

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**


**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME KARIN CRUMP	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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	\$ 275.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,973.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 113.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,999.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,709.00
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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karin Crump this the 1st day of February 20 10, to certify which, witness my hand and seal of office.

<u>Deanna Pickrell</u>	<u>Deanna Pickrell</u>	<u>Notary</u>
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: 7	
2 FILER NAME KARIN CRUMP		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/4/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marshall Wood	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 6410 Springwood Circle Texas Kana, TX 75503		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Noxon & Wood	
Date 1/4/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David R. McAttee, II	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 6824 Lupton Drive Dallas, TX 75225		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Haynes and Boone, LLP	
Date 1/5/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carla Hohertz	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 611 Oakwood Lane Dripping Springs 78620		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)	
Date 1/8/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Murray	Amount of contribution (\$) \$40	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 13740 N. Hwy 193, Ste 1, Bldg L Austin, TX 78750		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Murray Walker + Assoc., P.C.	
Date 1/11/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Johnson	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1905 Holly Hill Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Clark, Thomas + Winters	

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 **7**

2 FILER NAME **KARIN CRUMP**

3 ACCOUNT # (Ethics Commission filers)

4 Date **1/15/10**
 5 Full name of contributor out-of-state PAC (ID# _____)
Krishna Kastl
 6 Contributor address: City: State; Zip Code
**3355 Blackburn #7403
 Dallas, TX 78704**

7 Amount of contribution (\$) **\$100**
 8 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Self

Date **1/15/10**
 Full name of contributor out-of-state PAC (ID# _____)
Dena DeNooyer Stroh
 Contributor address: City: State; Zip Code
**6216 Largent
 Dallas, TX 75214**

Amount of contribution (\$) **\$100**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Carrington Coleman

Employer (See Instructions)

Date **1/15/10**
 Full name of contributor out-of-state PAC (ID# _____)
Mary Goodrich Nix
 Contributor address: City: State; Zip Code
**7270 Baxtershire
 Dallas, TX 75230**

Amount of contribution (\$) **\$200**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Gordon + Reese

Date **1/15/10**
 Full name of contributor out-of-state PAC (ID# _____)
Jane Rose Hurst
 Contributor address: City: State; Zip Code
**6146 Park Lane
 Dallas, TX 75225**

Amount of contribution (\$) **\$100**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

Date **1/15/10**
 Full name of contributor out-of-state PAC (ID# _____)
Crain Lewis
 Contributor address: City: State; Zip Code
**3400 Carlisle Street, Ste 300
 Dallas, TX 75204**

Amount of contribution (\$) **\$100**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney

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: **1**

2 FILER NAME **KARIN CRUMP** 3 ACCOUNT # (Ethics Commission file#)

4 Date 11/15/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melinda Eitzen	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 4657 Adrian Way Plano, TX 75024	(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **Attorney** 10 Employer (See Instructions) **McClure, Duffee + Eitzen LLP**

Date 11/15/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Estee Whitaker	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3410 Oakhurst Dallas, TX 75214	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **Attorney** Employer (See Instructions) **Nationwide**

Date 11/15/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patsy Yung Micale	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2708 Shelby Avenue Dallas, TX 75219	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **Attorney** Employer (See Instructions) **US Dept of Homeland Security**

Date 11/15/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephanie Dooley Nelson	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4343 Normandy Dallas, TX 75205	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **Attorney** Employer (See Instructions) **Carrington Coleman**

Date 11/15/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Monica Latin	Amount of contribution (\$) \$600	In-kind contribution description (if applicable) (Food + beverage)
	Contributor address; City; State; Zip Code 6701 Lake Circle Drive Dallas, TX 75214 - 3420	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **Attorney** Employer (See Instructions) **Carrington Coleman**

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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: 7	
2 FILER NAME KARIN CRUMP		3 ACCOUNT # (Ethics Commission ID#)	
4 Date 1/21/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Kirsten Cohoon	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable) \$41 (food)
6 Contributor address; City; State; Zip Code 832 Fisher Houston, TX 77018		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Imperial Sugar	
Date 1/21/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Emily Blackwell	Amount of contribution (\$) \$100	In-kind contribution description (if applicable) \$41 (food)
Contributor address; City; State; Zip Code 6224 Lake Houston, TX 77057		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Vinson & Elkins, LLP	
Date 1/21/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Erin O'Briscoll	Amount of contribution (\$) \$100	In-kind contribution description (if applicable) \$41 (food)
Contributor address; City; State; Zip Code 4315 Feagan Street Houston, TX 77007		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Morgan Lewis	
Date 1/21/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Karl Holub	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12719 Cobblestone Drive Houston, TX 77057		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/28/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Robin Krumme	Amount of contribution (\$) \$125⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 Congress Avenue, Ste 1300 Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Mathis, Osier, Jefferson & Wisdom	

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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: 7	
2 FILER NAME Karin Crump		3 ACCOUNT # (Ethics Commission files)	
4 Date 1/25/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pamela Samman	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 505 Cotter Cotter, Arkansas 72626		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Librarian Asst		10 Employer (See Instructions) Martain Home	
Date 1/28/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cori Harbour	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 747 E. San Antonio Av. El Paso, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-employed	
Date 1/21/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CE Rhodes	Amount of contribution (\$)	In-kind contribution description (if applicable) \$41 (food)
Contributor address; City; State; Zip Code 9015 Bayview Cove Drive Houston, TX 77054		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Baker Hughes	
Date 1/21/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doug O'Arche	Amount of contribution (\$)	In-kind contribution description (if applicable) \$41⁰⁰ (food)
Contributor address; City; State; Zip Code 1000 Louisiana, Ste 2000 Houston, TX 77002		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Baker Hostetter	
Date 1/21/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kimberly Samman	Amount of contribution (\$)	In-kind contribution description (if applicable) \$41⁰⁰ (food)
Contributor address; City; State; Zip Code 1445 N. Loop W, St 700 Houston, TX 77008		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Smith Hassler	

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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: 7	
2 FILER NAME Karin Crump		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/28/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ben Connally	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4848 Pin Oak Park #424 Houston, TX 77081		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Sheehy, Ware & Pappas	
Date 1/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alfonso Kennard	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3746 Rocky Ledge Lane Katy, TX 77494		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Epstein, Becker, Green, Wickham & Hall	
Date 1/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eric Pan	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 812 Winflo Drive Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) VM WARE	
Date 1/27/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maureen Garrett	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3715 Durhill Street Houston, TX 77025		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 1/28/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tricia Suzanne Murphy	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8007 Davis Mountain Cove Austin, TX 78726		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Asst. Teacher		Employer (See Instructions) Canyon Creek Preschool	

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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: 7	
2 FILER NAME KARIN CRUMP		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/15/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peggy Glenn-Summitt	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 570507 Dallas, TX 75357		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Senior Source	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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)	

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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: **4**

2 FILER NAME **KARIN CRUMP**

3 ACCOUNT # (Ethics Commission files)

4 Date
1/4/10

5 Payee name
Travis Co Democratic Party

7 Amount (\$)
\$1,250

6 Payee address; City; State; Zip Code
**P.O. Box 684263
Austin, TX 78768**

8 Purpose of payment (See instructions regarding type of information required.)
Sponsorship / Field Operation
(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
1/5/10

Payee name
Capital Area Progressive Democrats

Amount (\$)
\$10

Payee address; City; State; Zip Code
**11 De Lavaca
Austin, TX 78701**

Purpose of payment (See instructions regarding type of information required.)
Dues
(If travel outside of Texas, complete Schedule T)

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

Date
1/6/10

Payee name
Cheesecake Factory

Amount (\$)
\$55

Payee address; City; State; Zip Code
**1000 Research Blvd
Austin, TX 78759**

Purpose of payment (See instructions regarding type of information required.)
Volunteer lunch mtg
(If travel outside of Texas, complete Schedule T)

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

Date
1/5/10

Payee name
Stonewall Democrats

Amount (\$)
\$30

Payee address; City; State; Zip Code
**P.O. Box 40898
Austin, TX 78704**

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

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME KARIN Crump		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/9/10	5 Payee name Central TX Democratic Forum	7 Amount (\$) \$20
6 Payee address: City: State: Zip Code P.O. Box 684263 Austin, TX 78768		
8 Purpose of payment (See instructions regarding type of information required.) Lunch meeting <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
Date 1/11/10	Payee name Austin BAR Association	Amount (\$) \$350
Payee address: City: State: Zip Code 816 Congress Av. Austin, TX 78701-2665		
Purpose of payment (See instructions regarding type of information required.) Annual Gala Tickets + Judicial Sponsorship <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
Date 1/12/10	Payee name 2Tejas	Amount (\$) \$144.87
Payee address: City: State: Zip Code 9400 A. Arboreum Blvd Austin, TX 78759		
Purpose of payment (See instructions regarding type of information required.) Volunteer lunch mtg <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
Date 1/15/10	Payee name Jewish Outlook	Amount (\$) \$33
Payee address: City: State: Zip Code 7300 Hart Lane Austin, TX 78731		
Purpose of payment (See instructions regarding type of information required.) Advertisement <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F. **4**

2 FILER NAME **Karin Crump**

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/15/10

5 Payee name
Checkmark

7 Amount (\$)
\$1,414.76

6 Payee address; City; State; Zip Code
**3217 N. IH 35
Austin, TX 78722-2203**

8 Purpose of payment (See instructions regarding type of information required.)
Yard Signs
(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
1/19/10

Payee name
Hispanic Scholarship Consortium
Payee address; City; State; Zip Code
**8609 Cross Park Drive
Austin, TX 78754**

Amount (\$)
\$100.00

Purpose of payment (See instructions regarding type of information required.)
Advertisement / Sponsorship
(If travel outside of Texas, complete Schedule T)

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

Date
1/26/10

Payee name
Mr. Notebook
Payee address; City; State; Zip Code
**2401 Rio Grande
Austin, TX 78705**

Amount (\$)
\$41⁰⁰

Purpose of payment (See instructions regarding type of information required.)
Contact / data ~~reimbursement~~
(If travel outside of Texas, complete Schedule T)

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

Date
1/26/10

Payee name
Postnet
Payee address; City; State; Zip Code
**10106 RR 2222
Austin, TX 78730**

Amount (\$)
\$30.00

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

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 4
2 FILER NAME KARIN Crump		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/24/10	5 Payee name El Mercado	7 Amount (\$) \$43⁰⁰
6 Payee address: City: State: Zip Code XXXXXXXXXX 1702 Lavaca St. Austin, TX		
8 Purpose of payment (See instructions regarding type of information required.) Volunteer Team Mtg <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
Date 1/28/10	Payee name Millenium Youth Complex	Amount (\$) \$50
Payee address: City: State: Zip Code 1156 Hargrave Street Austin, TX 78702-2424		
Purpose of payment (See instructions regarding type of information required.) Table fee / Endorsement mtg <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
Date 1/31/10	Payee name Piryx	Amount (\$) \$34.89
Payee address: City: State: Zip Code 401 W. 15th St Austin, TX 78701		
Purpose of payment (See instructions regarding type of information required.) Processing fees - Jan. <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held

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