No	lid because Yes	sactions, or liabilities of a spouse or dependent chi with the Committee on Ethics.	d" income, trans irst consulted w	r assets, "unearne " unless you have t	EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
<b>№</b>	sed. Have you Yes	d certain other "excepted trusts" need not be disclosed. Have you	e on Ethics and dependent chil	ed by the Committe	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
S	EACH OF THESE QUESTIONS	- ANSWER	TINFORM	DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDEN
the onse.	on in this part must be answered and the chedule attached for each "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	S	table Yes	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
N <sub>O</sub>	angement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No No	Yes	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
s	before the date Yes	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	S	riod? Yes	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
₹   <b>&lt;</b>	he reporting Yes	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?  If yes, complete and attach Schedule VII.	No No	rity in Yes	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
No V	pating more Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	S S	es or od? Yes	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>yes, complete and attach Schedule I.</li> </ol>
		E QUESTIONS	OF THESE	WER EACH	PRELIMINARY INFORMATION — ANSWER
	30 days late.	Termination Date:		Amendment	Type Aprilial (May 16, 2011)
assessed	A \$200 penalty shall be assessed	Employing Office:	Officer or Employee	(ansas 1st	Filer  Member of the U.S. State: Arkansas  Status  House of Representatives District: 1st
JVERE	HAND DELIVERED	Daytime Telephone: 202.225.4076	Daytime T		Name: Eric Alan (Rick) Crawford
ourse center	EGISLATIVE RESOURCE DENTER 2011 JULI 15 AM 9: 54	Form A For use by Members, officers, and employees	MENT	NTATIVES DSURE STATE	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
0					

Name
Eric
Alan
(Rick)
Crawford

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## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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Source	Type	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Omario County Board of Education	Spouse Salary	NA
	Salary	58,562.31 (estimate)
Arkansas State University	Spouse Salary	N/A
Farm House Media, LLC	Spouse Salary	N/A
Valley View School District	Spouse Salary	N/A
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Page	yrd	Crawford	(Rick)	Alan	Eric	Name

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# SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

lope for transmitting the list is included in each Merricer's thinly package.			
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2010	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2010	\$500
N/A			
			,
	, and the		

(Continued next page)	American Funds Target 2040 401K	American Funds Money Market - 401K	Heritage Bank-CD (matured 9/29/10)	(Agri-Advertising), Jonesboro, AR	Farm House Media, LLC	JT 1st Bank of Paducah, KY Accounts	Examples:	SP SP Mega Corp. Stock	ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols.)  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retire-
				×		×	Indefinite	×	None	Value of Asset  Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
				LLC INCOME		X	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
						×	×	×	None       -         \$1 - \$200       =         \$201 - \$1,000       ≡         \$1,001 - \$2,500       ≥         \$2,501 - \$5,000       ≤         \$5,001 - \$15,000       ≦         \$15,001 - \$50,000       ≦         \$50,001 - \$100,000       ≦         \$100,001 - \$1,000,000       ∑         \$1,000,001 - \$5,000,000       ∑         Over \$5,000,000       ∑	Amount of Income  For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below.  Dividends, interest, and capital gains, even if relinvested, must be disclosed as income. Check "None" if no income was earned or generated.
	S	S						S (partial)	If only a portion of an asset is sold, please indicate as follows:  (S) (partial) See below for example.  P, S, E	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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2) Farm House Media became the	Note: 1) Crawford Media Holdings, LLC,	The of Clean to Clawford for Congress	Heritage Bank CD		Examples:	SP, SP Mega Corp. Stock	ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second income during the reporting period); any deposits totaling secounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or its jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	Asset and/or income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols.)  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retire-
	LLC,	gless		ounts			and its and its and its A nt, pro- nt, pro- second second second rental second rental second rental rental second rental rental second None	•
successor entity to AgWatch Media Lt	asset Isted on Form B filed on 5/17	<b>&gt;</b>	< ×	×	Indefinite	×	\$1 - \$1,000	Value of Asset  Value of Asset  Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
b., an asset listed in Form B filed	was transferred to Ag W	>	× ×	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as Income. Check "None" if the asset generated no income during the reporting period.
on 5/17/10.	Ltd. in 2009 and otherwise c	>	× ×	×	×	×	None       -         \$1 - \$200       ≡         \$201 - \$1,000       ≡         \$1,001 - \$2,500       ⋜         \$2,501 - \$5,000       <	Amount of Income  For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
	ssolved.					S (partial)	If only a portion of an asset is sold, please indicate as follows:  (S) (partial) See below for example.  P, S, E	Iransaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

# **SCHEDULE IV— TRANSACTIONS**

Name Eric Alan (Rick) Crawford

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										Heritage Bank CD	Heritage Bank CD	SP Americar	SP Americar	SP, DC, JT SP Example:	dren, or the purchase of ates rental income. If of cate ( <i>i.e.</i> , "partial sale Capital Gains — if a sof \$200, check the "cap ill.	Report any purchase, sor dependent child durierty held for investment
	-									Bank CD	Bank CD	American Funds Money Market	American Fund Target 2040	Asset  Mega Corporation Common Stock (partial sale)	resulted in a capital toss. Flowler a prier description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so Indicate ( <i>i.e.</i> , "partial sale"). See example below.  Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
							:			×	×				PURCHASE	of Tr
												×	×	×	SALE	Type of Transaction
															EXCHANGE	ction
															Check Box if Capita Gain Exceeded \$20	
										10-14-10	3-31-10	8-10-10	8-10-10	10-12-10	(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Date
									,			×			\$1,001- \$15,000	
					ļ								×	×	\$15,001- \$50,000	
										×	×				\$50,001- \$100,000	_ a  A
										_					\$100,001- \$250,000	Amount of
	 ļ. 		ļ			· .									\$250,001- \$500,000	
-							ļ	 		ļ					\$500,001- \$1,000,000	Transaction
				-	_			-		-	-				\$1,000,001- \$5,000,000	actio
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-		-				ļ	,		<u> </u>			ļ		$\prod$	\$50,000,000 Over	_
				<u> </u>						<u> </u>	]				\$50,000,000	

#### SCHEDULE V— LIABILITIES

Name Eric Alan (Rick) Crawford

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC,					
	Example:	Heritage	,,\+		
Creditor	First Bank of Wilmington, DE	Heritage Bank (Paid bank in full 12/31/10) Mar 2010			
Date Liability Incurred Mo/Year	May 1998				
Type of Liability	Mortgage on 123 Main St., Dover, DE	Promissory Note			
0,001- 5,000					
15,001- 50,000			 		
50,001- 100,000 P		×			
250,001- D	×				
500,000	-				
1,000,001-	$\vdash$	<u> </u>	_	-	
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#### SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) proh	Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.	
Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
N/A		

Use additional sheets if more space is required.

Name	
Eric Alan (	
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(Rick) Crawford	
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# SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor

spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a or were paid by you and reimbursed by the sponsor.

	Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Evemples:		Mar. 2	DC—Chicago—DC			Z	None
-Adminosos	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
			2025				
						;	
			99 99 99 90 91 91 91 91 91 91 91 91 91 91 91 91 91				

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Name Eric Alan (Rick) Crawford

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations): and positions solely of an honorary nature

Zalloris), and positions solery or air normary riations.	SIDIALY FRANCE.
Position	Name of Organization
	Arkansas 4-H Foundation member

### **SCHEDULE IX—AGREEMENTS**

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To	Terms of Agreement
N/A		