

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

Crawford for Congress

ADDRESS (number and street)

PO Box 16956

Check if different than previously reported. (ACC)

JONESBORO

AR

72403

2. FEC IDENTIFICATION NUMBER

C C00462374

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

AR

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X

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

01 / 01 / 2013

through

M M / D D / Y Y Y Y

03 / 31 / 2013

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 Matthew Knight

Signature of Treasurer Matthew Knight

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 10 / 2013

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Crawford for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	60076.11	73306.11
(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)).....	60076.11	73306.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	52242.30	125198.01
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	52242.30	125198.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	153815.63	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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 12/2003)

Write or Type Committee Name

Crawford for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10350.00	17150.00
(ii) Unitemized.....	11128.00	12558.00
(iii) TOTAL of contributions from individuals ▶	21478.00	29708.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	38598.11	43598.11
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	60076.11	73306.11
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	60076.11	73306.11

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	52242.30	125198.01
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	10000.00	10000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	62242.30	135198.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	155981.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	60076.11
25. SUBTOTAL (add Line 23 and Line 24).....	216057.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	62242.30
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	153815.63

**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 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. ROBERT BROWN JR.

Mailing Address 116 W ELM

City State Zip Code
EL DORADO AR 71730-5601

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

Name of Employer Occupation
UNITED INSURANCE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2013

Transaction ID : SA11.6576

Amount of Each Receipt this Period
300.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KEVIN CROSSKNO

Mailing Address 112 BRIARCREST STREET

City State Zip Code
BLYTHEVILLE AR 72315-7225

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2013

Transaction ID : SA11.6496

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COL. THOMAS J. DAVIS

Mailing Address 409 HUNTCLIFF DR.

City State Zip Code
JONESBORO AR 72404-8802

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

Name of Employer Occupation
PRUDENTIAL REALTY REAL ESTATE AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2013

Transaction ID : SA11.6416

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

1300.00

**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 6 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. MERETT EMERY

Mailing Address P.O. BOX 208

City CARAWAY State AR Zip Code 72419-0208

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2013

Transaction ID : SA11.6615

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LLOYD R. EVANS

Mailing Address 14531 RAYBOURN ROAD

City WEINER State AR Zip Code 72479-9043

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2013

Transaction ID : SA11.6572

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KENNETH J. FELD

Mailing Address 9609 HALTER COURT

City POTOMAC State MD Zip Code 20854-4723

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

Name of Employer FELD ENTERTAINMENT Occupation SELF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 08 / 2013

Transaction ID : SA11.6510

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 7 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL FULLINGTON

Mailing Address 2400 PAULA DRIVE

City Jonesboro State AR Zip Code 72404-8014

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

Name of Employer CHIC-FIL-A Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 10 / 2013

Transaction ID : SA11.6466

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PHILIP GATTAS

Mailing Address P.O. BOX 81
513 P C 526 ROAD

City CRUMROD State AR Zip Code 72328-0081

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 09 / 2013

Transaction ID : SA11.6445

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES A. HESSE

Mailing Address 5041 HWY 956

City WEINER State AR Zip Code 72479-9244

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

Name of Employer FARM BUREAU Occupation FARM BUREAU AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 22 / 2013

Transaction ID : SA11.6595

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1050.00

**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 8 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MS. MACINE HUGHES

Mailing Address 110 HARVESTER DRIVE

City State Zip Code
JONESBORO AR 72401-5915

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2013

Transaction ID : SA11.6469

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LARRY JAMES

Mailing Address 2209 MASTERS DR.

City State Zip Code
JONESBORO AR 72404-6850

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2013

Transaction ID : SA11.6420

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN D. JOHNSON

Mailing Address 210 NAVY DR.

City State Zip Code
POCAHONTAS AR 72455-8824

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

Name of Employer Occupation
SELF CATTLE RANCHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2013

Transaction ID : SA11.6556

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1000.00

**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 9 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. BRIAN MACK

Mailing Address 12050 DRAKE LANE

City WEINER State AR Zip Code 72479-9003

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013

Transaction ID : SA11.6597

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TREVOR MALONE

Mailing Address 2794 HWY 49/P.O. BOX 119

City FISHER State AR Zip Code 72429-0119

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013

Transaction ID : SA11.6598

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HUGH D. MCCLAIN

Mailing Address P.O. BOX 703

City MOUNTAIN HOME State AR Zip Code 72654-0703

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

Name of Employer OWNER Occupation MCCLAIN FARMS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2013

Transaction ID : SA11.6394

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1500.00

**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 10 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. KEITH MITCHELL

Mailing Address 100 LEGION STREET

City KENNETT State MO Zip Code 63857-2620

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

Name of Employer PHARMACIST Occupation MITCHELL DRUG

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2013

Transaction ID : SA11.6477

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MATT MOON

Mailing Address 445 OAKWOOD LANE

City TRUMANN State AR Zip Code 72472-8507

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

Name of Employer DIXIE GIN Occupation GINNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2013

Transaction ID : SA11.6601

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BILLY ORR

Mailing Address 20212 HWY 158

City HARRISBURG State AR Zip Code 72432-9247

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

Name of Employer SELF Occupation GROCIER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2013

Transaction ID : SA11.6608

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 11 OF 50
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER ROE

Mailing Address **2 HAWK FEATHER CIRCLE**

City **MADISON** State **WI** Zip Code **53717-2744**

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

Name of Employer **CMFG LIFE INSURANCE CO.** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 11 / 2013

Transaction ID : SA11.6547

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RAMEY STILES

Mailing Address **123 LEE ROAD 316**

City **MARIANNA** State **AR** Zip Code **72360-8102**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2013

Transaction ID : SA11.6617

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. JOHN ROBERT STRIPLING III

Mailing Address **7606 PINE TREE LANE**

City **WEST PALM BEACH** State **FL** Zip Code **33406-7832**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 11 / 2013

Transaction ID : SA11.6539

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 12 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. BRIAN TEAGUE

Mailing Address 216 W FOURTH ST.

City WEINER State AR Zip Code 72479-8726

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 22 / 2013

Transaction ID : SA11.6596

Amount of Each Receipt this Period
 _____ 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARK WHITE

Mailing Address 71 VIGNE BLVD

City LITTLE ROCK State AR Zip Code 72223-4582

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

Name of Employer ARKANSAS BLUE CROSS AND BLUE SHIELD Occupation PRESIDENT AND CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : SA11.6610

Amount of Each Receipt this Period
 _____ 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHARLES E. WILLIAMSON

Mailing Address 2800 E. KINGSHIGHWAY

City PARAGOULD State AR Zip Code 72450-9208

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

Name of Employer COLDSTREAM FISHERIES, INC. Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 09 / 2013

Transaction ID : SA11.6430

Amount of Each Receipt this Period
 _____ 500.00
 CONTRIBUTION

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

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

_____ 1250.00

**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 13 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MR. TOM WIMPY

Mailing Address **404 W SOUTH STREET**

City **HARRISBURG** State **AR** Zip Code **72432-1620**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
03 / 31 / 2013

Transaction ID : SA11.6616

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. 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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

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

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

500.00

10350.00

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

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

FOR LINE NUMBER: PAGE 14 OF 50
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST (FARM TRUST)

Mailing Address **7315 WISCONSIN AVENUE
SUITE 310 EAST**

City State Zip Code
BETHESDA MD 20814-3202

FEC ID number of contributing federal political committee. **C C00493783**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **31.25**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 11 2013

Transaction ID : SA11.6551

Amount of Each Receipt this Period
31.25

CONTRIBUTION

FINAL DISTRIBUTION OF NET PROCEEDS

B. Full Name (Last, First, Middle Initial)
PATRIOT DAY III

Mailing Address **228 S. WASHINGTON STREET, SUITE 11**

City State Zip Code
ALEXANDRIA VA 22314-5404

FEC ID number of contributing federal political committee. **C C00511519**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **566.86**

Date of Receipt
 M M / D D / Y Y Y Y Y
02 13 2013

Transaction ID : SA11.6388

Amount of Each Receipt this Period
566.86

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE)

Mailing Address **4301 WILSON BOULEVARD**

City State Zip Code
ARLINGTON VA 22203-1867

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 31 2013

Transaction ID : SA11.6618

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **1598.11**

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

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

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

FOR LINE NUMBER: PAGE 15 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMI

Mailing Address **ONE MASSACHUSETTS AVE NW SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20001-1401**

FEC ID number of contributing federal political committee. **C C00172833**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2013

Transaction ID : SA11.6508

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address **1120 CONNECTICUT AVENUE NW SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20036-3971**

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2013

Transaction ID : SA11.6603

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **101 NORTH 3RD STREET**

City **MOORHEAD** State **MN** Zip Code **56560-1952**

FEC ID number of contributing federal political committee. **C C00110338**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2013

Transaction ID : SA11.6509

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

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

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

5500.00

**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 16 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN KENNEL CLUB PAC

Mailing Address **260 MADISON AVENUE**

City **NEW YORK** State **NY** Zip Code **10016-2401**

FEC ID number of contributing federal political committee. **C C00441808**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : SA11.6624

Amount of Each Receipt this Period
 _____ 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN SUGARBEET GROWERS ASSOCIATION PAC

Mailing Address **1156 15TH STREET NW
SUITE 1101**

City **WASHINGTON** State **DC** Zip Code **20005-1756**

FEC ID number of contributing federal political committee. **C C00167684**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 08 / 2013

Transaction ID : SA11.6505

Amount of Each Receipt this Period
 _____ 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN SUGAR CANE LEAGUE

Mailing Address **PO DRAWER 938**

City **THIBODAUX** State **LA** Zip Code **70302-0938**

FEC ID number of contributing federal political committee. **C C00081414**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 22 / 2013

Transaction ID : SA11.6605

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

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

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

_____ 2000.00

**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 17 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
CALIFORNIA RICE INDUSTRY ASSOCIATION FUND (CALIFORNIA RICE F

Mailing Address **1231 I STREET, SUITE 205**

City	State	Zip Code
SACRAMENTO	CA	95814-2933

FEC ID number of contributing federal political committee. **C C00462374**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		12		2013

Transaction ID : SA11.6380

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CME GROUP INC. PAC

Mailing Address **20 SOUTH WACKER DRIVE**

City	State	Zip Code
CHICAGO	IL	60606-7431

FEC ID number of contributing federal political committee. **C C00076299**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		22		2013

Transaction ID : SA11.6604

Amount of Each Receipt this Period
 _____ 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COMMITTEE FOR ADVANCEMENT OF COTTON

Mailing Address **P.O. BOX 2995**

City	State	Zip Code
CORDOVA	TN	38088-2995

FEC ID number of contributing federal political committee. **C C00300426**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		08		2013

Transaction ID : SA11.6511

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

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

_____ 4000.00

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

**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 18 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
COMMITTEE FOR ADVANCEMENT OF COTTON

Mailing Address P.O. BOX 2995

City State Zip Code
CORDOVA TN 38088-2995

FEC ID number of contributing federal political committee. **C C00300426**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : SA11.6620

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FARM CREDIT COUNCIL PAC

Mailing Address 50 F ST. NW, SUITE 900

City State Zip Code
WASHINGTON DC 20001-1530

FEC ID number of contributing federal political committee. **C C00193631**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : SA11.6619

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LOUISIANA RICE POLITICAL ACTION COMMITTEE, INC.

Mailing Address P.O. BOX 1691

City State Zip Code
LAKE CHARLES LA 70602-1691

FEC ID number of contributing federal political committee. **C C00389916**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2013

Transaction ID : SA11.6381

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

3000.00

**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 19 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
MARYLAND AND VIRGINIA MILK PRODUCERS PAC

Mailing Address 1985 ISAAC NEWTON SQUARE W

City RESTON State VA Zip Code 20190-5031

FEC ID number of contributing federal political committee. **C C00363069**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013

Transaction ID : SA11.6607

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDF)

Mailing Address 7525 RED RIVER ROAD

City WAHPETON State ND Zip Code 58075-9705

FEC ID number of contributing federal political committee. **C C00164939**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2013

Transaction ID : SA11.6507

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOC. OF FARM SERVICE AGENCY PAC

Mailing Address 313 MASSACHUSETTS AVENUE, NE

City WASHINGTON State DC Zip Code 20002-5701

FEC ID number of contributing federal political committee. **C C00413567**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2013

Transaction ID : SA11.6514

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

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

4000.00

**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 20 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL CHICKEN COUNCIL PAC

Mailing Address 1015 15TH STREET, NW #930

City WASHINGTON State DC Zip Code 20005-2622

FEC ID number of contributing federal political committee. **C** C00034272

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 22 / 2013

Transaction ID : SA11.6606

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

Mailing Address 4121 WILSON BLVD.
SUITE 900, 10TH FLOOR

City ARLINGTON State VA Zip Code 22203-1839

FEC ID number of contributing federal political committee. **C** C00004473

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : SA11.6622

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NUCOR CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1915 REXFORD ROAD

City CHARLOTTE State NC Zip Code 28211-3465

FEC ID number of contributing federal political committee. **C** C00379628

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 22 / 2013

Transaction ID : SA11.6602

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 21 OF 50
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
PRODUCERS RICE MILL INC PAC

Mailing Address **P.O. BOX 1248**

City **STUTT GART** State **AR** Zip Code **72160-1012**

FEC ID number of contributing federal political committee. **C C00378083**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 12 / 2013

Transaction ID : SA11.6379

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RAIN AND HAIL INSURANCE SOCIETY POLITICAL ACTION COMMITTEE

Mailing Address **9200 NORTHPARK DRIVE
SUITE 300**

City **JOHNSTON** State **IA** Zip Code **50131-3006**

FEC ID number of contributing federal political committee. **C C00279505**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 08 / 2013

Transaction ID : SA11.6506

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICELAND FOODS, INC. PAC

Mailing Address **P.O. BOX 927**

City **STUTT GART** State **AR** Zip Code **72160-0927**

FEC ID number of contributing federal political committee. **C C00220053**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 12 / 2013

Transaction ID : SA11.6378

Amount of Each Receipt this Period

CONTRIBUTION

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

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

**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 22 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
SUDDENLINK COMMUNICATIONS PAC

Mailing Address 12444 POWERSCOURT DR.

City State Zip Code
DES PERES MO 63131-3660

FEC ID number of contributing federal political committee. **C** C00426601

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 22 / 2013

Transaction ID : SA11.6390

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE FREEDOM PROJECT

Mailing Address 320 FIRST STREET, SE

City State Zip Code
WASHINGTON DC 20003-1838

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2013

Transaction ID : SA11.6621

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE NATIONAL COUNCIL OF FARMER COOPERATIVES

Mailing Address 50 F STREET NW, SUITE 900

City State Zip Code
WASHINGTON DC 20001-1530

FEC ID number of contributing federal political committee. **C** C00002238

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 08 / 2013

Transaction ID : SA11.6513

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

6500.00

**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 23 OF 50
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
TROUTMAN SANDERS LLP PAC

Mailing Address 600 PEACHTREE STREET, NE SUITE 52

City ATLANTA State GA Zip Code 30308-2231

FEC ID number of contributing federal political committee. **C** C00311142

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : SA11.6623

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
US RICE PRODUCERS PAC

Mailing Address 2825 WILCREST DRIVE SUITE 505

City HOUSTON State TX Zip Code 77042-6041

FEC ID number of contributing federal political committee. **C** C00383661

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2013

Transaction ID : SA11.6512

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
USA RICE FEDERATION PAC

Mailing Address 2101 WILSON BOULEVARD SUITE 610

City ARLINGTON State VA Zip Code 22201-3040

FEC ID number of contributing federal political committee. **C** C00308478

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2013

Transaction ID : SA11.6387

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 24 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Crawford for Congress

A. Full Name (Last, First, Middle Initial)
WESTERN SUGAR COOPERATIVE PAC

Mailing Address 400 GREAT WESTERN AVENUE

City Lovell State WY Zip Code 82431-1609

FEC ID number of contributing federal political committee. **C** C00446674

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013

Transaction ID : SA11.6629

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. 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

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

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

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

2000.00

38598.11

**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 50	
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. RICK CRAWFORD		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address P.O. BOX 16956		Amount of Each Disbursement this Period 417.10 Transaction ID : SB17.I684
City JONESBORO	State AR	
Zip Code 72403	Purpose of Disbursement EXPENSE REIMBURSEMENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	SEE BELOW

Full Name (Last, First, Middle Initial) B. U.S. AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 4000 E. SKY HARBOR BLVD.		Amount of Each Disbursement this Period 417.10 Transaction ID : SB17.I685
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement AIRFARE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. STACY CRAWFORD		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2013
Mailing Address 34 CR 455		Amount of Each Disbursement this Period 381.10 Transaction ID : SB17.I686
City JONESBORO	State AR	
Zip Code 72404	Purpose of Disbursement EXPENSE REIMBURSEMENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	SEE BELOW

SUBTOTAL of Disbursements This Page (optional).....	798.10
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 26 OF 50	
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. DELTA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2013
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 381.10
City ATLANTA	State GA Zip Code 30320	
Purpose of Disbursement AIRFARE	Category/Type	Transaction ID : SB17.I687
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) B. KELLY SHUMATE		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2013
Mailing Address 4600 LATROBE PLACE		Amount of Each Disbursement this Period 90.00
City ALEXANDRIA	State VA Zip Code 22311	
Purpose of Disbursement EXPENSE REIMBURSEMENT	Category/Type	Transaction ID : SB17.I651
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SEE BELOW
State: District: 00		

Full Name (Last, First, Middle Initial) C. US HOUSE OF REP. GIFT SHOP		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2013
Mailing Address LONGWORTH BLDG		Amount of Each Disbursement this Period 90.00
City WASHINGTON	State DC Zip Code 20515	
Purpose of Disbursement EVENT SUPPLIES	Category/Type	Transaction ID : SB17.I652
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	90.00
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 27 OF 50	
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. MR. DOUG SMITH		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2013
Mailing Address P.O. BOX 3444		Amount of Each Disbursement this Period 693.08 Transaction ID : SB17.I619
City BATESVILLE	State AR	
Zip Code 72503	Purpose of Disbursement SALARY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. MR. DOUG SMITH		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2013
Mailing Address P.O. BOX 3444		Amount of Each Disbursement this Period 227.39 Transaction ID : SB17.I623
City BATESVILLE	State AR	
Zip Code 72503	Purpose of Disbursement EXPENSES REIMBURSEMENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	SEE BELOW

Full Name (Last, First, Middle Initial) C. MR. DOUG SMITH		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2013
Mailing Address P.O. BOX 3444		Amount of Each Disbursement this Period 178.56 Transaction ID : SB17.I721
City BATESVILLE	State AR	
Zip Code 72503	Purpose of Disbursement MILEAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	920.47
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 28 OF 50			
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2013
Mailing Address 1815 E. HIGHLAND DR.		Amount of Each Disbursement this Period 48.83
City JONESBORO	State AR	
Zip Code 72401	Purpose of Disbursement PHONE CARD	Transaction ID : SB17.I723
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) B. MR. DOUG SMITH		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013
Mailing Address P.O. BOX 3444		Amount of Each Disbursement this Period 693.08
City BATESVILLE	State AR	
Zip Code 72503	Purpose of Disbursement SALARY	Transaction ID : SB17.I679
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. MR. DOUG SMITH		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013
Mailing Address P.O. BOX 3444		Amount of Each Disbursement this Period 693.08
City BATESVILLE	State AR	
Zip Code 72503	Purpose of Disbursement SALARY	Transaction ID : SB17.I681
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1386.16
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 29 OF 50	
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. MR. DOUG SMITH			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2013	
Mailing Address P.O. BOX 3444			Amount of Each Disbursement this Period 693.08	
City BATESVILLE	State AR	Zip Code 72503	Transaction ID : SB17.I682	
Purpose of Disbursement SALARY		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) B. MR. DOUG SMITH			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2013	
Mailing Address P.O. BOX 3444			Amount of Each Disbursement this Period 1386.17	
City BATESVILLE	State AR	Zip Code 72503	Transaction ID : SB17.I683	
Purpose of Disbursement SALARY		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) C. MR. DOUG SMITH			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2013	
Mailing Address P.O. BOX 3444			Amount of Each Disbursement this Period 196.71	
City BATESVILLE	State AR	Zip Code 72503	Transaction ID : SB17.I688	
Purpose of Disbursement EXPENSE REIMBURSEMENTS		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		SEE BELOW	
State: District: 00				

SUBTOTAL of Disbursements This Page (optional).....	2275.96
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 30 OF 50			
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. MR. DOUG SMITH		Date of Disbursement MM / DD / YYYY 02 / 28 / 2013
Mailing Address P.O. BOX 3444		Amount of Each Disbursement this Period 122.88
City BATESVILLE	State AR	
Zip Code 72503	Purpose of Disbursement MILEAGE	Transaction ID : SB17.I689
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) B. MR. DOUG SMITH		Date of Disbursement MM / DD / YYYY 02 / 28 / 2013
Mailing Address P.O. BOX 3444		Amount of Each Disbursement this Period 25.00
City BATESVILLE	State AR	
Zip Code 72503	Purpose of Disbursement MEALS	Transaction ID : SB17.I691
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) C. WAL-MART		Date of Disbursement MM / DD / YYYY 02 / 28 / 2013
Mailing Address 1815 E. HIGHLAND DR.		Amount of Each Disbursement this Period 48.83
City JONESBORO	State AR	
Zip Code 72401	Purpose of Disbursement PHONE CARD	Transaction ID : SB17.I690
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 31 OF 50	
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. MR. DOUG SMITH		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2013
Mailing Address P.O. BOX 3444		Amount of Each Disbursement this Period 484.70
City BATESVILLE	State AR	
Zip Code 72503	Purpose of Disbursement EXPENSE REIMBURSEMENTS	Transaction ID : SB17.I692
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SEE BELOW
State: District: 00		

Full Name (Last, First, Middle Initial) B. MR. DOUG SMITH		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013
Mailing Address P.O. BOX 3444		Amount of Each Disbursement this Period 436.32
City BATESVILLE	State AR	
Zip Code 72503	Purpose of Disbursement MILEAGE	Transaction ID : SB17.I693
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) C. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013
Mailing Address 1815 E. HIGHLAND DR.		Amount of Each Disbursement this Period 48.38
City JONESBORO	State AR	
Zip Code 72401	Purpose of Disbursement PHONE CARD	Transaction ID : SB17.I694
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	484.70
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 32 OF 50	
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial)
A. ARKANSAS DEPT. OF FINANCE AND ADMIN.

Mailing Address 1509 W. 7TH ST.

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District: 00

Date of Disbursement: 01 / 01 / 2013

Amount of Each Disbursement this Period: 125.52

Transaction ID : SB17.I624

Full Name (Last, First, Middle Initial)
B. ARKANSAS DEPARTMENT OF WORKFORCE SERVICES

Mailing Address P.O. BOX 8007

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District: 00

Date of Disbursement: 01 / 24 / 2013

Amount of Each Disbursement this Period: 649.67

Transaction ID : SB17.I678

Full Name (Last, First, Middle Initial)
C. ARKANSAS DEPT. OF FINANCE AND ADMIN.

Mailing Address 1509 W. 7TH ST.

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District: 00

Date of Disbursement: 02 / 13 / 2013

Amount of Each Disbursement this Period: 55.00

Transaction ID : SB17.I680

SUBTOTAL of Disbursements This Page (optional) 830.19

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 33 OF 50	
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. ASU SCHOOL FOUNDATION			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2013
Mailing Address P.O. BOX 1990			Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.I696
City STATE UNIVERSITY	State AR	Zip Code 72467	
Purpose of Disbursement EVENT TICKETS	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

Full Name (Last, First, Middle Initial) B. BSB SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2013
Mailing Address 3538 SOUTH WAKEFIELD ST.			Amount of Each Disbursement this Period 1546.19 Transaction ID : SB17.I644
City ARLINGTON	State VA	Zip Code 22206	
Purpose of Disbursement COMPLIANCE CONSULTING	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

Full Name (Last, First, Middle Initial) C. BSB SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address 3538 SOUTH WAKEFIELD ST.			Amount of Each Disbursement this Period 1983.01 Transaction ID : SB17.I649
City ARLINGTON	State VA	Zip Code 22206	
Purpose of Disbursement COMPLIANCE CONSULTING	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

SUBTOTAL of Disbursements This Page (optional).....	3619.20
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 34 OF 50	
	<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)
Crawford for Congress

A. BSB SOLUTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 3538 SOUTH WAKEFIELD ST.

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement COMPLIANCE SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District: 00

Date of Disbursement: 03 / 01 / 2013

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.I670

B. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD AND BEVERAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District: 00

Date of Disbursement: 02 / 13 / 2013

Amount of Each Disbursement this Period: 25.25

Transaction ID : SB17.I674

C. CAPITOL HOST ACCOUNTING

Full Name (Last, First, Middle Initial)
Mailing Address RAYBURN HOB B-339B

City WASHINGTON State DC Zip Code 20215

Purpose of Disbursement EVENT FOOD AND BEVERAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District: 00

Date of Disbursement: 01 / 09 / 2013

Amount of Each Disbursement this Period: 798.57

Transaction ID : SB17.I663

SUBTOTAL of Disbursements This Page (optional) 2323.82

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 35 OF 50	
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. CAVE CITY ATHLETICS		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2013
Mailing Address 620 N MAIN STREET		Amount of Each Disbursement this Period 965.43 Transaction ID : SB17.I695
City CAVE CITY State AR Zip Code 72521	Purpose of Disbursement PRINT ADVERTISING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. FORREST OFFICE MACHINES		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2013
Mailing Address 1005 GEE STREET		Amount of Each Disbursement this Period 87.55 Transaction ID : SB17.I646
City JONESBORO State AR Zip Code 72401	Purpose of Disbursement EQUIPMENT RENTAL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. INTERNAL REVENUE SERVICES		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2013
Mailing Address		Amount of Each Disbursement this Period 727.88 Transaction ID : SB17.I700
City OGDEN State UT Zip Code 84401	Purpose of Disbursement TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	965.43
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 36 OF 50	
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial)
A. INTUIT

Mailing Address 2800 E. COMMERCE CENTER

City TUCSON State AZ Zip Code 85706

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District: 00

Date of Disbursement: 03 / 04 / 2013

Amount of Each Disbursement this Period: 355.07

Transaction ID : SB17.I724

Full Name (Last, First, Middle Initial)
B. JONESBORO REGIONAL CHAMBER OF COMMERCE

Mailing Address P.O. BOX 789

City JONESBORO State AR Zip Code 72403

Purpose of Disbursement MEMBERSHIP

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District: 00

Date of Disbursement: 02 / 02 / 2013

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.I675

Full Name (Last, First, Middle Initial)
C. KLF & COMPANY

Mailing Address 12100 RAINWOOD ROAD, #8

City LITTLE ROCK State AR Zip Code 72212

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District: 00

Date of Disbursement: 02 / 01 / 2013

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.I645

SUBTOTAL of Disbursements This Page (optional) 2605.07

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 37 OF 50	
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. KLF & COMPANY		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2013
Mailing Address 12100 RAINWOOD ROAD, #8		Amount of Each Disbursement this Period 6003.30
City LITTLE ROCK State AR Zip Code 72212	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I650
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. KLF & COMPANY		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address 12100 RAINWOOD ROAD, #8		Amount of Each Disbursement this Period 2035.30
City LITTLE ROCK State AR Zip Code 72212	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I669
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. PIRYX, INC		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2013
Mailing Address 144 2ND STREET, 1ST FLOOR		Amount of Each Disbursement this Period 29.00
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement CREDIT CARD FEES	
Candidate Name	Category/Type	Transaction ID : SB17.I701
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	8067.60
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 38 OF 50			
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2013
Mailing Address 144 2ND STREET, 1ST FLOOR		Amount of Each Disbursement this Period 77.20
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD FEES	Transaction ID : SB17.I720
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. PIRYX, INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2013
Mailing Address 144 2ND STREET, 1ST FLOOR		Amount of Each Disbursement this Period 30.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC FEES	Transaction ID : SB17.I725
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. PIRYX, INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2013
Mailing Address 144 2ND STREET, 1ST FLOOR		Amount of Each Disbursement this Period 25.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC FEES	Transaction ID : SB17.I726
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	132.20
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 39 OF 50	
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. PLETH, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2013
Mailing Address 2010 REYNOLDS STREET		Amount of Each Disbursement this Period 89.55
City BATESVILLE State AR Zip Code 72501	Purpose of Disbursement WEB SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.I647
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) B. PLETH, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address 2010 REYNOLDS STREET		Amount of Each Disbursement this Period 89.55
City BATESVILLE State AR Zip Code 72501	Purpose of Disbursement WEB SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.I648
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. PLETH, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2013
Mailing Address 2010 REYNOLDS STREET		Amount of Each Disbursement this Period 89.55
City BATESVILLE State AR Zip Code 72501	Purpose of Disbursement WEB SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.I673
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	268.55
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 40 OF 50	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. RIVER CITY PRINT & OFFICE		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2013
Mailing Address 684 E. HARRISON STREET		Amount of Each Disbursement this Period 491.41 Transaction ID : SB17.I672
City BATESVILLE	State AR Zip Code 72501	
Purpose of Disbursement PRINTING	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. SECURITY BANKCARD CENTER, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 3994.24 Transaction ID : SB17.I653
City TULSA	State OK Zip Code 74121	
Purpose of Disbursement CREDIT CARD PAYMENT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SEE BELOW
State: District: 00		

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address 300 FIRST STREET, SE		Amount of Each Disbursement this Period 129.26 Transaction ID : SB17.I654
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement FOOD AND BEVERAGE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	4485.65
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 41 OF 50	
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 800.00
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement SOFTWARE	Transaction ID : SB17.I656
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) B. DELTA AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 767.60
City ATLANTA	State GA	
Zip Code 30320	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I655
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) C. HOUSE DINING ROOM		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address US HOUSE OF REPRESENTATIVE US CAPITAL		Amount of Each Disbursement this Period 78.60
City WASHINGTON	State DC	
Zip Code 20515	Purpose of Disbursement FOOD AND BEVERAGE	Transaction ID : SB17.I657
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 50	
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. OMARS STEAKHOUSE		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address 301 S MAIN STREET		Amount of Each Disbursement this Period 767.23
City JONESBORO	State AR	
Zip Code 72404	Purpose of Disbursement FOOD AND BEVERAGE	Transaction ID : SB17.I661
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) B. TED'S BULLETIN		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address 505 8TH STREET		Amount of Each Disbursement this Period 214.22
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FOOD AND BEVERAGE	Transaction ID : SB17.I658
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) C. US HOUSE OF REP. GIFT SHOP		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address LONGWORTH BLDG		Amount of Each Disbursement this Period 226.56
City WASHINGTON	State DC	
Zip Code 20515	Purpose of Disbursement EVENT SUPPLIES	Transaction ID : SB17.I659
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 43 OF 50			
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address 7101 DEMOCRACY BLVD.		Amount of Each Disbursement this Period 323.23
City BETHESDA	State MD	
Zip Code 20817	Purpose of Disbursement PHONE SERVICE	Transaction ID : SB17.I662
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) B. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address 1815 E. HIGHLAND DR.		Amount of Each Disbursement this Period 8.05
City JONESBORO	State AR	
Zip Code 72401	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I660
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) C. SECURITY BANKCARD CENTER, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2013
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 3397.40
City TULSA	State OK	
Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENT	Transaction ID : SB17.I703
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SEE BELOW
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	3397.40
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 44 OF 50	
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. BILL'S BACKYARD BBQ		Date of Disbursement MM / DD / YYYY 02 / 13 / 2013
Mailing Address 7302 DICKINSON AVENUE		Amount of Each Disbursement this Period 340.00
City COLLEGE PARK	State MD Zip Code 20740	
Purpose of Disbursement FOOD AND BEVERAGE	Category/Type	Transaction ID : SB17.I710 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Date of Disbursement MM / DD / YYYY 02 / 13 / 2013
Mailing Address 300 FIRST STREET, SE		Amount of Each Disbursement this Period 127.50
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement FOOD AND BEVERAGE	Category/Type	Transaction ID : SB17.I705 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES		Date of Disbursement MM / DD / YYYY 02 / 13 / 2013
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 2212.30
City ATLANTA	State GA Zip Code 30320	
Purpose of Disbursement AIRFARE	Category/Type	Transaction ID : SB17.I711 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 45 OF 50	
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. UNITED STATES POSTAL SERVICE		Date of Disbursement MM / DD / YYYY 02 / 13 / 2013
Mailing Address 5420 KAVANAUGH BLVD.		Amount of Each Disbursement this Period 9.70
City LITTLE ROCK	State AR	
Zip Code 72207	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I704
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) B. WAL-MART		Date of Disbursement MM / DD / YYYY 02 / 13 / 2013
Mailing Address 1815 E. HIGHLAND DR.		Amount of Each Disbursement this Period 137.80
City JONESBORO	State AR	
Zip Code 72401	Purpose of Disbursement PHONE	Transaction ID : SB17.I706
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) C. SECURITY BANKCARD CENTER, INC.		Date of Disbursement MM / DD / YYYY 02 / 13 / 2013
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 57.81
City TULSA	State OK	
Zip Code 74121	Purpose of Disbursement FINANCE CHARGE	Transaction ID : SB17.I707
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 46 OF 50	
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. SECURITY BANKCARD CENTER, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2013
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 2878.41
City TULSA	State OK	
Zip Code 74121	Purpose of Disbursement CREDIT CARD PAYMENT	Transaction ID : SB17.I713
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SEE BELOW
State: District: 00		

Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2013
Mailing Address 320 FIRST STREET, SE		Amount of Each Disbursement this Period 850.00
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement TRAVEL	Transaction ID : SB17.I719
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) C. SECURITY BANKCARD CENTER, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2013
Mailing Address P.O. BOX 22116		Amount of Each Disbursement this Period 46.63
City TULSA	State OK	
Zip Code 74121	Purpose of Disbursement FINANCE CHARGE	Transaction ID : SB17.I714
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	2878.41
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 47 OF 50	
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. TORTILLA COAST		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2013
Mailing Address 400 FIRST STREET, SE		Amount of Each Disbursement this Period 35.58
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FOOD AND BEVERAGE	Transaction ID : SB17.I717
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) B. TRIUMPH CAMPAIGNS		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2013
Mailing Address P.O. BOX 12243		Amount of Each Disbursement this Period 10240.00
City JACKSON	State MS	
Zip Code 39236	Purpose of Disbursement CAMPAIGN CONSULTING	Transaction ID : SB17.I642
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. UNITED STATES POST OFFICE		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2013
Mailing Address 2404 RACE STREET		Amount of Each Disbursement this Period 500.00
City JONESBORO	State AR	
Zip Code 72401	Purpose of Disbursement BRE ACCOUNT DEPOSIT	Transaction ID : SB17.I667
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	10740.00
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 48 OF 50			
	<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)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. UNITED STATES TREASURY		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2013
Mailing Address 1500 PENNSYLVANIA AVE		Amount of Each Disbursement this Period 212.43 Transaction ID : SB17.I677
City WASHINGTON State DC Zip Code 20220	Purpose of Disbursement TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2013
Mailing Address 7101 DEMOCRACY BLVD.		Amount of Each Disbursement this Period 331.25 Transaction ID : SB17.I697
City BETHESDA State MD Zip Code 20817	Purpose of Disbursement PHONE SERVICE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2013
Mailing Address 7101 DEMOCRACY BLVD.		Amount of Each Disbursement this Period 421.72 Transaction ID : SB17.I698
City BETHESDA State MD Zip Code 20817	Purpose of Disbursement PHONE SERVICE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	965.40
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 49 OF 50			
	<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)
Crawford for Congress

A. VERIZON WIRELESS

Full Name (Last, First, Middle Initial)
Mailing Address 7101 DEMOCRACY BLVD.

City: BETHESDA State: MD Zip Code: 20817

Purpose of Disbursement: PHONE SERVICE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District: 00

Date of Disbursement: 03 / 04 / 2013

Amount of Each Disbursement this Period: 369.75

Transaction ID : SB17.I699

B. WINFREY & COMPANY

Full Name (Last, First, Middle Initial)
Mailing Address 228 S WASHINGTON STREET SUITE B-20

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Disbursement: FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District: 00

Date of Disbursement: 02 / 01 / 2013

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.I643

C. WINFREY & COMPANY

Full Name (Last, First, Middle Initial)
Mailing Address 228 S WASHINGTON STREET SUITE B-20

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Disbursement: FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District: 00

Date of Disbursement: 03 / 01 / 2013

Amount of Each Disbursement this Period: 2638.04

Transaction ID : SB17.I671

SUBTOTAL of Disbursements This Page (optional)..... 5007.79

TOTAL This Period (last page this line number only)..... 52242.30

**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 50 OF 50	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Crawford for Congress

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2013	
Mailing Address 320 FIRST STREET, SE			Amount of Each Disbursement this Period 10000.00	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB21.I676	
Purpose of Disbursement EXCESS FUNDS TRANSFER		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
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) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	10000.00