

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.  12FE4M5  
Crowley for Congress

ADDRESS (number and street) 700 13th Street, NW  
Suite 600  
 Check if different than previously reported. (ACC)  
Washington DC 20005  
CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼  C C00338954  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
STATE ▼ DISTRICT  
 NY  14

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  M M /  D D /  Y Y Y Y in the State of   
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  M M /  D D /  Y Y Y Y in the State of

5. Covering Period  M M /  D D /  Y Y Y Y through  M M /  D D /  Y Y Y Y  
01 / 01 / 2019 through 03 / 31 / 2019

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 Kaufman, Scott, G., ,  
Signature of Treasurer Kaufman, Scott, G., , [Electronically Filed] Date  M M /  D D /  Y Y Y Y  
04 / 15 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**Crowley for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	977.79	76022.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	5870.75	6483.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	- 4892.96	69538.84
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	13672.31	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	27070.08	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**Crowley for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	1791373.51
(ii) Unitemized .....	0.00	62533.66
(iii) TOTAL of contributions from individuals .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	9.06
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	5870.75	6483.68
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	14423.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	5870.75	20915.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 48

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	977.79	76022.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	- 3950.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	977.79	72072.52

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8779.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5870.75
25. SUBTOTAL (add Line 23 and Line 24).....	14650.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	977.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13672.31

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 48
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**United Financial Casualty Company**

Mailing Address PO Box 105428

City Atlanta	State GA	Zip Code 30348-5428
-----------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5009.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 23 / 2019

**Transaction ID : C10995954**

Amount of Each Receipt this Period  
5009.00

Memo Item

Refund

**B.** Full Name (Last, First, Middle Initial)  
**New York State Insurance Fund**

Mailing Address PO Box 5239

City New York	State NY	Zip Code 10008-5239
------------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
914.62

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 18 / 2019

**Transaction ID : C10995955**

Amount of Each Receipt this Period  
856.32

Memo Item

Refund

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	5865.32
<b>TOTAL</b> This Period (last page this line number only)..... ▶	5865.32

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 48			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Engineers Charitable Trust</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 1125 17th Street nw			FEC Identification Number C		
City Washington	State DC	Zip Code 20036	Amount of Each Disbursement this Period - 300.00		
Purpose of Disbursement Void of 2/17 Disbursement		Category/ Type	Transaction ID : D559152		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. NGP VAN, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2019		
Mailing Address PO Box 392264			FEC Identification Number C		
City Pittsburgh	State PA	Zip Code 15251	Amount of Each Disbursement this Period 1650.00		
Purpose of Disbursement Database & Website Services		Category/ Type	Transaction ID : D559162		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Amalgamated Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2019		
Mailing Address 275 Seventh Avenue			FEC Identification Number C		
City New York	State NY	Zip Code 10001	Amount of Each Disbursement this Period 30.42		
Purpose of Disbursement Bank Fee		Category/ Type	Transaction ID : D558525		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1380.42
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 48			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amalgamated Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2019
Mailing Address 275 Seventh Avenue		FEC Identification Number C
City New York	State NY	Zip Code 10001
Purpose of Disbursement Bank Fee		Amount of Each Disbursement this Period 46.25
Candidate Name	Category/ Type	Transaction ID : D558526
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Maspeth Town Hall Community Center</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 53-37 72nd Street		FEC Identification Number C
City Maspeth	State NY	Zip Code 11378
Purpose of Disbursement Void of 9/17 Disbursement		Amount of Each Disbursement this Period - 145.00
Candidate Name	Category/ Type	Transaction ID : D559156
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Maspeth Town Hall Community Center</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 53-37 72nd Street		FEC Identification Number C
City Maspeth	State NY	Zip Code 11378
Purpose of Disbursement Void 10/17 Disbursement		Amount of Each Disbursement this Period - 125.00
Candidate Name	Category/ Type	Transaction ID : D559158
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 223.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 48	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amalgamated Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2019
Mailing Address 275 Seventh Avenue		FEC Identification Number C
City New York	State NY	Zip Code 10001
Purpose of Disbursement Bank Fee		Amount of Each Disbursement this Period 32.79
Candidate Name		Transaction ID : D558889
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	32.79
<b>TOTAL</b> This Period (last page this line number only).....▶	1189.46



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kramer, Dillof, Livingston &amp; Moore</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 217 Broadway			FEC Identification Number C		
City New York	State NY	Zip Code 10007	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D559040		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Eve, Leecia, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 141 West 139th Street Apt. 45D			FEC Identification Number C		
City New York	State NY	Zip Code 10030	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D559120		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Winter, Annelise, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 9 West 57th Street 30th Floor			FEC Identification Number C		
City New York	State NY	Zip Code 10019	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D558910		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 4400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rechler, Deborah, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 58 Hoaglands Lane			FEC Identification Number C		
City Glen Head	State NY	Zip Code 11545	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D558920		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Simons, James, H., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 160 Fifth Avenue 9th Floor			FEC Identification Number C		
City New York	State NY	Zip Code 10012	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D558900		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Chanos, James, S., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 20 W 55th St Fl 8			FEC Identification Number C		
City New York	State NY	Zip Code 10019-5373	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D559000		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 2700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Goldstein, Robert, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 535 Madison Avenue 30th Floor					
City New York	State NY	Zip Code 10022	FEC Identification Number C		
Purpose of Disbursement Refund		Category/ Type	Amount of Each Disbursement this Period 2700.00		
Candidate Name		Transaction ID : D559060			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Sandberg, Sheryl, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 1 Hacker Way					
City Menlo Park	State CA	Zip Code 94025	FEC Identification Number C		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Amount of Each Disbursement this Period - 2700.00		
Candidate Name		Transaction ID : D559070			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Dennis, James, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 7648 Burford Dr					
City McLean	State VA	Zip Code 22102-2105	FEC Identification Number C		
Purpose of Disbursement Refund		Category/ Type	Amount of Each Disbursement this Period 1700.00		
Candidate Name		Transaction ID : D559110			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Pak, Chul, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 130 Beekman Street Apt. 2MC			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10038	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : <b>D559130</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Pitta &amp; Giblin LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 120 Broadway Fl 28			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10271-0002	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : <b>D559140</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Winter, Annelise, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 9 West 57th Street 30th Floor			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10019	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : <b>D558911</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rechler, Deborah, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 58 Hoaglands Lane			FEC Identification Number C		
City Glen Head	State NY	Zip Code 11545	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D558921		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Simons, James, H., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 160 Fifth Avenue 9th Floor			FEC Identification Number C		
City New York	State NY	Zip Code 10012	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D558991		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Sandberg, Sheryl, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 1 Hacker Way			FEC Identification Number C		
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D559071		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 48	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. BP One WFC Company LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 250 Vesey Street			FEC Identification Number C	
City New York	State NY	Zip Code 10281	Amount of Each Disbursement this Period - 2300.00	
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D559101	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Constantinople &amp; Vallone Consulting LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 233 Broadway Suite 830			FEC Identification Number C	
City New York	State NY	Zip Code 10279	Amount of Each Disbursement this Period - 300.00	
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D559131	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Gonzalez, John, M., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 920 Eye Street, NW Apt. 401			FEC Identification Number C	
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period - 300.00	
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D559141	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 2900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gonzalez, John, M., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 920 Eye Street, NW Apt. 401			FEC Identification Number <b>C</b>		
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : <b>D559142</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Coppola, Arthur, M., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address PO Box 2172			FEC Identification Number <b>C</b>		
City Santa Monica	State CA	Zip Code 90407-2172	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D558912</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Salerno, Frederic, V., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 8 Commodore Ave			FEC Identification Number <b>C</b>		
City Rye	State NY	Zip Code 10580	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D558922</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 5100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 48	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kramer, Dillof, Livingston &amp; Moore</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 217 Broadway			FEC Identification Number C	
City New York	State NY	Zip Code 10007	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D559042	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Gray, Mindy, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 321 Broadway			FEC Identification Number C	
City Saratoga Springs	State NY	Zip Code 12866	Amount of Each Disbursement this Period - 2700.00	
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D559052	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BP One WFC Company LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 250 Vesey Street			FEC Identification Number C	
City New York	State NY	Zip Code 10281	Amount of Each Disbursement this Period 2300.00	
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D559102	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rubenstein, Howard, J., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 825 8th Avenue 9th Floor			FEC Identification Number C		
City New York	State NY	Zip Code 10019	Amount of Each Disbursement this Period - 833.33		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D559122		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Constantinople &amp; Vallone Consulting LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 233 Broadway Suite 830			FEC Identification Number C		
City New York	State NY	Zip Code 10279	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D559132		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Salerno, Frederic, V., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 8 Commodore Ave			FEC Identification Number C		
City Rye	State NY	Zip Code 10580	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D558923		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2166.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gural, Jeffrey, R., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 125 Park Avenue 11th Floor					
City New York	State NY	Zip Code 10017	FEC Identification Number C		
Purpose of Disbursement Void of 8/18 Refund			Amount of Each Disbursement this Period - 2700.00		
Candidate Name			Transaction ID : D559003		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Weitman, Aaron, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 51 John F. Kennedy Parkway					
City Short Hills	State NJ	Zip Code 07078	FEC Identification Number C		
Purpose of Disbursement Void of 8/18 Refund			Amount of Each Disbursement this Period - 1300.00		
Candidate Name			Transaction ID : D559113		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Coppola, Arthur, M., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address PO Box 2172					
City Santa Monica	State CA	Zip Code 90407-2172	FEC Identification Number C		
Purpose of Disbursement Refund			Amount of Each Disbursement this Period 2700.00		
Candidate Name			Transaction ID : D558913		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gray, Mindy, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 321 Broadway			FEC Identification Number <b>C</b>		
City Saratoga Springs	State NY	Zip Code 12866	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : <b>D559053</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. DeCaro, Faye, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 222 Bloomingdale Road			FEC Identification Number <b>C</b>		
City White Plains	State NY	Zip Code 10605	Amount of Each Disbursement this Period - 2300.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D559103</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Rubenstein, Howard, J., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 825 8th Avenue 9th Floor			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10019	Amount of Each Disbursement this Period 833.33		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : <b>D559123</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1233.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kelleher, Joseph, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 1250 Waters Place PH1			FEC Identification Number <b>C</b>		
City Bronx	State NY	Zip Code 10461	Amount of Each Disbursement this Period - 300.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D559133</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Lembo, Alphonse, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 155 3rd Street			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 11231	Amount of Each Disbursement this Period - 2300.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D559084</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Gosin, Barry, M., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 617 Croton Lake Road			FEC Identification Number <b>C</b>		
City Mount Kisco	State NY	Zip Code 10549	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D558914</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 5300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Barnett, Gary, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 805 Third Avenue 7th Floor			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10022	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D558924</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Gural, Jeffrey, R., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 125 Park Avenue 11th Floor			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10017	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : <b>D559004</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Rechler, Scott, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 75 Rockefeller Plaza 14th Floor			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10019	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D559064</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 2700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 48	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. DeCaro, Faye, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 222 Bloomingdale Road		FEC Identification Number C
City White Plains	State NY	Zip Code 10605
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 2300.00
Candidate Name		Transaction ID : D559104
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Weitman, Aaron, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 51 John F. Kennedy Parkway		FEC Identification Number C
City Short Hills	State NJ	Zip Code 07078
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 1300.00
Candidate Name		Transaction ID : D559114
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kelleher, Joseph, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 1250 Waters Place PH1		FEC Identification Number C
City Bronx	State NY	Zip Code 10461
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 300.00
Candidate Name		Transaction ID : D559134
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 48	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cottingham, Martin, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 1166 Avenue of the Americas 15th Floor		FEC Identification Number C
City New York	State NY	Zip Code 10036
Purpose of Disbursement Void of 8/18 Refund		Amount of Each Disbursement this Period - 300.00
Candidate Name		Transaction ID : D559135
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gosin, Barry, M., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 617 Croton Lake Road		FEC Identification Number C
City Mount Kisco	State NY	Zip Code 10549
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 2700.00
Candidate Name		Transaction ID : D558915
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Barnett, Gary, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 805 Third Avenue 7th Floor		FEC Identification Number C
City New York	State NY	Zip Code 10022
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 2700.00
Candidate Name		Transaction ID : D558925
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 48	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Greenblatt, Joel, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 535 Madison Avenue 30th Floor			FEC Identification Number C	
City New York	State NY	Zip Code 10022	Amount of Each Disbursement this Period - 2700.00	
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D559005	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Greenblatt, Julia, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 535 Madison Avenue 30th Floor			FEC Identification Number C	
City New York	State NY	Zip Code 10022	Amount of Each Disbursement this Period - 2700.00	
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D559045	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Rechler, Scott, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 75 Rockefeller Plaza 14th Floor			FEC Identification Number C	
City New York	State NY	Zip Code 10019	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D559065	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 2700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Walentas, Jed, D., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 45 Main St 12th Floor			FEC Identification Number <b>C</b>		
City Brooklyn	State NY	Zip Code 11201	Amount of Each Disbursement this Period - 2521.95		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D559075</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Lembo, Alphonse, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 155 3rd Street			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 11231	Amount of Each Disbursement this Period 2300.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : <b>D559085</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Heyman, Lazarus, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 667 Madison Avenue Floor 20			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10065	Amount of Each Disbursement this Period - 2300.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D559105</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 2521.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jones, David, W., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 301 Tingey Street, SE Apt. 317			FEC Identification Number <b>C</b>		
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period - 1300.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D559115</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Corwin, Steven, J., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 525 East 68th Street Apt. PH3			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10065	Amount of Each Disbursement this Period - 800.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D559125</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Chanos, James, S., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 20 W 55th St Fl 8			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10019-5373	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D558996</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 4800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Heyman, Lazarus, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 667 Madison Avenue Floor 20			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10065	Amount of Each Disbursement this Period 2300.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : <b>D559106</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Winter, David, S., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 9 W 57th St Fl 30			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10019-2701	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D558916</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. James, Hamilton, E., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 345 Park Avenue			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10154	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D558926</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 3100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. South, Hamilton, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 9 West 57th Street 30th Floor		FEC Identification Number C
City New York	State NY	Zip Code 10019
Purpose of Disbursement Void of 8/18 Refund		Amount of Each Disbursement this Period - 2700.00
Candidate Name		Transaction ID : D558986
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Greenblatt, Joel, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 535 Madison Avenue 30th Floor		FEC Identification Number C
City New York	State NY	Zip Code 10022
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 2700.00
Candidate Name		Transaction ID : D559006
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Greenblatt, Julia, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 535 Madison Avenue 30th Floor		FEC Identification Number C
City New York	State NY	Zip Code 10022
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 2700.00
Candidate Name		Transaction ID : D559046
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 48	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Connell, Shane, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 200 Connell Drive		FEC Identification Number C
City Berkeley Heights	State NJ	Zip Code 07922
Purpose of Disbursement Void of 8/18 Refund	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period - 2700.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D559066
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Jones, David, W., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 301 Tingey Street, SE Apt. 317		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Refund	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1300.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D559116
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Corwin, Steven, J., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 525 East 68th Street Apt. PH3		FEC Identification Number C
City New York	State NY	Zip Code 10065
Purpose of Disbursement Refund	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 800.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D559126
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cottingham, Martin, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 1166 Avenue of the Americas 15th Floor			FEC Identification Number C		
City New York	State NY	Zip Code 10036	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D559136		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Kelly, Martin, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 701 Zerega Avenue			FEC Identification Number C		
City Bronx	State NY	Zip Code 10473-1107	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D559047		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Friends of James Vacca</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2019		
Mailing Address PO Box 562			FEC Identification Number C		
City Bronx	State NY	Zip Code 10461	Amount of Each Disbursement this Period - 350.00		
Purpose of Disbursement Void of 10/17 Refund		Category/ Type	Transaction ID : D558887		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 2750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Winter, David, S., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 9 W 57th St FI 30					
City New York	State NY	Zip Code 10019-2701	FEC Identification Number C		
Purpose of Disbursement Refund			Amount of Each Disbursement this Period 2700.00		
Candidate Name		Category/ Type	Transaction ID : D558917		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. James, Hamilton, E., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 345 Park Avenue					
City New York	State NY	Zip Code 10154	FEC Identification Number C		
Purpose of Disbursement Refund			Amount of Each Disbursement this Period 2700.00		
Candidate Name		Category/ Type	Transaction ID : D558927		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. South, Hamilton, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 9 West 57th Street 30th Floor					
City New York	State NY	Zip Code 10019	FEC Identification Number C		
Purpose of Disbursement Refund			Amount of Each Disbursement this Period 2700.00		
Candidate Name		Category/ Type	Transaction ID : D558987		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 48	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Connell, Shane, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 200 Connell Drive			FEC Identification Number C	
City Berkeley Heights	State NJ	Zip Code 07922	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D559067	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Mack, David, S., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 210 Hudson Street Suite 400			FEC Identification Number C	
City Jersey City	State NJ	Zip Code 07311	Amount of Each Disbursement this Period - 2000.00	
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D559107	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Moore, Thomas, A., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 217 Broadway			FEC Identification Number C	
City New York	State NY	Zip Code 10007	Amount of Each Disbursement this Period - 723.00	
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D559127	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 23.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rienzi, Mike, D., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address PO Box 5336			FEC Identification Number C		
City Astoria	State NY	Zip Code 11105	Amount of Each Disbursement this Period - 300.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D559137		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Fishman, Alan, H., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 1 Pierrepont Street			FEC Identification Number C		
City Brooklyn	State NY	Zip Code 11201	Amount of Each Disbursement this Period - 2700.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D558908		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Friends of James Vacca</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2019		
Mailing Address PO Box 562			FEC Identification Number C		
City Bronx	State NY	Zip Code 10461	Amount of Each Disbursement this Period 350.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D558888		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 2650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 48	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Walentas, David, C., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 45 Main Street Suite 602			FEC Identification Number <b>C</b>	
City Brooklyn	State NY	Zip Code 11201-1091	Amount of Each Disbursement this Period - 2700.00	
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D558918</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Kravis, Henry, R., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 9 West 57th Street Suite 4200			FEC Identification Number <b>C</b>	
City New York	State NY	Zip Code 10019	Amount of Each Disbursement this Period - 2700.00	
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D558988</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Gray, Jonathan, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 321 Broadway			FEC Identification Number <b>C</b>	
City Saratoga Springs	State NY	Zip Code 12866	Amount of Each Disbursement this Period - 2700.00	
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D559038</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 8100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Goldstein, Robert, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 535 Madison Avenue 30th Floor		FEC Identification Number C
City New York	State NY	Zip Code 10022
Purpose of Disbursement Void of 8/18 Refund		Amount of Each Disbursement this Period - 2700.00
Candidate Name		Transaction ID : D559058
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mack, David, S., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 210 Hudson Street Suite 400		FEC Identification Number C
City Jersey City	State NJ	Zip Code 07311
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 2000.00
Candidate Name		Transaction ID : D559108
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Moore, Thomas, A., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 217 Broadway		FEC Identification Number C
City New York	State NY	Zip Code 10007
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 723.00
Candidate Name		Transaction ID : D559128
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	23.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rienzi, Mike, D., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address PO Box 5336			FEC Identification Number C		
City Astoria	State NY	Zip Code 11105	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D559138		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Fishman, Alan, H., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 1 Pierrepont Street			FEC Identification Number C		
City Brooklyn	State NY	Zip Code 11201	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D558909		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Walentas, David, C., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 45 Main Street Suite 602			FEC Identification Number C		
City Brooklyn	State NY	Zip Code 11201-1091	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D558919		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kravis, Henry, R., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 9 West 57th Street Suite 4200			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10019	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : <b>D558989</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Gray, Jonathan, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 321 Broadway			FEC Identification Number <b>C</b>		
City Saratoga Springs	State NY	Zip Code 12866	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : <b>D559039</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Kelly, Martin, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 701 Zerega Avenue			FEC Identification Number <b>C</b>		
City Bronx	State NY	Zip Code 10473-1107	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : <b>D559049</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Walentas, Jed, D., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 45 Main St 12th Floor			FEC Identification Number <b>C</b>		
City Brooklyn	State NY	Zip Code 11201	Amount of Each Disbursement this Period 2521.95		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : <b>D559079</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Dennis, James, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 7648 Burford Dr			FEC Identification Number <b>C</b>		
City McLean	State VA	Zip Code 22102-2105	Amount of Each Disbursement this Period - 1700.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D559109</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Eve, Leecia, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 141 West 139th Street Apt. 45D			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10030	Amount of Each Disbursement this Period - 1000.00		
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : <b>D559119</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 178.05
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Pak, Chul, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 130 Beekman Street Apt. 2MC					
City New York	State NY	Zip Code 10038	FEC Identification Number C		
Purpose of Disbursement Void of 8/18 Refund			Amount of Each Disbursement this Period - 300.00		
Candidate Name		Category/ Type	Transaction ID : D559129		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Pitta &amp; Giblin LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019		
Mailing Address 120 Broadway Fl 28					
City New York	State NY	Zip Code 10271-0002	FEC Identification Number C		
Purpose of Disbursement Void of 8/18 Refund			Amount of Each Disbursement this Period - 300.00		
Candidate Name		Category/ Type	Transaction ID : D559139		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address					
City	State	Zip Code	FEC Identification Number C		
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	- 0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 48	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a <input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Hospital Association PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 800 10th St NW		FEC Identification Number C C00106146
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Void of 8/18 Refund		Amount of Each Disbursement this Period - 5000.00
Candidate Name		Transaction ID : D558890
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UNITE HERE TIP Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 275 7th Ave Fl 16		FEC Identification Number C C00004861
City New York	State NY	Zip Code 10001-6756
Purpose of Disbursement Void of 8/18 Refund		Amount of Each Disbursement this Period - 5000.00
Candidate Name		Transaction ID : D558900
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UNITE HERE TIP Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 275 7th Ave Fl 16		FEC Identification Number C C00004861
City New York	State NY	Zip Code 10001-6756
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : D558901
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 41 OF 48  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

**A. American Hospital Association PAC**

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

Mailing Address 800 10th St NW

City Washington State DC Zip Code 20001

Purpose of Disbursement Refund

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 28 / 2019

FEC Identification Number C C00106146

Amount of Each Disbursement this Period 5000.00

Transaction ID : D558891

Memo Item

**B. FedEx Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)  
FedEx Corporation Political Action Committee

Mailing Address 942 S Shady Grove Rd

City Memphis State TN Zip Code 38120-4117

Purpose of Disbursement Void of 8/18 Refund

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 28 / 2019

FEC Identification Number C C00068692

Amount of Each Disbursement this Period - 2500.00

Transaction ID : D559081

Memo Item

**c. T-Mobile USA, Inc. PAC**

Full Name (Last, First, Middle Initial)  
T-Mobile USA, Inc. PAC

Mailing Address 601 Pennsylvania Ave NW

City Washington State DC Zip Code 20004

Purpose of Disbursement Void of 8/18 Refund

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 28 / 2019

FEC Identification Number C C00361758

Amount of Each Disbursement this Period - 1500.00

Transaction ID : D559111

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 48	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Hotel and Lodging Association PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 1250 Eye Street NW #1100		FEC Identification Number C C00001198
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Void of 8/18 Refund		Amount of Each Disbursement this Period - 5000.00
Candidate Name		Transaction ID : D558892
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Consolidated Edison Inc. Employees PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 4 Irving Pl		FEC Identification Number C C00407635
City New York	State NY	Zip Code 10003-3502
Purpose of Disbursement Void of 8/18 Refund		Amount of Each Disbursement this Period - 3500.00
Candidate Name		Transaction ID : D558902
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FedEx Corporation Political Action Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 942 S Shady Grove Rd		FEC Identification Number C C00068692
City Memphis	State TN	Zip Code 38120-4117
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : D559082
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 48	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. T-Mobile USA, Inc. PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 601 Pennsylvania Ave NW		FEC Identification Number C C00361758
City Washington	State DC	Zip Code 20004
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 1500.00
Candidate Name	Category/ Type	Transaction ID : D559112
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Hotel and Lodging Association PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 1250 Eye Street NW #1100		FEC Identification Number C C00001198
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/ Type	Transaction ID : D558893
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Consolidated Edison Inc. Employees PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 4 Irving Pl		FEC Identification Number C C00407635
City New York	State NY	Zip Code 10003-3502
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 3500.00
Candidate Name	Category/ Type	Transaction ID : D558903
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 48	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Anheuser-Busch Companies Inc. PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address One Busch Place 202-7			FEC Identification Number C C00034488	
City Saint Louis	State MO	Zip Code 63118	Amount of Each Disbursement this Period - 5000.00	
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D558894	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. EMD Serono, Inc. Political Action Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address One Technology Pl			FEC Identification Number C C00258236	
City Rockland	State MA	Zip Code 02370	Amount of Each Disbursement this Period - 3500.00	
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D558904	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Anheuser-Busch Companies Inc. PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address One Busch Place 202-7			FEC Identification Number C C00034488	
City Saint Louis	State MO	Zip Code 63118	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D558895	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 48	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. EMD Serono, Inc. Political Action Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address One Technology Pl		FEC Identification Number C C00258236
City Rockland	State MA	Zip Code 02370
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : D558905
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ARCHIPAC -the American Institute of Architects</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 1735 New York Ave NW		FEC Identification Number C C00139071
City Washington	State DC	Zip Code 20006-5209
Purpose of Disbursement Void of 8/18 Refund		Amount of Each Disbursement this Period - 5000.00
Candidate Name		Transaction ID : D558896
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Employee-Owned S Corporations of America PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 1341 G St NW		FEC Identification Number C C00458257
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Void of 8/18 Refund		Amount of Each Disbursement this Period - 3000.00
Candidate Name		Transaction ID : D558906
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 48	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. ARCHIPAC -the American Institute of Architects</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 1735 New York Ave NW			FEC Identification Number C C00139071	
City Washington	State DC	Zip Code 20006-5209	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D558897	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Employee-Owned S Corporations of America PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 1341 G St NW			FEC Identification Number C C00458257	
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement Refund		Category/ Type	Transaction ID : D558907	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Amgen Inc. PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019	
Mailing Address 601 13th Street, NW 12th Floor			FEC Identification Number C C00251876	
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period - 1000.00	
Purpose of Disbursement Void of 8/18 Refund		Category/ Type	Transaction ID : D559117	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 48	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sheet Metal Workers' International Association Political Action League</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 1750 New York Ave NW		FEC Identification Number C C00007542
City Washington	State DC	Zip Code 20006-5305
Purpose of Disbursement Void of 8/18 Refund		Amount of Each Disbursement this Period - 5000.00
Candidate Name		Transaction ID : D558898
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amgen Inc. PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 601 13th Street, NW 12th Floor		FEC Identification Number C C00251876
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : D559118
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Sheet Metal Workers' International Association Political Action League</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 1750 New York Ave NW		FEC Identification Number C C00007542
City Washington	State DC	Zip Code 20006-5305
Purpose of Disbursement Refund		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : D558899
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	0.00

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Crowley for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>US Treasury</b>			Nature of Debt (Purpose): Payroll Taxes
Mailing Address PO Box 105659			
City Atlanta	State GA	Zip Code 30348-5659	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : D559163</b>	
Amount Incurred This Period 394.63	Payment This Period 0.00	Outstanding Balance at Close of This Period 394.63

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Perkins Coie LLP</b>			Nature of Debt (Purpose): Legal & Compliance Services
Mailing Address 1201 3rd Ave FI 40			
City Seattle	State WA	Zip Code 98101-3029	

Outstanding Balance Beginning This Period 12710.69	<b>Transaction ID : D556068</b>	
Amount Incurred This Period 9618.76	Payment This Period 0.00	Outstanding Balance at Close of This Period 22329.45

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Dynamic SRG</b>			Nature of Debt (Purpose): Fundraising Consulting Services
Mailing Address 193 Malcolm X Blvd., Suite 1			
City New York	State NY	Zip Code 10026	

Outstanding Balance Beginning This Period 4346.00	<b>Transaction ID : D556070</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4346.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	27070.08
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	27070.08
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	27070.08