

# FINANCIAL DISCLOSURE REPORT

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#### FILER INFORMATION

Name: Hon. Eric A. "Rick" Crawford

Status: Member State/District: AR01

## FILING INFORMATION

Filing Type: Annual Report

Filing Year: 2016

**Filing Date:** 05/15/2017

# SCHEDULE A: ASSETS AND "UNEARNED" INCOME

None disclosed.

#### SCHEDULE B: TRANSACTIONS

None disclosed.

## SCHEDULE C: EARNED INCOME

Source	Туре	Amount
NEA Baptist Hospital	Spouse salary	\$25,000.00

#### SCHEDULE D: LIABILITIES

None disclosed.

#### SCHEDULE E: Positions

None disclosed.

## SCHEDULE F: AGREEMENTS

None disclosed.

#### SCHEDULE G: GIFTS

None disclosed.

#### SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

## SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offering?YesNo

**Trusts**: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

○ Yes ○ No

**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?

C Yes No

#### CERTIFICATION AND SIGNATURE

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Hon. Eric A. "Rick" Crawford, 05/15/2017