

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

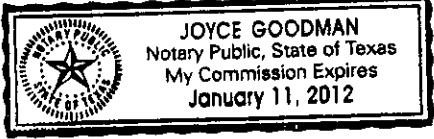
**FORM C/OH
COVER SHEET PG 2**

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

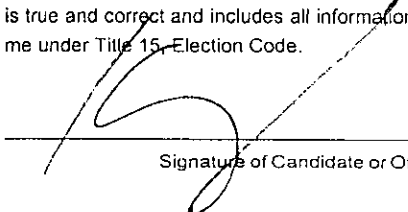
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3225
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 63
	4. TOTAL POLITICAL EXPENDITURES	\$ 1863
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2521
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 AFFIDAVIT



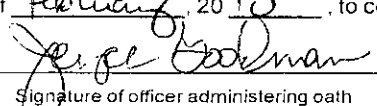
AFFIX NOTARY STAMP / SEAL ABOVE

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.



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Karin Crump, this the 22nd day of February, 2010, to certify which, witness my hand and seal of office.

 Signature of officer administering oath	Joyce Goodman Printed name of officer administering oath	Paralegal Title of officer administering oath
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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 Karin Crump		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/3/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Cindy Bourland	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 3333 Sam Bass Rd Round Rock, TX 78681		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
Date 2/3/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Veronica Cuchna	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 55 West Meadow Trail Austin, TX 78738		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Clark Thomas + Winters	
Date 2/9/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Elizabeth Rogers	Amount of contribution (\$) 75	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3131 Memorial Ct. # 10111 Houston, TX 77007		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Resources Global Professionals	
Date 2/18/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Arthur Troilo, III	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 700 E 11th Ste 103 Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 2/11/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Shannon Meroney	Amount of contribution (\$) 200	In-kind contribution description (if applicable) (Food + Bev)
Contributor address: City: State: Zip Code 6901 Glen Ridge Drive Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Actna	

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 KARIN CRUMP		3 ACCOUNT # (Ethics Commission files)	
4 Date 2/10/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Brown McCarroll	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address: City State Zip Code 111 Congress Ave, Ste 1400 Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorneys		10 Employer (See Instructions)	
Date 2/11/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LAW OFFICE OF JANA ORTEGA	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address: City State Zip Code 1105 Rio Grande Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 2/11/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Cecilia Burke	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address: City State Zip Code 6500 Santolina Cove Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney (retired)		Employer (See Instructions)	
Date 2/11/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Clint Harbour	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address: City State Zip Code 200 East St Liberty, TX 77575		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas	
Date 2/11/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Aspen Dunaway	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address: City State Zip Code 5310 Joe Sawyer's Av. # 103 Austin, TX 78756		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	

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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 Karin Crump		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/11/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Kiester, Lockwood & Babb	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 611 W. 14th St Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorneys		10 Employer (See Instructions)	
Date 2/10/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Granger & Mueller	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 605 W. 10th Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions)	
Date 2/11/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Elizabeth Branch	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 8505 Clairmont Austin, TX 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 2/19/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) William Mateja	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3612 Vintage Place Dallas, TX 75214		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Fish & Richardson	
Date 2/11/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Oscar Drugucevich	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1550 C.R. 139 Hutto, TX 78634		(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: **5**

2 FILER NAME **Karin Crump**

3 ACCOUNT # (Ethics Commission filers)

4 Date **2/11/10** 5 Full name of contributor out-of-state PAC (ID# _____)

Aman Bandali

7 Amount of contribution (\$) **100** 8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
**4836 Twin Valley
Austin, TX 78731**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **2/11/10** Full name of contributor out-of-state PAC (ID# _____)

Kurt Meachum

Amount of contribution (\$) **100** In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
**5103 Cedro Tr
Austin, TX 78731**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2/11/10** Full name of contributor out-of-state PAC (ID# _____)

**Linebarger, Goggan, Blair +
Sampson**
Contributor address: City: State: Zip Code
**P.O. Box 17428
Austin, TX 78761**

Amount of contribution (\$) **250** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorneys

Employer (See Instructions)

Date **2/3/10** Full name of contributor out-of-state PAC (ID# _____)

Ambrust + Brown
Contributor address: City: State: Zip Code
**100 Congress Ave
Austin, TX 78701**

Amount of contribution (\$) **250** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorneys

Employer (See Instructions)

Date **2/11/10** Full name of contributor out-of-state PAC (ID# _____)

Law Office of Lisa Harding
Contributor address: City: State: Zip Code
**P.O. Box 27527
Austin, TX 78755**

Amount of contribution (\$) **25** 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

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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 Karin Crump		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/17/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Kelly-Ann Clarke	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 1834 Sherwood Forest Ct. League City, TX 77573	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Greer Herz + Adams	
Date 2/16/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jennifer Morris	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 11635 Rogue Way Dallas, TX 75218	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Carrington Coleman	
Date 2/15/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Thomas Hoekstra	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3708 Meredith St # B Austin, TX 78703	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Fletcher, Farley Simpson + Salinas	
Date 2/14/10	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 2836 Dyer St Dallas, TX 75205	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Nationwide	
Date 2/12/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Laurie Evans	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 10212 Chestnut Ridge Austin, TX 78726	(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.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME **KARIN CRUMP**

3 ACCOUNT # (Ethics Commission Lists)

4 Date
2/3/10

5 Payee name
Family Law Section
6 Payee address: **816 Congress Av., Suite 700**
Austin, TX 78701

7 Amount (\$)
\$25

8 Purpose of payment (See instructions regarding type of information required.)
Family Law Section Lunch Meeting
(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
2/8/10

Payee name
Central Texas Democratic Forum
Payee address: **P.O. Box 684263**
Austin, TX 78768

Amount (\$)
20

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

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

Date
2/21/10

Payee name
Papa John's Pizza
Payee address: **11521 N. FM 620**
Austin TX 78706

Amount (\$)
54.47

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

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

Date
2/21/10

Payee name
HEB
Payee address: **7301 N. FM 620**
Austin, TX 78726

Amount (\$)
12.93

Purpose of payment (See instructions regarding type of information required.)
ice, balloons for GOTV event
(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

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME **Karin Crump**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2/8/10

American Printing + Mailing

1217.85

6 Payee address: City: State: Zip Code
**1606 Headway Circle
 Austin, TX 78754**

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

Printing / Mailer / 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

Amount (\$)

2/15/10

Villager Newspaper

128

Payee address: City: State: Zip Code
**1223 -A Rosewood Av.
 Austin, TX 78702**

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

Advertisement

.. 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 (\$)

**2/3/10 -
 2/17/10**

Pirya

50.63

Payee address: City: State: Zip Code
**401 W. 15th St
 Austin, TX 78701**

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

Credit Card Processing - fees

.. 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 (\$)

2/11/10

Capital Area Democratic Women

13

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

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

Lunch Meeting

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

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

Karin Crump

3 ACCOUNT # (Ethics Commission file#s)

4 Date

2/18/10

5 Payee name

Berryhill Baja Grill

7 Amount (\$)

27.53

6 Payee address; City; State; Zip Code

**3600 N. Capital of TX Hwy
Austin, TX**

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

(If travel outside of Texas, complete Schedule T)

Volunteer Mtg

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

Candidate / Officeholder name Office sought Office held

Date

2/22/10

Payee name

Young Men's Business League

Amount (\$)

250

Payee address; City; State; Zip Code

**2225 Andrew Ziller Rd
Austin, TX 78746**

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

(If travel outside of Texas, complete Schedule T)

**Charity tickets/
Austin Under 40 advertising**

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

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.)

(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 (\$)

Payee 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