 1800 Mercantile B&T Bldg Baltimore MD 21201 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Venable, Baijter & Howa	4/08/96	\$100.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$350.00		
F. Full Name, Mailing Address and ZIP Code Galen Clagett 203 Grove Blvd Frederick MD 21701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Claggett Enterprises	6/30/96	\$250.00
	Occupation President		
	Aggregate Year-to-Date > \$250.00		
G. Full Name, Mailing Address and ZIP Code Daniel Clements 300 W Pratt St Suite 450 Baltimore MD 21201 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Israelson Salsbury and ements	5/01/96	\$250.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$250.00		

SUBTOTAL of Receipts This Page (optional) . . . . . \$2,400.00

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

**SCHEDULE A**

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PAGE 3 OF 13  
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NAME OF COMMITTEE (in Full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Cody P.O. Box 150 Frederick MD 21701	Rest Haven Cemetary	4/02/96 5/28/96	\$500.00 \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$900.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Paul Crawford 445 Eugenia Rd Vero Beach FL 32963		4/08/96	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph P Crawford 404 E 66th St Apt 9H New York NY 10021	Sawyer-Ferguson-Walker	6/13/96	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Account Executive	Aggregate Year-to-Date > \$100.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph P Crawford 404 E 66th St Apt 9H New York NY 10021	Sawyer-Ferguson-Walker	6/26/96	\$860.98
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Account Executive	Aggregate Year-to-Date > \$960.98	in-kind
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruth Crawford 445 Eugenia Rd Vero Beach FL 32963		4/08/96	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dilip Dalvi 211 Caves Road Owings Mills MD 21117	Practical Technology	4/28/96	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Engineer	Aggregate Year-to-Date > \$250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mammen Daniel 7315 Meadowwood Way Clarksville MD 21029	Daniel Construction	4/27/96	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Structural Engineer	Aggregate Year-to-Date > \$250.00	

SUBTOTAL of Receipts This Page (optional)

\$4,060.98

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 4 OF 13  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry T De Moll 128 W Patrick St Frederick MD 21701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation Attorney Aggregate Year-to-Date > \$250.00	6/12/96	\$250.00
B. Full Name, Mailing Address and ZIP Code Andrew O Donelson 915 Tollhouse Rd Frederick MD 21701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation Physician Aggregate Year-to-Date > \$250.00	5/16/96	\$250.00
C. Full Name, Mailing Address and ZIP Code Lawrence A Dorsey Jr. 100 N 2nd St Woodsboro MD 21798 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation Attorney Aggregate Year-to-Date > \$250.00	6/01/96	\$250.00
D. Full Name, Mailing Address and ZIP Code Jeffrey M Dreifuss 6074 Granite Knoll Columbia MD 21045 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Sentinel Title Occupation Pres. Sentinel Title Aggregate Year-to-Date > \$350.00	5/09/96	\$350.00
E. Full Name, Mailing Address and ZIP Code William Dulany 127 E Main Street Box 525 Westminster MD 21158-0525 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Dulany And Leahy Occupation Attorney Aggregate Year-to-Date > \$500.00	4/26/96	\$500.00
F. Full Name, Mailing Address and ZIP Code Merle S Elliott 13237 Fountainhead Rd Hagerstown MD 21742-2612 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Smith, Elliott, Kearns Co Occupation Accountant Aggregate Year-to-Date > \$1,000.00	6/23/96	\$1000.00
G. Full Name, Mailing Address and ZIP Code Eugene Feinblatt 233 E Redwood St Baltimore MD 21202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Gordon, Feinblatt Occupation Attorney Aggregate Year-to-Date > \$1,000.00	4/19/96	\$500.00

SUBTOTAL of Receipts This Page (optional)	\$3,100.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 5 OF 13  
FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full)

**Crawford For Congress Committee C00288407**

<b>A. Full Name, Mailing Address and ZIP Code</b> Carol B Ferry Box 657 Scarsdale NY 10583 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Name of Employer</b>  Occupation Retired Aggregate Year-to-Date > \$250.00	<b>Date (month, day, year)</b> 4/08/96	<b>Amount of Each Receipt this Period</b> \$250.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Charles O Fisher Sr. 179 E Main Street Westminster MD 21157 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Name of Employer</b> Walsh & Fisher Occupation Attorney Aggregate Year-to-Date > \$650.00	<b>Date (month, day, year)</b> 5/03/96	<b>Amount of Each Receipt this Period</b> \$500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Morton P Fungar 1650 Tysons Boulevard Suite 620 McLean VA 22102 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Name of Employer</b> Ferris Baker Watts Occupation Broker Aggregate Year-to-Date > \$750.00	<b>Date (month, day, year)</b> 5/06/96	<b>Amount of Each Receipt this Period</b> \$750.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Joan Gerring 5421 Spring Lake Way Baltimore MD 21212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Name of Employer</b> Kennedy Kruger Institut Occupation Physician Aggregate Year-to-Date > \$300.00	<b>Date (month, day, year)</b> 4/05/96 6/29/96	<b>Amount of Each Receipt this Period</b> \$50.00 \$50.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Paul H Gould 19109 Stoney Lane Hagerstown MD 21742 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Name of Employer</b> JLD Enterprises Occupation Developer Aggregate Year-to-Date > \$250.00	<b>Date (month, day, year)</b> 5/29/96	<b>Amount of Each Receipt this Period</b> \$250.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Eliot J Greenwald 6507 Landon Ln Bethesda MD 20817 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Name of Employer</b> Fisher, Wayland, Cooper eader, Occupation Attorney Aggregate Year-to-Date > \$300.00	<b>Date (month, day, year)</b> 4/15/96 6/18/96	<b>Amount of Each Receipt this Period</b> \$200.00 \$100.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Patricia B Greenwald 830 Park Avenue New York NY 10021 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Name of Employer</b>  Occupation Housewife Aggregate Year-to-Date > \$250.00	<b>Date (month, day, year)</b> 6/13/96	<b>Amount of Each Receipt this Period</b> \$250.00

SUBTOTAL of Receipts This Page (optional)	\$2,400.00
TOTAL This Period (last page this line number only)	

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 6 OF 13

FOR LINE NUMBER  
11(a)(i)

## Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sachinder Gupta 3401 Carlins Park Dr Baltimore MD 21215	Earth Engineering & Sciences Corp Occupation President	6/28/96	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sue Hecht 2498 Bear Den Rd Frederick MD 21701	Hartley House Occupation Executive Director	6/12/96	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Hirshberg 6045 Valerian Ln Rockville MD 20852	Macro International, Inc Occupation Vice President	6/25/96	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward & Susan Holton 14608 Dee Haven Ct Gaithersburg MD 20878	Community Living Occupation Executive Director	5/17/96 6/24/96	\$250.00 \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Howson 150 Funston Ave San Francisco CA 94118	Funston Properties Occupation President	4/15/96	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$150.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Howson 150 Funston Ave San Francisco CA 94118	Funston Properties Occupation President	5/16/96	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Z Humbert 403 Magnolia Ave. Frederick MD 21701	Iomega Corp Occupation Manager	6/13/96	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		

SUBTOTAL of Receipts This Page (optional)

\$3,150.00

TOTAL This Period (last page this line number only)



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 13  
FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full)

**Crawford For Congress Committee C00288407**

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Clarence E Jewell 10986 Horseshoe Dr. Frederick MD 21701</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Frederick Underwriters</p> <p>Occupation</p> <p>Senior V P</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)</p> <p>6/12/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Margaret M Kline 105 West Second Street Frederick MD 21701</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p></p> <p>Occupation</p> <p>Housewife</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)</p> <p>6/20/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Gregory P Kracher 249 E Church St Frederick MD 21701-5405</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Self</p> <p>Occupation</p> <p>Optometrist</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)</p> <p>5/22/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Robert J Kresslein 1721 Dahlgren Rd Middletown MD 21769</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Stern and Kresslein, PA</p> <p>Occupation</p> <p>Attorney</p> <p>Aggregate Year-to-Date &gt; \$525.00</p>	<p>Date (month, day, year)</p> <p>4/06/96 6/30/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$250.00 \$275.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Steven Kull 7409 Fairfax Rd Bethesda MD 20814</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>University of Maryland stem</p> <p>Occupation</p> <p>Professor</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year)</p> <p>5/16/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$600.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>J. Mitchell Lambros 304 Dixie Drive Towson MD 21204</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Lambros &amp; Lambros</p> <p>Occupation</p> <p>Attorney</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)</p> <p>5/01/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Nathan Landow 4710 Bethesda Avenue Bethesda MD 20814</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Landow And Company</p> <p>Occupation</p> <p>Developer</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year)</p> <p>6/20/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$1000.00</p>

SUBTOTAL of Receipts This Page (optional)

\$3,375.00

TOTAL This Period (last page this line number only)

# **SCHEDULE A**

## **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

### **Contributions from Individuals**

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NAME OF COMMITTEE (in Full)

**Crawford For Congress Committee C00288407**

<p><b>A. Full Name, Mailing Address and ZIP Code</b></p> <p>Andrew D Levy 3017 Fawnwood Dr Ellicott City MD 21042</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p>Brown, Goldstein &amp; Levy</p> <p><b>Occupation</b></p> <p>Attorney</p>	<p><b>Date (month, day, year)</b></p> <p>4/06/96 4/21/96</p>	<p><b>Amount of Each Receipt this Period</b></p> <p>\$250.00 \$250.00</p>
<p>Aggregate Year-to-Date &gt; \$500.00</p>			
<p><b>B. Full Name, Mailing Address and ZIP Code</b></p> <p>Frank Libman 401 Libman Dr Westminster MD 21157</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p></p> <p><b>Occupation</b></p> <p>Retired</p>	<p><b>Date (month, day, year)</b></p> <p>6/30/96</p>	<p><b>Amount of Each Receipt this Period</b></p> <p>\$500.00</p>
<p>Aggregate Year-to-Date &gt; \$1,000.00</p>			
<p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Roger Lipitz 515 Fairmont Ave Suite 900 Towson MD 21286</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p>Self</p> <p><b>Occupation</b></p> <p>Broker</p>	<p><b>Date (month, day, year)</b></p> <p>6/27/96</p>	<p><b>Amount of Each Receipt this Period</b></p> <p>\$500.00</p>
<p>Aggregate Year-to-Date &gt; \$500.00</p>			
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Edward H Lough 44 N Potomac, Ste 102 Hagerstown MD 21740</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p>Northwest Mutual Ins.</p> <p><b>Occupation</b></p> <p>District Agent</p>	<p><b>Date (month, day, year)</b></p> <p>4/25/96</p>	<p><b>Amount of Each Receipt this Period</b></p> <p>\$500.00</p>
<p>Aggregate Year-to-Date &gt; \$750.00</p>			
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Michael T Martin 131 E 69th St Apt 11-A New York NY 10021</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p>Self</p> <p><b>Occupation</b></p> <p>Investment Banker</p>	<p><b>Date (month, day, year)</b></p> <p>4/08/96 6/20/96</p>	<p><b>Amount of Each Receipt this Period</b></p> <p>\$100.00 \$900.00</p>
<p>Aggregate Year-to-Date &gt; \$1,000.00</p>			
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Arnold McGreevy 5515 Woodlyn Road Frederick MD 21701</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p>Self</p> <p><b>Occupation</b></p> <p>Dentist</p>	<p><b>Date (month, day, year)</b></p> <p>5/20/96</p>	<p><b>Amount of Each Receipt this Period</b></p> <p>\$250.00</p>
<p>Aggregate Year-to-Date &gt; \$250.00</p>			
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>James McSherry Esq. 21 East Second Street Frederick MD 21701</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p>Self</p> <p><b>Occupation</b></p> <p>Attorney</p>	<p><b>Date (month, day, year)</b></p> <p>5/20/96</p>	<p><b>Amount of Each Receipt this Period</b></p> <p>\$250.00</p>
<p>Aggregate Year-to-Date &gt; \$250.00</p>			

SUBTOTAL of Receipts This Page (optional)	\$3,500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full)

**Crawford For Congress Committee C00288407**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry Miller 12731 Maryvale Ct Ellicott City MD 21042	Center for Health Polic Study Occupation President	5/20/96	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Moehrle 256 Carroll Pky Frederick MD 21701	Moehrle Construction Occupation Owner	5/22/96	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Muldowney P.O. Box 478 Hagerstown MD 21740	Supreme Concrete Block Occupation Vice President	6/11/96	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James F Munsell Esq. 17 Round Hill Club Road Greenwich CT 06831	Cleary Gottlieb Steen H ilton Occupation Attorney	6/30/96	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Nacht 7420 Haddington Pl Bethesda MD 20817	U S Govt Occupation Dept Arms Cntl & Dis	6/05/96	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phyllis Nash 11729 Lightfall Ct Columbia MD 21044	 Occupation Retired	6/26/96	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Newby 251 E Antietam St Hagerstown MD 21740	Washington County Hospi 1 Occupation Physician	4/10/96	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		

SUBTOTAL of Receipts This Page (optional)	\$3,000.00
TOTAL This Period (Last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 10 OF 13  
FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full)

**Crawford For Congress Committee C00288407**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frances P Nyce 121 Smith Ave Westminster MD 21157 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	retired	4/15/96	\$1000.00
Aggregate Year-to-Date > \$1,100.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Kathleen Perini 14500 Byers Rd Hagerstown MD 21742 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Perini Construction	6/30/96	\$200.00
Aggregate Year-to-Date > \$800.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jose W Pincay-Delgado 15 W 43Rd Street Apt 61 New York NY 10036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Alex-Donner Entertainme	6/20/96	\$400.00
Aggregate Year-to-Date > \$400.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Albert Powell 15 Kline Boulevard Frederick MD 21701-4019 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	5/20/96	\$250.00
Aggregate Year-to-Date > \$250.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alexander Riddel 822 Dunbrooke Ct Frederick MD 21701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	retired	5/17/96	\$250.00
Aggregate Year-to-Date > \$550.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph R Robinson 25 Greenbriar Dr Summit NJ 07901 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Midmark Management Inc.	6/18/96	\$500.00
Aggregate Year-to-Date > \$500.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Felix G Rohatyn New York City NY 10028 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Lazard Freres	6/10/96	\$500.00
Aggregate Year-to-Date > \$500.00			

SUBTOTAL of Receipts This Page (optional)

\$3,100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 11 OF 13  
FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edna C Rosenstock 104 Mercer Ct Apt 11-2B Frederick MD 21701	Retired	6/14/96	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Willie Runyon 12 Brookfield Garth Lutherville MD 21093	Baltimore Ambulance & Oxygen Supply	5/09/96	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel C Schwab 1045 Bishop Walsh Rd Cumberland MD 21502	Schwab Industries	6/30/96	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1,250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sushma Sidh 295 Stoner Avenue Westminster MD 21157	self	4/27/96	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger A Smith 286 Montevue Drive Frederick MD 21702	Self	4/26/96 6/07/96	\$100.00 \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$350.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter Sondheim Jr 111 South Calvert Street Suite Baltimore MD 21230	Retired	6/01/96	\$150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julian Stein 205 Hoff Rd Union Bridge MD 21791	Retired	4/05/96	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$600.00	

SUBTOTAL of Receipts This Page (optional)

\$3,050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 12 OF 13  
FOR LINE NUMBER  
11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full)

**Crawford For Congress Committee C00288407**

<p>A. Full Name, Mailing Address and ZIP Code</p> <p><b>Ron Sundergill</b> 12 E 3rd St Frederick MD 21701</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p><b>Md Dept Of Human Resources</b></p> <p>Occupation <b>Legislative Director</b></p> <p>Aggregate Year-to-Date &gt; \$225.00</p>	<p>Date (month, day, year)</p> <p>4/07/96 5/31/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$100.00 \$100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p><b>Martha Tarutis</b> 3332 Main St Manchester MD 21102</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p><b>Longview Nursing Home</b></p> <p>Occupation <b>Owner</b></p> <p>Aggregate Year-to-Date &gt; \$400.00</p>	<p>Date (month, day, year)</p> <p>6/21/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$400.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p><b>Annie Totah</b> 11500 Highland Farm Rd Potomac MD 20854</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p><b>Quad Construction</b></p> <p>Occupation <b>Developer</b></p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)</p> <p>6/20/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p><b>Susan Tuckwell</b> 13140 Fountainhead Rd Hagerstown MD 21742</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p><b>Housewife</b></p> <p>Occupation <b>Housewife</b></p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year)</p> <p>5/01/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p><b>Jay Updike</b> 6702 Quiet Hours Columbia MD 21045</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p><b>Merrill Lynch</b></p> <p>Occupation <b>V P</b></p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)</p> <p>6/25/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p><b>Maribeth Visco</b> 117 W Patrick Street Suite 200 Frederick MD 21701</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p><b>Kline, Scott, And Visco</b></p> <p>Occupation <b>Partner</b></p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year)</p> <p>6/24/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p><b>John Waltersdorf</b> 947 The Terrace Hagerstown MD 21742</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p><b>Tri-State Electric</b></p> <p>Occupation <b>Owner</b></p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year)</p> <p>4/04/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>

SUBTOTAL of Receipts This Page (optional)	\$2,600.00
TOTAL This Period (Last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 13 OF 13  
FOR LINE NUMBER  
11(a)(i)

**Contributions from Individuals**

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)

**Crawford For Congress Committee C00288407**

A. Full Name, Mailing Address and ZIP Code  K. Don Waskom 5597 Jollie Dr Frederick MD 21701	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period  \$500.00
	Occupation		
	Aggregate Year-to-Date > \$500.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	\$500.00
TOTAL This Period (Last page this line number only)	\$36,685.98

# SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 1 OF 3  
FOR LINE NUMBER  
11(c)

### Contributions from Other Committees

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)

Crawford For Congress Committee C00288407

<b>A. Full Name, Mailing Address and ZIP Code</b> Ameripac-The Fund For A Greater America  1705 H.O.B. Washington Dc 20515 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> PAC <b>Occupation</b> PAC <b>Aggregate Year-to-Date</b> > \$1,000.00	<b>Date (month, day, year)</b> 6/27/96	<b>Amount of Each Receipt this Period</b> \$1000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Building Unions Individuals Labor  5913 Harford Rd Baltimore MD 21214 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Donation <b>Occupation</b> PAC <b>Aggregate Year-to-Date</b> > \$2,000.00	<b>Date (month, day, year)</b> 6/26/96	<b>Amount of Each Receipt this Period</b> \$1000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Citizens For C. Vernon Gray  P.O. Box 246 Columbia MD 21045 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Other <b>Occupation</b> Other <b>Aggregate Year-to-Date</b> > \$100.00	<b>Date (month, day, year)</b> 5/12/96	<b>Amount of Each Receipt this Period</b> \$100.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Committee For Cas Taylor  316 Prince George Street Cumberland MD 21502 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Other <b>Occupation</b> Other <b>Aggregate Year-to-Date</b> > \$1,000.00	<b>Date (month, day, year)</b> 5/31/96	<b>Amount of Each Receipt this Period</b> \$1000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> CWA - COPE  501 NW 3rd St Washington DC 20001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> PAC <b>Occupation</b> PAC <b>Aggregate Year-to-Date</b> > \$2,000.00	<b>Date (month, day, year)</b> 6/17/96	<b>Amount of Each Receipt this Period</b> \$1000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Drive Political Fund, International Brotherhood of Teamsters  6910 Eastern Avenue Baltimore MD 21221 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> PAC <b>Occupation</b> PAC <b>Aggregate Year-to-Date</b> > \$7,500.00	<b>Date (month, day, year)</b> 4/16/96 6/28/96	<b>Amount of Each Receipt this Period</b> \$2500.00 \$2500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> International Association of Plumbers And Pipefitters  901 Massachussetts Av.Nw Washington D.C. 20001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> PAC <b>Occupation</b> PAC <b>Aggregate Year-to-Date</b> > \$1,000.00	<b>Date (month, day, year)</b> 5/02/96	<b>Amount of Each Receipt this Period</b> \$1000.00

SUBTOTAL of Receipts This Page (optional) . . . . . \$10,100.00

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 3  
FOR LINE NUMBER 11(c)

**Contributions from Other Committees**

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)

Crawford For Congress Committee C00288407

<p>A. Full Name, Mailing Address and ZIP Code International Brotherhood Of Electrical Workers- C.O.</p> <p>1125 15Th Street, N.W. Washington DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer International Brotherhood Of Electrical Workers- C.O.</p> <p>Occupation PAC</p> <p>Aggregate Year-to-Date &gt; \$6,000.00</p>	<p>Date (month, day, year) 5/08/96</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Marylanders For Miller</p> <p>State House Annapolis MD 21401</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Marylanders For Miller</p> <p>Occupation Other</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year) 6/26/96</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Mikulski For Senate</p> <p>709 Hart Senate O. B. Washington D.C. 20510</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Mikulski For Senate</p> <p>Occupation Other</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year) 6/25/96</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Nat'l Education Ass'n PAC</p> <p>1201 16th St., NW Suite 500 Washington DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Nat'l Education Ass'n PAC</p> <p>Occupation PAC</p> <p>Aggregate Year-to-Date &gt; \$5,000.00</p>	<p>Date (month, day, year) 6/26/96</p>	<p>Amount of Each Receipt this Period \$5000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Sheet Metal Workers' International Association</p> <p>4725 Silver Hill Road Suitland MD 20746</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sheet Metal Workers' International Association</p> <p>Occupation PAC</p> <p>Aggregate Year-to-Date &gt; \$1,500.00</p>	<p>Date (month, day, year) 6/26/96</p>	<p>Amount of Each Receipt this Period \$1500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code The National Committee For An Effective Congress</p> <p>122 C Street NW Suite 650 Washington D.C. 20001</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The National Committee For An Effective Congress</p> <p>Occupation PAC</p> <p>Aggregate Year-to-Date &gt; \$2,500.00</p>	<p>Date (month, day, year) 6/25/96</p>	<p>Amount of Each Receipt this Period \$2500.00 in-kind</p>
<p>G. Full Name, Mailing Address and ZIP Code Union Of Needletrades, Industrial</p> <p>1505 Eutaw Place Baltimore MD 21217</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Union Of Needletrades, Industrial And Textile Emp Cope</p> <p>Occupation PAC</p> <p>Aggregate Year-to-Date &gt; \$1,000.00</p>	<p>Date (month, day, year) 4/10/96 6/13/96</p>	<p>Amount of Each Receipt this Period \$500.00 \$500.00</p>

SUBTOTAL of Receipts This Page (optional)	\$13,000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER 11(c)

**Contributions from Other Committees**

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)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code United Food & Commercial Workers	Name of Employer Intl Union, AFL-CIO/	Date (month, day, year) 6/25/96	Amount of Each Receipt this Period \$5000.00
21 West Road Baltimore MD 21204	Occupation Other		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$10,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	\$5,000.00
TOTAL This Period (last page this line number only)	\$28,100.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 13(a)

**Loans made/guaranteed by the Candidate**

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)

Crawford For Congress Committee C00288407

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Stephen Crawford 7409 Hilltop Dr Frederick MD 21702</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Univ. Of Maryland</p> <p>Occupation</p> <p>Professor</p> <p>Aggregate Year-to-Date &gt; \$5,000.00</p>	<p>Date (month, day, year)</p> <p>6/30/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$5000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)	\$5,000.00
TOTAL This Period (Last page this line number only)	\$5,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1	OF 9
FOR LINE NUMBER 17	

**Operating Expenditures**

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)

**Crawford For Congress Committee C00288407**

A. Full Name, Mailing Address and ZIP Code Joseph P Crawford 404 E 66th St Apt 9H New York NY 10021	Purpose of Disbursement New York F R	Date (month, day, year) 6/26/96	Amount of Each Disbursement This Period \$860.98 in-kind received
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
B. Full Name, Mailing Address and ZIP Code The National Committee Fo 122 C Street NW Suite 650 Washington D.C. 20001	Purpose of Disbursement	Date (month, day, year) 6/25/96	Amount of Each Disbursement This Period \$2500.00 in-kind received
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code Bell Atlantic P.O. Box 27783 Richmond VA 23272-7783	Purpose of Disbursement telephone bill	Date (month, day, year) 4/01/96	Amount of Each Disbursement This Period \$50.99
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/01/96	\$1029.29
D. Full Name, Mailing Address and ZIP Code Bell Atlantic P.O. Box 27783 Richmond VA 23272-7783	Purpose of Disbursement telephone bills	Date (month, day, year) 5/08/96	Amount of Each Disbursement This Period \$573.67
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code Bell Atlantic P.O. Box 27783 Richmond VA 23272-7783	Purpose of Disbursement phone bills	Date (month, day, year) 5/08/96	Amount of Each Disbursement This Period \$26.03
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code Bell Atlantic P.O. Box 27783 Richmond VA 23272-7783	Purpose of Disbursement telephone bills	Date (month, day, year) 6/10/96	Amount of Each Disbursement This Period \$468.91
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code Bell Atlantic P.O. Box 27783 Richmond VA 23272-7783	Purpose of Disbursement phone bills	Date (month, day, year) 6/14/96	Amount of Each Disbursement This Period \$10.78
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code US Postal Service  Frederick MD 21701	Purpose of Disbursement Postage	Date (month, day, year) 4/01/96	Amount of Each Disbursement This Period \$320.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/01/96	\$85.00
I. Full Name, Mailing Address and ZIP Code US Postal Service  Frederick MD 21701	Purpose of Disbursement postage	Date (month, day, year) 4/18/96	Amount of Each Disbursement This Period \$70.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/18/96 4/29/96	\$80.60 \$96.00

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

**\$6,172.25**

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 9  
FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

**Crawford For Congress Committee C00288407**

A. Full Name, Mailing Address and ZIP Code <b>US Postal Service</b>  <b>Frederick MD 21701</b>	Purpose of Disbursement <b>postage</b>	Date (month, day, year) <b>5/18/96</b>	Amount of Each Disbursement This Period <b>\$640.00</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<b>6/03/96</b>	<b>\$640.00</b>
	Other (specify):	<b>6/24/96</b>	<b>\$254.85</b>
B. Full Name, Mailing Address and ZIP Code <b>Tri State Printing</b> <b>120 Bester St</b> <b>Hagerstown MD 21740</b>	Purpose of Disbursement <b>Stationery</b>	Date (month, day, year) <b>4/11/96</b>	Amount of Each Disbursement This Period <b>\$889.35</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other (specify):		
C. Full Name, Mailing Address and ZIP Code <b>Tri State Printing</b> <b>120 Bester St</b> <b>Hagerstown MD 21740</b>	Purpose of Disbursement <b>stationery</b>	Date (month, day, year) <b>4/24/96</b>	Amount of Each Disbursement This Period <b>\$92.78</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<b>5/08/96</b>	<b>\$121.80</b>
	Other (specify):	<b>5/13/96</b>	<b>\$99.82</b>
D. Full Name, Mailing Address and ZIP Code <b>Tri State Printing</b> <b>120 Bester St</b> <b>Hagerstown MD 21740</b>	Purpose of Disbursement <b>printing- invitations</b>	Date (month, day, year) <b>5/22/96</b>	Amount of Each Disbursement This Period <b>\$487.20</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other (specify):		
E. Full Name, Mailing Address and ZIP Code <b>Potomac Edison</b> <b>421 E Patrick St</b> <b>Frederick MD 21701</b>	Purpose of Disbursement <b>utilities</b>	Date (month, day, year) <b>4/24/96</b>	Amount of Each Disbursement This Period <b>\$274.20</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other (specify):		
F. Full Name, Mailing Address and ZIP Code <b>Stephen Crawford</b> <b>7409 Hilltop Dr.</b> <b>Frederick MD 21702</b>	Purpose of Disbursement <b>reimb: phone bill</b>	Date (month, day, year) <b>5/08/96</b>	Amount of Each Disbursement This Period <b>\$254.68</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other (specify):		
G. Full Name, Mailing Address and ZIP Code <b>Comptroller Treasury</b> <b>110 Carroll St</b> <b>Annapolis MD 21411-0001</b>	Purpose of Disbursement <b>payroll taxes</b>	Date (month, day, year) <b>4/15/96</b>	Amount of Each Disbursement This Period <b>\$341.75</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	<b>4/29/96</b>	<b>\$570.14</b>
	Other (specify):		
H. Full Name, Mailing Address and ZIP Code <b>Colleen Martin-Lauer</b> <b>7003 Dogwood Rd.</b> <b>Baltimore MD 21244</b>	Purpose of Disbursement <b>consulting fees</b>	Date (month, day, year) <b>4/01/96</b>	Amount of Each Disbursement This Period <b>\$2200.00</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other (specify):		
I. Full Name, Mailing Address and ZIP Code <b>Colleen Martin-Lauer</b> <b>7003 Dogwood Rd.</b> <b>Baltimore MD 21244</b>	Purpose of Disbursement <b>consulting fees, reimb</b>	Date (month, day, year) <b>5/02/96</b>	Amount of Each Disbursement This Period <b>\$2815.20</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other (specify):		

SUBTOTAL of Disbursements This Page (optional)

**\$9,681.77**

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 9  
FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code Colleen Martin-Lauer 7003 Dogwood Rd. Baltimore MD 21244	Purpose of Disbursement consulting fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 6/14/96	Amount of Each Disbursement This Period \$2200.00
B. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 4/01/96	Amount of Each Disbursement This Period \$478.83
C. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement reimb: stationery Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 4/01/96	Amount of Each Disbursement This Period \$64.00
D. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 4/14/96	Amount of Each Disbursement This Period \$478.83
E. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement reimb: office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 4/24/96	Amount of Each Disbursement This Period \$59.00
F. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 5/01/96	Amount of Each Disbursement This Period \$478.83
G. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement reimb: supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 5/01/96	Amount of Each Disbursement This Period \$6.82
H. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement reimb: office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 5/08/96	Amount of Each Disbursement This Period \$49.21
I. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 5/15/96	Amount of Each Disbursement This Period \$478.83

SUBTOTAL of Disbursements This Page (optional)

\$4,294.35

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 9  
FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

**Crawford For Congress Committee C00288407**

A. Full Name, Mailing Address and ZIP Code Colleen Martin-Lauer 7003 Dogwood Rd. Baltimore MD 21244	Purpose of Disbursement consulting fees	Date (month, day, year) 6/14/96	Amount of Each Disbursement This Period \$2200.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
B. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement Payroll	Date (month, day, year) 4/01/96	Amount of Each Disbursement This Period \$478.83
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement reimb: stationery	Date (month, day, year) 4/01/96	Amount of Each Disbursement This Period \$64.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement Payroll	Date (month, day, year) 4/14/96	Amount of Each Disbursement This Period \$478.83
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement reimb: office supplies	Date (month, day, year) 4/24/96	Amount of Each Disbursement This Period \$59.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement payroll	Date (month, day, year) 5/01/96	Amount of Each Disbursement This Period \$478.83
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement reimb: supplies	Date (month, day, year) 5/01/96	Amount of Each Disbursement This Period \$6.82
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement reimb: office supplies	Date (month, day, year) 5/08/96	Amount of Each Disbursement This Period \$49.21
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code Michael O'Connell 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement payroll	Date (month, day, year) 5/15/96	Amount of Each Disbursement This Period \$478.83
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional) . . . . . \$4,294.35

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

**Crawford For Congress Committee C00288407**

A. Full Name, Mailing Address and ZIP Code <b>Michael O'Connell</b> 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement <b>reimb: office supplies</b>	Date (month, day, year) <b>5/24/96</b>	Amount of Each Disbursement This Period <b>\$94.98</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
B. Full Name, Mailing Address and ZIP Code <b>Michael O'Connell</b> 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement <b>payroll</b>	Date (month, day, year) <b>5/31/96</b>	Amount of Each Disbursement This Period <b>\$478.83</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code <b>Michael O'Connell</b> 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement <b>reimb: office supplies</b>	Date (month, day, year) <b>6/04/96</b>	Amount of Each Disbursement This Period <b>\$33.60</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code <b>Michael O'Connell</b> 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement <b>payroll</b>	Date (month, day, year) <b>6/14/96</b>	Amount of Each Disbursement This Period <b>\$478.83</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code <b>Michael O'Connell</b> 11719 Mockingbird Ln. Hagerstown MD 21742	Purpose of Disbursement <b>reimb: supplies</b>	Date (month, day, year) <b>6/24/96</b> <b>6/24/96</b>	Amount of Each Disbursement This Period <b>\$68.78</b> <b>\$8.00</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code <b>James Inzeo</b> 430 Ridge Rd Greenbelt MD 20770	Purpose of Disbursement <b>Payroll</b>	Date (month, day, year) <b>4/01/96</b> <b>4/14/96</b>	Amount of Each Disbursement This Period <b>\$750.00</b> <b>\$750.00</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code <b>James Inzeo</b> 430 Ridge Rd Greenbelt MD 20770	Purpose of Disbursement <b>payroll</b>	Date (month, day, year) <b>5/01/96</b> <b>5/15/96</b> <b>5/31/96</b>	Amount of Each Disbursement This Period <b>\$750.00</b> <b>\$750.00</b> <b>\$750.00</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code <b>James Inzeo</b> 430 Ridge Rd Greenbelt MD 20770	Purpose of Disbursement <b>payroll</b>	Date (month, day, year) <b>6/14/96</b>	Amount of Each Disbursement This Period <b>\$750.00</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code <b>PageNet</b> 9658 Baltimore Ave College Park MD 20740	Purpose of Disbursement <b>Pagers</b>	Date (month, day, year) <b>4/04/96</b>	Amount of Each Disbursement This Period <b>\$48.98</b>
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional) . . . . . **\$5,712.00**

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

**Crawford For Congress Committee C00288407**

A. Full Name, Mailing Address and ZIP Code PageNet 9658 Baltimore Ave College Park MD 20740	Purpose of Disbursement pagers	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/08/96	\$48.98
B. Full Name, Mailing Address and ZIP Code Cellular One 580 Northern Ave Hagerstown MD 21742	Purpose of Disbursement Cellular Phone Bill	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/05/96	\$374.85
C. Full Name, Mailing Address and ZIP Code Cellular One 580 Northern Ave Hagerstown MD 21742	Purpose of Disbursement cellular phone	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/08/96	\$176.29
D. Full Name, Mailing Address and ZIP Code Adam Kane 1013 Columbine Dr. Apt 1 Frederick MD 21701	Purpose of Disbursement Payroll	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/01/96	\$763.01
E. Full Name, Mailing Address and ZIP Code Adam Kane 1013 Columbine Dr. Apt 1 Frederick MD 21701	Purpose of Disbursement reimb: office supplies	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/01/96 4/05/96	\$101.60 \$37.30
F. Full Name, Mailing Address and ZIP Code Adam Kane 1013 Columbine Dr. Apt 1 Frederick MD 21701	Purpose of Disbursement reimb: supplies	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/11/96	\$9.00
G. Full Name, Mailing Address and ZIP Code Adam Kane 1013 Columbine Dr. Apt 1 Frederick MD 21701	Purpose of Disbursement Payroll	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/14/96	\$763.01
H. Full Name, Mailing Address and ZIP Code Adam Kane 1013 Columbine Dr. Apt 1 Frederick MD 21701	Purpose of Disbursement reimb: supplies	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/15/96	\$13.12
I. Full Name, Mailing Address and ZIP Code Adam Kane 1013 Columbine Dr. Apt 1 Frederick MD 21701	Purpose of Disbursement reimb: office supplies	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/19/96	\$74.41

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

\$2,361.57

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (in full)

**Crawford For Congress Committee C00288407**

<b>A. Full Name, Mailing Address and ZIP Code</b> Adam Kane 1013 Columbine Dr. Apt 1 Frederick MD 21701	<b>Purpose of Disbursement</b> reimb: expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	<b>Date (month, day, year)</b> 4/29/96	<b>Amount of Each Disbursement This Period</b> \$300.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Adam Kane 1013 Columbine Dr. Apt 1 Frederick MD 21701	<b>Purpose of Disbursement</b> reimb: office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	<b>Date (month, day, year)</b> 4/29/96	<b>Amount of Each Disbursement This Period</b> \$26.32
<b>C. Full Name, Mailing Address and ZIP Code</b> Adam Kane 1013 Columbine Dr. Apt 1 Frederick MD 21701	<b>Purpose of Disbursement</b> payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	<b>Date (month, day, year)</b> 5/01/96 5/15/96	<b>Amount of Each Disbursement This Period</b> \$763.01 \$763.01
<b>D. Full Name, Mailing Address and ZIP Code</b> Adam Kane 1013 Columbine Dr. Apt 1 Frederick MD 21701	<b>Purpose of Disbursement</b> reimb: supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	<b>Date (month, day, year)</b> 5/24/96	<b>Amount of Each Disbursement This Period</b> \$172.94
<b>E. Full Name, Mailing Address and ZIP Code</b> Adam Kane 1013 Columbine Dr. Apt 1 Frederick MD 21701	<b>Purpose of Disbursement</b> payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	<b>Date (month, day, year)</b> 5/31/96 6/14/96	<b>Amount of Each Disbursement This Period</b> \$763.01 \$763.01
<b>F. Full Name, Mailing Address and ZIP Code</b> F & M National Bank PO Box 518 Frederick MD 21705	<b>Purpose of Disbursement</b> Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	<b>Date (month, day, year)</b> 4/14/96	<b>Amount of Each Disbursement This Period</b> \$2057.60
<b>G. Full Name, Mailing Address and ZIP Code</b> F & M National Bank PO Box 518 Frederick MD 21705	<b>Purpose of Disbursement</b> payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	<b>Date (month, day, year)</b> 5/13/96 6/14/96	<b>Amount of Each Disbursement This Period</b> \$2057.60 \$2057.60
<b>H. Full Name, Mailing Address and ZIP Code</b> Mike Cady, Inc. 226 N Market St Frederick MD 21701	<b>Purpose of Disbursement</b> computer monitor Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	<b>Date (month, day, year)</b> 5/29/96	<b>Amount of Each Disbursement This Period</b> \$272.50
<b>I. Full Name, Mailing Address and ZIP Code</b> Alec Kohut 2918 Adams Pl Falls Church VA 22042	<b>Purpose of Disbursement</b> Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	<b>Date (month, day, year)</b> 4/01/96 4/14/96	<b>Amount of Each Disbursement This Period</b> \$1116.25 \$1116.25

SUBTOTAL of Disbursements This Page (optional) . . . . . \$12,229.10

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

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 9

FOR LINE NUMBER 17

## Operating Expenditures

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NAME OF COMMITTEE (in Full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code Alec Kohut 2918 Adams Pl Falls Church VA 22042	Purpose of Disbursement reimb: office supplies	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/24/96	\$20.00
B. Full Name, Mailing Address and ZIP Code Alec Kohut 2918 Adams Pl Falls Church VA 22042	Purpose of Disbursement payroll	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/01/96 5/15/96	\$1116.25 \$1116.25
C. Full Name, Mailing Address and ZIP Code Alec Kohut 2918 Adams Pl Falls Church VA 22042	Purpose of Disbursement reimb: supplies	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/17/96	\$33.97
D. Full Name, Mailing Address and ZIP Code Alec Kohut 2918 Adams Pl Falls Church VA 22042	Purpose of Disbursement reimb: expenses	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/24/96	\$87.29
E. Full Name, Mailing Address and ZIP Code Alec Kohut 2918 Adams Pl Falls Church VA 22042	Purpose of Disbursement payroll	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/31/96 6/14/96	\$1116.25 \$500.00
F. Full Name, Mailing Address and ZIP Code Alec Kohut 2918 Adams Pl Falls Church VA 22042	Purpose of Disbursement reimb: supplies	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/24/96	\$145.23
G. Full Name, Mailing Address and ZIP Code Alex Goranin Harford Hall College Park MD 20701	Purpose of Disbursement reimb: printing exp	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/10/96	\$69.09
H. Full Name, Mailing Address and ZIP Code Alex Goranin Harford Hall College Park MD 20701	Purpose of Disbursement payroll	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/17/96	\$177.76
I. Full Name, Mailing Address and ZIP Code MCSSR 6 Grant Ave Takoma Park MD 20912	Purpose of Disbursement Consulting Fees	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/15/96	\$3071.14

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

\$7,453.23

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

**Crawford For Congress Committee C00288407**

A. Full Name, Mailing Address and ZIP Code MCSSR 6 Grant Ave Takoma Park MD 20912	Purpose of Disbursement consulting fees	Date (month, day, year) 5/22/96	Amount of Each Disbursement This Period \$1500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/14/96	\$1500.00
B. Full Name, Mailing Address and ZIP Code Community Living 431 Carrollton Dr Frederick MD 21701	Purpose of Disbursement office rent	Date (month, day, year) 4/01/96	Amount of Each Disbursement This Period \$750.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code Community Living 431 Carrollton Dr Frederick MD 21701	Purpose of Disbursement rent	Date (month, day, year) 5/02/96	Amount of Each Disbursement This Period \$750.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/14/96	\$750.00
D. Full Name, Mailing Address and ZIP Code Decision Research 322 Massachusetts Ave, Ne Washington DC 20002	Purpose of Disbursement Polling Fees	Date (month, day, year) 4/19/96	Amount of Each Disbursement This Period \$6900.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code Decision Research 322 Massachusetts Ave, Ne Washington DC 20002	Purpose of Disbursement polling	Date (month, day, year) 5/29/96	Amount of Each Disbursement This Period \$3000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code At & T PO Box 371430 Pittsburgh PA 15250	Purpose of Disbursement phone bill	Date (month, day, year) 4/11/96	Amount of Each Disbursement This Period \$404.26
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code At & T PO Box 371430 Pittsburgh PA 15250	Purpose of Disbursement phone bills	Date (month, day, year) 5/08/96	Amount of Each Disbursement This Period \$272.19
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code At & T PO Box 371430 Pittsburgh PA 15250	Purpose of Disbursement telephone bills	Date (month, day, year) 6/14/96	Amount of Each Disbursement This Period \$443.12
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code H & W Printing 3616 Oak Lane Mt Rainier MD 20712	Purpose of Disbursement printing invitation	Date (month, day, year) 4/15/96	Amount of Each Disbursement This Period \$1056.55
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional) . . . . . \$17,326.12

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

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 9

FOR LINE NUMBER 17

## Operating Expenditures

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)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H & W Printing 3616 Oak Lane Mt Rainier MD 20712	printing- invitations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	4/15/96	\$496.05
B. Full Name, Mailing Address and ZIP Code Silo Factory 257 E Sixth St Frederick MD 21701	room rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/24/96	\$150.00
C. Full Name, Mailing Address and ZIP Code Silo Factory 257 E Sixth St Frederick MD 21701	room rent- fund raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/10/96	\$150.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

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

\$796.05

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

\$66,026.44

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER  
19(a)

**Repayments of Loans Made/Guaranteed by Candidate**

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)

**Crawford For Congress Committee C00288407**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stephen Crawford 7409 Hilltop Dr. Frederick MD 21702	loan repayment	4/05/96	\$1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/02/96	\$1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional) . . . . .	\$2,000.00
TOTAL This Period (last page this line number only) . . . . .	\$2,000.00

**SCHEDULE C**

(G.E.D., Incorporated 1/93)

**LOANS**Page 1 of 2 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

Name of Committee (in Full) Crawford For Congress Committee C00288407			
A. Full Name, Mailing Address and Zip Code of Loan Source Stephen Crawford 7409 Hilltop Dr Frederick MD 21702	Original Amount of Loan \$1,700.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of Period \$1,700.00
Election: <input checked="" type="checkbox"/> Primary    General    Other (specify):			
Terms:    Date Incurred <u>4/01/94</u> Date Due <u>9/01/94</u> Interest Rate <u>4.00</u> %(apr)    Secured			
List All Endorsers or Gurantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amt. Guaranteed Outstanding:		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amt. Guaranteed Outstanding:		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amt. Guaranteed Outstanding:		
B. Full Name, Mailing Address and ZIP Code of Loan Source Stephen Crawford 7409 Hilltop Dr Frederick MD 21702	Original Amount of Loan \$1,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of Period \$1,000.00
Election: <input checked="" type="checkbox"/> Primary    General    Other (specify):			
Terms:    Date Incurred <u>6/18/94</u> Date Due <u>9/15/94</u> Interest Rate <u>4.00</u> %(apr)    Secured			
List All Endorsers or Gurantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amt. Guaranteed Outstanding:		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amt. Guaranteed Outstanding:		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amt. Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional) . . . . .			\$2,700.00
TOTALS This Period (last page in this line only) . . . . .			

**SCHEDULE C**  
(Q.E.D., Incorporated 1/93)

**LOANS**

Page 2 of 2 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

Name of Committee (in Full) Crawford For Congress Committee C00288407			
A. Full Name, Mailing Address and Zip Code of Loan Source Stephen Crawford 7409 Hilltop Dr. Frederick MD 21702	Original Amount of Loan \$7,500.00	Cumulative Payment To Date \$2,000.00	Balance Outstanding at Close of Period \$5,500.00
Election: <input checked="" type="checkbox"/> Primary    General    Other (specify):			
Terms:    Date Incurred <u>12/30/95</u> Date Due <u>5/30/96</u> Interest Rate <u>0.00</u> %(apr)    Secured			
List All Endorsers or Gurantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amt. Guaranteed Outstanding:		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amt. Guaranteed Outstanding:		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amt. Guaranteed Outstanding:		
B. Full Name, Mailing Address and ZIP Code of Loan Source Stephen Crawford 7409 Hilltop Dr Frederick MD 21702	Original Amount of Loan \$5,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of Period \$5,000.00
Election:    Primary <input checked="" type="checkbox"/> General    Other (specify):			
Terms:    Date Incurred <u>6/30/96</u> Date Due <u>9/30/96</u> Interest Rate <u>0.00</u> %(apr)    Secured			
List All Endorsers or Gurantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amt. Guaranteed Outstanding:		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amt. Guaranteed Outstanding:		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amt. Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional) . . . . .			\$10,500.00
TOTALS This Period (Last page in this line only). . . . .			\$13,200



**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE**  
**FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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and Registration

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Records

DATE OF RECEIPT

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Other (Specify):

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and/or DATE OF RECEIPT

J.A.Q.

PREPARER

7/15/96

DATE PREPARED