

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6405

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST James	MI E.
	NICKNAME	LAST Crabtree	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX P.O. Box	APT / SUITE # 301411	CITY, STATE, ZIP CODE Austin, TX 78703
	AREA CODE (512)	PHONE NUMBER 924-7253	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR Mr.	FIRST Mark	MI
	NICKNAME	LAST Levin	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (INC PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE 401 W. 15th st. ste #850 Austin, TX 78701
	AREA CODE (512)	PHONE NUMBER 469-7474	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> Final report (Attach C/OH - FR)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff
10 PERIOD COVERED	Month Day Year 10 / 31 / 06	THROUGH	Month Day Year 12 / 6 / 06
	11 ELECTION	ELECTION DATE Month Day Year 11 / 7 / 06	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Travis County Clerk	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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	

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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

\$ All itemized

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,445

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ All itemized

4. TOTAL POLITICAL EXPENDITURES

\$ ~~5,669.37~~ 5,675.96

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

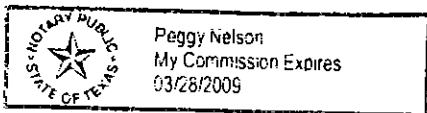
\$ 0

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

AFF X NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Crabtree, this the 7th day of December, 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 filers)	
4 Date <i>10/30</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sharolyn Wood</i>	7 Amount of contribution (\$) <i>\$50</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code <i>9597 Jones Rd. #379 Houston, TX 77065</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/30</i>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <i>600402602</i>) <i>Loughorn PAC</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>P.O. Box 40385 Washington, D.C. 20016</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Statement of organization attached</i>		Employer (See Instructions)	
Date <i>11/1</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Joe Reynolds</i>	Amount of contribution (\$) <i>\$300</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>10724 memorial Dr. Houston, TX 77024</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/6</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Vivian Craft</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>108 clubhouse Dr. Austin TX 78734</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/6</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Diane Hunt</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>106 Nakoma Dr. Austin TX 78734</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>11/6</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bill Crocker</i>	7 Amount of contribution (\$) <i>\$50</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>3103 Hillview Rd. Austin, TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>11/6</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Maryanne Marquis</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1027 Challenger Lakeway, TX 78734</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/6</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Donna Boyles</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>107 Royal Oak Ln. Austin TX 78734</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/6</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jordan Baird</i>	Amount of contribution (\$) <i>\$75</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>707 W. Thompson Ave. Temple, TX 76501</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/6</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Katherine Schieffer</i>	Amount of contribution (\$) <i>\$25</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>3416 Normandy Ridge Ln. Austin TX 78738</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

James Crabtree

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/4

5 Full name of contributor out-of-state PAC (ID# _____)

Ramona Koehl

6 Contributor address: City: State: Zip Code

4004 Greenmountain
Austin TX 78759

7 Amount of contribution (\$)

\$25

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/1

Full name of contributor out-of-state PAC (ID# _____)

Arthur Retallick

Contributor address: City: State: Zip Code

1915 Payne Ave.
Austin, TX 78757

Amount of contribution (\$)

\$20

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31

Full name of contributor out-of-state PAC (ID# _____)

Chris Schutter

Contributor address: City: State: Zip Code

800 Sunflower Dr.
Pflugerville, TX 78660

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31

Full name of contributor out-of-state PAC (ID# _____)

Stephen Roye

Contributor address: City: State: Zip Code

7602 Sandysate Ln.
Houston TX 77095

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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)

(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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

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

4 TOTAL OF UNITEMIZED PLEDGES: $\$ \emptyset$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	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 (ID# _____)	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 (ID# _____)	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 (ID# _____)	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 (ID# _____)	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)

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 <i>James Crabtree</i>		3 ACCOUNT # (Ethics Commission filers):
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ <i>0</i>
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 <input type="checkbox"/> 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 <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
Guarantor address: City: State: Zip Code		
Principal Occupation	Employer	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

James Crabtree

3 ACCOUNT # (Ethics Commission form)

4 Date

5 Payee name

7 Amount (\$)

11/1

Magic 95.5 FM

6 Payee address: City: State: Zip Code

*4301 Westbank Dr. - Escalade B - 3rd Floor
Austin, TX 78746*

\$2,000

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

radio ads

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officerholder name Office sought Office held

Date

Payee name

Amount (\$)

11/1

Sprint Digital Printing

Payee address: City: State: Zip Code

*10100 Clay Rd. Ste. C
Houston, TX 77080*

\$1,480.86

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

yardsigns

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officerholder name Office sought Office held

Date

Payee name

Amount (\$)

11/1

CDLST, Inc.

Payee address: City: State: Zip Code

*400 Greenlawn Blvd.
Round Rock, TX 78664*

\$589.61

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

pushcards

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officerholder name Office sought Office held

Date

Payee name

Amount (\$)

11/7

Cool River Cafe c/o Fleese campaign

Payee address: City: State: Zip Code

*4001 Parmer Ln.
Austin, TX 78727*

\$1,000

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

Joint Election night party/reception

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officerholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

James Crabtree

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name *Central Park Station
U.S. Postal Service*

7 Amount (\$)

11/4

6 Payee address; City; State; Zip Code

*3507 N. Lamar Blvd.
Austin, TX 78705*

\$390

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

Postage

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

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Central Texas Republican Assembly

Amount (\$)

12/4

Payee address; City; State; Zip Code

\$208.90

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

Donation of remaining funds

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

(If travel outside of Texas, complete Schedule T)

Date

Payee name

HEB

Amount (\$)

12/6

Payee address; City; State; Zip Code

*Hwy.
1825 Pflugerville, TX 78660*

\$6.59

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

Pens / markers

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

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

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)

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.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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
--	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 Crabtree

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.)		
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 -- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME <i>James Crabtree</i>	2 ACCOUNT # (Ethics Commission file #)
--------------------------------------	--

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

James Crabtree

 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

James Crabtree

 Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

 Signature of Officeholder

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

DTCC, LLC, et al.

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

LONGHORN PAC

ADDRESS (Print and stencil) 1155 21st Street NW

X (Check if address is changed) Suite 300

Washington DC 20088

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
ward@politicalcompliance.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

2. DATE 03 20 2006

3. FEC IDENTIFICATION NUMBER C C00402602

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Christopher J. Ward

Signature of Treasurer Electronically Filed by Christopher J. Ward Date 03 20 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only For further information contact: Federal Election Commission Toll Free 800-424-9630 Local 202-694-1100

FEC FORM 1
(Revised 02/2005)

Emily Palumbos 10/23/06

EMILY PALUMBOS
Notary Public, District of Columbia
My Commission Expires 01/07

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

None _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

LONGHORN PAC

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Christopher J. Ward

Mailing Address 6802 Massachusetts Ave

Bethesda MD 20816

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Christopher J. Ward

Mailing Address 6902 Massachusetts Ave

Bethesda MD 20816

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Frost National Bank

Mailing Address

PO Box 1600

San Antonio

TX

78296

CITY Δ

STATE Δ

ZIP CODE Δ