

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Hon. Eric A. "Rick" Crawford

Status: Member State/District: AR01

FILING INFORMATION

Filing Type: Amendment Report

Filing Year: 2016

Filing Date: 06/8/2017

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

Trip Details			Inclusions				
Source	Start Date	End Date	Itinerary	Days at Own Exp.	Lodging?	Food?	Family?
Washington Office on Latin America	06/28/2016	07/2/2016	Memphis, TN - Havana, Cuba - Memphis, TN	0	∀	<u> </u>	V
Washington Office on Latin America	04/5/2016	04/9/2016	Memphis, TN - Havana, Cuba - Memphis, TN	0	<u> </u>	<u></u>	П

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

Yes No

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, 06/8/2017