Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6111

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 9

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

FILED FOR RECORD
2006 JAN 17 PM 12:47
TRAVIS COUNTY CLERK
TRAVIS COUNTY TEXAS

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR (circled) FIRST: James MI:
NICKNAME: LAST: Crabtree SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: P.O. Box 301411 APT / SUITE #: CITY: STATE: ZIP CODE:
Austin, TX 78703

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (512) PHONE NUMBER: 924-7253 EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR (circled) FIRST: Marc MI: A
NICKNAME: LAST: Levin SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 401 W. 15th St. APT / SUITE #: Suite 850 CITY: STATE: ZIP CODE: Austin, TX 78701

8 CAMPAIGN TREASURER PHONE
AREA CODE: (512) PHONE NUMBER: 469-7474 EXTENSION:

9 REPORT TYPE
☑ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year: 7 / 1 / 2005 THROUGH Month Day Year: 12 / 31 / 2005

11 ELECTION
ELECTION DATE Month Day Year: 3 / 7 / 2006
ELECTION TYPE: ☑ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any):
13 OFFICE SOUGHT (if known): Travis County Clerk

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **
Name
Address / PO Box: Apt. / Suite #: City: State: Zip Code:
☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: James Crabtree

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0 (all itemized)
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,895.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0 (all itemized)
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1,483.37
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1,661.63
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

19 AFFIDAVIT

MARTI BERTRAM
Notary Public, State of Texas
My Commission Expires
AUGUST 20, 2006

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

James Crabtree
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James Crabtree, this the 16th day of Jan., 20 06, to certify which, witness my hand and seal of office.

Marti Bertram	MARTI BERTRAM	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 5

2 FILER NAME James Crabtree

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/15/05	Terry Keel 1108 Lavaca Austin, TX 78701	$100.00	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/6/05	Dick Archer 3205 Oakridge Temple, TX 76502	$125.00	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/13/05	Peggy Cravens 2704 Pinewood Terrace Austin, TX 78757	25.00	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/5/05	Terry Dill 7003 Western Oaks Austin, TX 78749	100.00	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/5/05	Dan Felts 3603 Wellspring Austin, TX 78738	200.00	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 5

2 FILER NAME: James Crabtree

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/28/05	Jack Shuler 10810 S. Tropical Trail Merrit Island, FL 32952	300.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/5/05	William Petticrew 114 Barbie Ct. Lakeway, TX 78734	50.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/5/05	Pat Sargent 9123 Grenada Hills Austin, TX 78737	25.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/7/05	James Carlson 5607 Sunshine #106 Austin, TX 78756	25.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/28/05	James Crabtree P.O. Box 301411 Austin, TX 78703	100.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 5

2 FILER NAME: James crabtree

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/1/05	Bud Schaverte 8501A Cima Oak Lane Austin, TX 78759	50.00	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/29/05	Rita Mottola 310 W. 56th St. New York, NY 10019	50.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/11/05	Patrick Mendoza 6000 Shepherd Mountain Cove #1008 Austin, TX 78730	100.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/13/05	Rich Phillips P.O. Box 93128 Austin, TX 78709	50.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/18/05	Trish Ganier 2016 N. Adams St. #308 Arlington, VA 22201	75.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 5

2 FILER NAME: James Crabtree

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/27/05	Lago Vista Area Republican Women PAC 4006 Constitution Dr. Lago Vista, TX 78645	$125.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/22/05	Jim Skaggs 4700 Toreador Austin, TX 78746	100.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/30/05	Susan Yassa 320 N. Kenwood Dr. Glendale, CA 91206	$50.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/21/05	Gloria Martino 704 Pebble Beach Path Riverhead, NY 11901	25.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/7/05	Hans Rickhoff 1801 K Street, Suite 340 Washington D.C. 20006	200.00	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 5

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/21/05	Suzanne Sanders Bellsnyder 1913 Edgeware Austin, TX 78704	50.00	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/9/05	Capt. Mike Pretus 10404 Wisteria Dr. Fredericksburg, VA	20.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/9/05	John and Tina Braun 705 Rocky River Rd. Austin, TX 78746	50.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME: James crabtree

3 ACCOUNT # (Ethics Commission files):

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
11/25/05	Office Max 907 W. 5th St. Austin, TX 78703	216.37

8 Purpose of payment (See instructions regarding type of information required.): mailing supplies and copies

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
11/20/05	U.S. Postal Service 3507 N. Lamar Austin, TX 78705	17.00

Purpose of payment (See instructions regarding type of information required.): postal box rental

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.):

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.):

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME James Crabtree

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
12/21/05	Travis County Republican Party 7801 N. Lamar Blvd., Suite A-123 Austin, TX 78752	filing fee ☑ Reimbursement from political contributions intended	1,250.00
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.) ☐ Reimbursement from political contributions intended	Amount ($)
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.) ☐ Reimbursement from political contributions intended	Amount ($)
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.) ☐ Reimbursement from political contributions intended	Amount ($)
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.) ☐ Reimbursement from political contributions intended	Amount ($)

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