IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS 2013 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES 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. 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 that benefits you, your spouse, or dependent child? exceeding \$1,000 during the reporting period? Name: IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS b. Make more than \$200 in unearned income from any reportable FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the REPORT end of the reporting period? or asset during the reporting period? Eric Alan Crawford × × 2013 Annual (Due: May 15, 2014) U.S. House of Representatives Member of or Candidate for District: State: 151 R Yes Yes Yes /es Yes Daytime Telephone: 202.225.4076 × × Amendment 8 S S Z Š For Use by Members, Officers, and Employees × × × F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of fling? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period? Employee Officer or **Employing Office** Termination Date U.S. HOUSE OF REPRESENTATIVES DELIVERED 1 of 8 LEGISLATIVE RESOURCE CENTER 2014 JUN 11 AM 11: 59 Office Use Only) HAND Yes Yes Yes Ύes Yes Yes Yes Z 공 Z

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SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Eric Alan Crawford Page 2 of

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					A/N		Examples:		For tank and of no all interest-be so, 000, list ever when the solution of the	Asset and/oldentify (a) each ass production of income a exceeding \$1,000 at the and (b) any other regiment that generated income that generated income during the year. Provide complete name (do not use only ticker s (do not use only ticker \$1,000 at IRAs and othe \$1,000 at IRAs and \$1,
							<u>.</u>	SP	d other sub-pairs st-bearing st-b	each each grincom grin
						ABC Hedge Fund	Simon & Schuster	Mega Corp. Stock	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts. For rental and other real property hald for investment, provide a complete address or description, e.g., "rental property and a city and state. For an ownership merest 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. As activities, and its geographic location nomes (unless there was rental income during the reporting petrod); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	Asset and/or Income Source Asset and/or Income Source Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in unearmed income that generated more than \$200 in unearmed income that generated more than \$200 in unearmed income ourning the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other rebrement plans (such as \$51(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.
						×		믝	ount over re is over re is ness the over the list its list and derail derail over the et or yone	
			L				<u> </u>		None	Indicate value of as valuation method oth used. If an asset was sol because if generated "Column M is for ass you have no interest.
			_			2.12	_		\$1-81,000	ion ma asset seit g ave no
							Indefinite		\$1,001-\$15,000	ue of sthod sthod was eneral so for a interest
							"		\$15,001-\$50,000	asse other other sold of ted in ted in tests
*								×	\$50,001-\$100,000	t at c than f during come, held
\Box				٦,					\$100,001-\$250,000	Value of Asset Value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." **Column M is for assets held by your spouse or dependent child in which you have no interest.
	-					×			\$250,001-\$500,000	ELOCK B Le of the market v market v re reportine e value st your spou
	2.					,		şv.	\$500,001-\$1,000,000	SSet reportation / Alice / Ali
									\$1,000,001-\$5,000,000	pleas pleas be "N
				, ,) 3	1			\$5 ,000,001-\$25,000,000	period e spe and is one."
									\$25,000,001-\$50,000,000	child
	6		_			`	L		Over \$50,000,000	in who let me!
									Spouse/DC Asset over \$1,000,000*	
3		<u> </u>			٠.,				NONE	Type of Inc. Check all columns that apply, generate tax-delerred income (st. 2529 accounts), you may chec column. Dividends, interest, even if reinvested, must be d for assets held in taxable acco if the asset generated no incom period.
								×	DIVIDENDS	ate ta
				1	***	ì	L		RENT	colum x-defi nts) Divide invest held
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ž,							3	**	CAPITAL GAINS	BLOCK O of Inc of In
		_	ļ				ļ.,		EXCEPTED/BUND TRUST	BLOCK C Type of Income nns that apply. Fo erned income (such as you may check the ends, interest, and ted, must be disate in taxable accounts erated no income dun
100				,	,				TAX-DEFERRED ?	For For the sand during during the during th
						Partnership Income	Royallies		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	accounts that 401(k), IRA, or "Ta-Chefered" capital gains, ed as income Check "None" g the reporting
2	Ŷ						3	1. A.	None	For assets category o Dividends, must be a accounts. generated. *Column × child in whi
						- 61/-	- X (2	- 50	\$1-\$200	ssets: heck ony o ony o ands, be d ated. n whiin
						. 44	d j	100	\$201-\$1,000	the for white interest in the for white in the final children chil
			ļ				<u> </u>	×	\$1,001-\$2,500	An when you seed a seed
2			<u> </u>	ĝ,	٠.	<u> </u>	1,3	-15-	\$2,501-\$5,000	noul noul noul noul noul noul noul noul
			_				<u> </u>		\$5,001-\$15,000	Amount of Income For all other assets indicate to Category of moone by checking the appropriate box beloe Dividends, interest, and capital gains, even if reinveste must be disclosed as income for assets held in taxat accounts. Check "None if no income was earned generated. Check "None if no income was earned generated. Column XII is for assets held by your spouse or depende child in which you have no interest.
\vdash	Š	L.	ļ			<u> </u>	Ŀ		\$15,001-\$50,000	Tax-I gain for in
			<u> </u>				_			Deferrence other approxims, evil assett noome
			<u> </u> _			·	7.5		\$100,001-\$1,000,000	red ir asset opriati ven i s hei s war
\Box			<u> </u>						\$1,000,001-\$5,000,000	1 Bloc Is indi Is box If rein Id in S ear
$\vdash \vdash$			_						Over \$5,000,000 Spouse/DC Asset with Income over \$1,000,000*	Amount of Income For assets for which you checked "Tax-Deferred" in Block C, 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 for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.
\vdash								φ		
								S(part)	Leave mis column blank if there are blank if there are that exceeded \$1,000.	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period, If only a portion of an asset was sold please indicate as follows: (S (part)).
						L			r E	on odd old

SCHEDULE B - TRANSACTIONS

Name: Eric Alan Crawford Page 3 | | & | &

	50														N/A	SP Example Mega Corp. Stock	SP. DC, JT Asset	a portion of an asset is sold, please choose 'partial sale' as the type of transaction. Capital Gains: If a sales transaction resulted in a capital gain' in excess of \$200, check the 'capital gains' box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your pessonal residence, unless it generated rental income. If only	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your
					,			,* \	3								,	Purchase		Type
		200		 				Jav.		A				 			<u> </u>	Sale		Type of Transaction
<u></u>			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 			:	,								× —		Partial Sale		saction
												-					_	Exchange		
L																×		Check Box if Capita Exceeded \$200	l Gain	
																3/6/13		Quarterly, Monthly, or Bi- weekly, if applicable	(MO/DA/YR) or	Date
	,	4	. ,		, , ,			, ⁹	,	s.						ja v		\$1,001- \$15,000	>	
																×		\$15,001- \$50,000	B	
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	3 4						3 ,										,	\$25,000,001- \$50,000,000		
																		Over \$50,000,000		
												`. 2	,					Over \$1,000,000* (Spouse/DC Asset)	^	

SCHEDULE C - EARNED INCOME

Name: Eric Alan Crawford Page 4 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. 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. INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain
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types of income (no	types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	totally prohibited.	
	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000 * 18 PAG
Examples:	Civil War Roundtable (Cct. 2)	Spouse Speech	\$1,000
NEA Baptist	NEA Baptist of Jonesboro	Spouse Salary	N/A

SCHEDULE D - LIABILITIES

	Name:	
	Name: Eric Alan Crawford	
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	Page_	
	age 5 of 8	
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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 your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabile); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

				Ľ,		SP, DC, JT		
				GMF	Example			
				GMFS, LLC	First Bank of Wilmington, DE	Creditor		
				4-2013	5/98	Date Liability Incurred MO/YR		
	Veterans Administration Loan	Interest Rate: 2.75%	4008 Chapel Hill Drive, Jonesboro AR 72404	Mortgage on personal residence	Mortgage on Rental Property, Dover, DE	Type of Liability		
					•	\$10,001- \$15,000	>-	
						\$15,001- \$50,000	æ	
						\$50,001- \$100,000	C	
					×	\$100,001- \$250,000	O	
				×		\$250,001- \$500,000	m	Amount of Liability
						\$500,001- \$1,000,000	TI	t of Li
						\$1,000,001- \$5,000,000	G .	ability
						\$5,000,001- \$25,000,000	Ξ	
3, 2						\$25,000,001- \$50,000,000	-	
				- 10		Over \$50,000,000	٠.	
		,	`			Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

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

listed in Schedule C; positions held in any religious, social, f	listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization
N/A	

SCHEDULE F - AGREEMENTS

Name: Eri	
c Alan Crawford	
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		The state of the s
Date	Parties to Agreement	Terms of Agreement
	N/A	

SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from 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 \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

d			
	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA		\$400
N/A			

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENT

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	Name:	
	Eric Alan Crawford	
	Page 7 of 8	•
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sponsor or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; 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 (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

							A/N	Examples:	1	
								Habital for Humanity (charity fundraiser)	Government of China (NECEA)	Source
								Mar. 3-4	Aug. 6-11	Date(s)
								DC-Basion-DC	DC-Beying, China - DC	City of Departure – Destination — City of Return
	,							Y	~	Lodging? (YNN)
								¥	Ý	Food? (Y/N)
								۲	Z	Family Member Included? (Y/N)

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:	
Eric Alan Crawford	
Page 8 of 8	

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 paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	isor of an event to a charitable organ	iization in lieu of paying an	honorarium to you. A
Source	Activity	Date	Amount
Association of American Associations, Washington, DC XY7 Manazine	Speech	Feb. 2, 2013	\$2,000
N/A			
			_