

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME James Crabtree for County Clerk 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. --

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

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)	\$ 4,875 2,275 J.C.
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,216.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 249.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Crabtree, this the 9th day of October, 2006, to certify which, witness my hand and seal of office.

Peggy Nelson
Signature of officer administering oath

Peggy Nelson
Printed name of officer administering oath

Notary Public
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:	
2 FILER NAME <i>James Crastree</i>		3 ACCOUNT # (Ethics Commission Efers)	
4 Date <i>8/7/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lake Travis Republican Club PAC</i>	7 Amount of contribution (\$) <i>\$500</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3 Candleleaf Ct. Lakeway, TX 78734</i>		(if travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7/27</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Cynthia Kilmer</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>609 Castle Ridge Ste. 315 Austin, TX 78746</i>		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sherri Brummett</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7604 Fireoak Dr. Austin, TX 78759</i>		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/9</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Harriet Nikus</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>19205 Ganton Ct. Pflugerville, TX 78660</i>		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gen. Richard Box</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>711 W. 38th St. D-2 Austin, TX 78705</i>		(if travel outside of Texas, complete Schedule T)	
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:	
2 FILER NAME <i>James Crabtree</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>9/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Roy Reinerz</i>	7 Amount of contribution (\$) <i>\$100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>21421 Patton Ave. Lago Vista, TX 78645</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/28</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Assoc. Conservatives of TX PAC</i>	Amount of contribution (\$) <i>\$125</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8911 N. Capitol of TX Hwy. Ste. 2110 Austin, TX 78759</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/28</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Jay Brummett</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7604 Fireoak Dr. Austin, TX 78759</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/28</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Carl Tepper</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3205 Skylark Dr. Austin, TX 78757</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/28</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Jeff Flece</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9612 Corbe Dr. Austin, TX 78726</i>		(If travel outside of Texas, complete Schedule T)	
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:	
2 FILER NAME <i>James Crabtree</i>		3 ACCOUNT # (Ethics Commission Bers)	
4 Date <i>9/28</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Charles Dezman</i>	7 Amount of contribution (\$) <i>\$100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>8317-106 Clus Ridge Cr. Austin, TX 78735</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/28</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Leslie Weber</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6613 Casimir Crne Austin, TX 78739</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/28</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Pat McGuiness</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9310 Old Lampasas Trl. Austin, TX 78750</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/28</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Norma Walston</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6113 Gardenridge Hollow Austin, TX 78750</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/28</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gretchen Munday</i>	Amount of contribution (\$) <i>\$25</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2327 Cypress place #E Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
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:	
2 FILER NAME <i>James Crabtree</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>9/28</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Ann Marie Sandlin</i>	7 Amount of contribution (\$) <i>\$40</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>11301 Spicewood Pkwy. Austin, TX 78750</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/28</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Mike Mc Namara</i>	Amount of contribution (\$) <i>\$30</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3501 Carla Dr. Austin, TX 78754</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/28</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>David Crabtree</i>	Amount of contribution (\$) <i>\$80</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5107 Ave F</i> <i>1512 33rd St. San Diego, CA 92107 92102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/3</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Ken Wallingford</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3707 Green Trails South Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/3</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Burgess Family</i>	Amount of contribution (\$) <i>\$25</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11217 Native Texan Trl. Austin, TX 78735</i>		(If travel outside of Texas, complete Schedule T)	
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:	
2 FILER NAME <i>James Crabtree</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>10/3</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mark Loeffler</i>	7 Amount of contribution (\$) <i>\$50</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6704 Township Trl. Austin, TX 78759</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/27</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Michael Herring</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2811 Silverway Dr. Austin, TX 78757</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Wanda Heinzmann</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8125 E. Lavender Dr. Gold Canyon, AZ 85218</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Terri McGee</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>12718 Forsythe Dr. Austin, TX 78759</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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:	
2 FILER NAME <i>James Crabtree</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>7/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lake Travis Republican Club PAC</i>	7 Amount of contribution (\$) <i>\$2,500</i>	8 In-kind contribution description (if applicable) <i>In-kind donation of Travis County voter database</i>
6 Contributor address; City; State; Zip Code <i>3 Candleleaf Ct. Lakeway, TX 78734</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/2</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>David Dewhurst for Lt Gov Campaign</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable) <i>In-kind donation of Travis County donor file</i>
Contributor address; City; State; Zip Code <i>P.O. Box 756 Austin, TX 78767</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B:

2 FILER NAME

James Crastree

3 ACCOUNT # (Ethics Commission Ebers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (DIF: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (DIF: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (DIF: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (DIF: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (DIF: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:

2 FILER NAME *James Crabtree* 3 ACCOUNT # (Ethics Commission Bers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral
 none

15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code	

19 Principal Occupation 20 Employer

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

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

Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	

Principal Occupation Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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 FILER NAME

James Crastree

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

8/15

CDCST, Inc.

\$723.61

6 Payee address; City, State; Zip Code

400 Greenlawn Blvd.
Round Rock, TX 78664

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

Campaign push-cards

(If travel outside of Texas, complete Schedule T)

9 - Complete if direct expenditure to benefit C/OH -

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/4

CDCST, Inc.

\$324.74

Payee address; City, State; Zip Code

400 Greenlawn Blvd.
Round Rock, TX 78664

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

~~Design~~ design work

(If travel outside of Texas, complete Schedule T)

- Complete if direct expenditure to benefit C/OH -

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/2

Megan Schad

\$193.75

Payee address; City, State; Zip Code

13021 Legendary Dr. # 1717
Austin, TX 78727

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

Fundraising fee

(If travel outside of Texas, complete Schedule T)

- Complete if direct expenditure to benefit C/OH -

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/5

Paragon Printing

\$1,493.70

Payee address; City, State; Zip Code

10423 McKalla Pl.
Austin, TX 78758

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

4ft by 8ft signs

(If travel outside of Texas, complete Schedule T)

- 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:

2 FILER NAME

James Crabtree

3 ACCOUNT # (Ethics Commission files)

<p>4 Date</p> <p><i>10/1</i></p>	<p>5 Payee name</p> <p><i>Sprint Digital Printing</i></p>	<p>8 Amount (\$)</p> <p><i>\$1,480.86</i></p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
	<p>6 Payee address; City; State; Zip Code</p> <p><i>10100 Clay Rd. ste C Houston, TX 77080</i></p>	
	<p>7 Purpose of expenditure (See instructions regarding type of information required.)</p> <p><i>Yardsigns</i></p> <p>(If travel outside of Texas, complete Schedule T)</p>	
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> <p>(If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> <p>(If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> <p>(If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.)</p> <p>(If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

James Crabtree

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Business name	7 Amount (\$)
	6 Business address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

James Crastree

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Crabtree for County Clerk
P.O. Box 301411
Austin TX 78703

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RETURN RECEIPT
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Dana DeBeauvoir
Travis County Clerk
Elections Division
P.O. Box 149325
Austin TX 78714-9325