

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 9
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Crowell & Moring LLP Political Action Committee (C&M PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wallace, Richard, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2019 Transaction ID : PR936753115961	
Mailing Address 1001 Pennsylvania Ave NW		Amount of Each Receipt this Period 416.67	
City Washington	State DC	Zip Code 20004	<input type="checkbox"/> Memo Item P/R Deduction (\$416.67 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 416.67	
Name of Employer (for Individual) Crowell & Moring LLP		Occupation (for Individual) Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
SUBTOTAL of Receipts This Page (optional).....		416.67	
TOTAL This Period (last page this line number only).....		4050.04	