

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7417

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 FIRST MI	<b>OFFICE USE ONLY</b> Date Received 2010 JUL 15 PM 4:43 TRAVIS COUNTY CLERK TRAVIS COUNTY TEXAS Date Hand-Delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX		
Karin Crump			
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	10601 FM 2222, SUITE R160 AUSTIN, TX 78730		<input type="checkbox"/> Change of Address
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	(512) 773-9361	
6 CAMPAIGN TREASURER NAME	(MS) MRS / MR FIRST MI	Date Hand-Delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX		
Elizabeth Rogers			
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	10601 FM 2222, Suite R160 Austin, TX 78730		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	(512) 924-7977	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
2 / 22 / 10		06 / 30 / 10	
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 / 02 / 10			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		JP, Act 2	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

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


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

<b>15 C/OH NAME</b>	<b>16 ACCOUNT #</b> (Ethics Commission Filers)
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

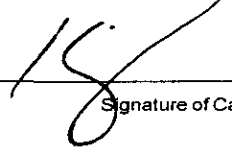
<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 10
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,650
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 432
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,638
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,173
<b>OUTSTANDING LOAN TOTALS</b>	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 Karen Crump, this the 15<sup>th</sup> day of July, 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:  
**1 of 14**

2 FILER NAME  
**Karin Crump**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**2/22/10**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mattie Adams**

7 Amount of contribution (\$)  
**\$60**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**15941 Booth Circle  
Volente, TX 78641**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**2/22/10**

Full name of contributor  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 Avenue  
El Paso, TX 79901**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/18/10**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jesse and Jennie Wheelless**

Amount of contribution (\$)  
**\$50**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**5702 Cedar Cove  
San Antonio, TX 78249**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/14/10**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Capital Area Democratic Women**

Amount of contribution (\$)  
**\$1,000**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**P.O. Box 221  
Austin, TX 78768-221**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/2/10**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Hazem Badran**

Amount of contribution (\$)  
**\$100**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**11400 Tibee Drive  
Austin, TX 78726**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: <b>2 of 14</b>	
2 FILER NAME <b>Karin Crump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/6/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Law Office of Vic Feazell, P.C.</b>	7 Amount of contribution (\$) <b>\$1,000</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6618 Sitio Del Rio Blvd Blq C-101 Austin, TX 78730</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Attorney</b>		10 Employer (See Instructions) <b>Law Office of Vic Feazell, P. C.</b>	
Date <b>4/7/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Kurt Meachum</b>	Amount of contribution (\$) <b>\$400</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5103 Cedro Trail Austin, TX 78731</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/8/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Beverly Reeves</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>221 W. 6th, Suite 1000 Austin, TX 78701-3410</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Reeves + Brightwell</b>	
Date <b>4/17/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Tim + Laura Alcott</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1650 Hawks Tree Lane San Antonio, TX 78248</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney / Homemaker</b>		Employer (See Instructions) <b>San Antonio Housing Authority</b>	
Date <b>6/10/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Clark, Thomas + Winters, P.C.</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1148 Austin, TX 78767</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorneys</b>		Employer (See Instructions) <b>Clark, Thomas + Winters, P.C.</b>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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: <b>3 of 14</b>	
2 FILER NAME <b>Karin Crump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/12/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Herb Evans</b>	7 Amount of contribution (\$) <b>\$ 250</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1302 West Avenue Austin TX 78701-1714</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>6/15/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kastling, Hemphill, Dolezal + Atwell, LLP</b>	Amount of contribution (\$) <b>\$ 250</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>700 Lavaca, Ste 1000 Austin TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Law Office of John S. Rubin PLLC</b>	Amount of contribution (\$) <b>\$ 250</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>700 Lavaca, Ste 405 Austin TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kirk Watson</b>	Amount of contribution (\$) <b>\$1,000</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 2004 Austin TX 78768</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ken Oden</b>	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1506 Gaston Ave Austin TX 78703-2419</b>		(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: <b>4 of 14</b>	
2 FILER NAME <b>Karin Crump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5/25/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Herring + Irwin, LLP</b>	7 Amount of contribution (\$) <b>\$250</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>701 Brazos Street, Ste 650 Austin, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Attorneys</b>		10 Employer (See Instructions)	
Date <b>5/28/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Law Office of Benigno (Trey) Martinez</b>	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1201 E. Van Buren St Brownsville, TX 78520</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)	
Date <b>6/12/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Herbert Evans</b>	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1302 West Avenue Austin, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Judge</b>		Employer (See Instructions) <b>Travis County</b>	
Date <b>6/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stephen + Stephanie Hang</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>14519 Ridgeway Terrace Austin, TX 78732-1037</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Raul Gonzalez</b>	Amount of contribution (\$) <b>\$30</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2707 Carnarvon Lane Austin, TX 78704</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Judge</b>		Employer (See Instructions) <b>Travis County</b>	

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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: <b>5 of 14</b>	
2 FILER NAME <b>Karin Crump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/16/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Snell Law Firm</b>	7 Amount of contribution (\$) <b>\$ 50</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>818 W. 10th Street Austin, TX 78701</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>6/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Law Office of Jana Ortega</b>	Amount of contribution (\$) <b>\$ 100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1105 Rio Grande St. Austin, TX 78701-2015</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cecelia Burke</b>	Amount of contribution (\$) <b>\$ 100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6500 Santolina Cove Austin, TX 78731</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bruce Effant</b>	Amount of contribution (\$) <b>\$ 50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4522 Avenue F Austin, TX 78751</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stacy Suits</b>	Amount of contribution (\$) <b>\$ 2500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7807 Dorchester Drive Austin, TX 78745</b>		(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: <b>6 of 14</b>	
2 FILER NAME <b>Karin Crump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/16/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Loretta Farb</b>	7 Amount of contribution (\$) <b>\$25<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1431 Bartoncliff Blvd Austin, TX 78723-1808</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Chief of Staff</b>		10 Employer (See Instructions) <b>Sarah Eckhardt</b>	
Date <b>6/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Benjamin + Maria Moreno</b>	Amount of contribution (\$) <b>\$60<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3521 Grimes Ranch Rd Austin, TX 78732</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Lipscombe + Jan Breland</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6600 Mesa Drive Austin, TX 78731</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney / Judge</b>		Employer (See Instructions)	
Date <b>6/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jo Ann Merica</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3708 Meredith St, #B Austin, TX 78103-2021</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Sedgwick, Detert, Moran + Arnold</b>	
Date <b>6/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nathaniel J. Walker</b>	Amount of contribution (\$) <b>\$25<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5710 Abilene Trl Austin, TX 78749-2113</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Chief of Staff</b>		Employer (See Instructions) <b>Rep. Eddé Rodriguez</b>	

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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: <b>7 of 14</b>	
2 FILER NAME <b>Karin Crump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/16/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Maria Canchola</b>	7 Amount of contribution (\$) <b>\$50<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code <b>1900 East Side Drive Austin, TX 78704</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Constable</b>		10 Employer (See Instructions) <b>Traus County</b>	
Date <b>6/17/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hazam Badran</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <b>11408 Tibee Drive Austin, TX 78726</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Physician</b>		Employer (See Instructions)	
Date <b>6/30/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anita Davis</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <b>7621 Waldon Drive Austin, TX 78750</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date <b>6/30/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Veronica Johnson</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <b>7600 Cat Tail Cove Austin, TX 78750</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/30/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joanne Senyk</b>	Amount of contribution (\$) <b>\$25<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <b>5800 Trailridge Drive Austin, TX 78731</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Realtor</b>		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>8 of 14</b>	
2 FILER NAME <b>Karin Crump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/30/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Dwight + Linda Bertram</b>	7 Amount of contribution (\$) <b>\$100</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>209 Timothy John Drive Pflugerville, TX 78660</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Dpty Constable</b>		10 Employer (See Instructions) <b>Travis County</b>	
Date <b>2/24/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>David Anderson</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4500 Fairway Dallas, TX 75219</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Boston Consulting Group</b>	
Date <b>2/26/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Zeke DeRose</b>	Amount of contribution (\$) <b>\$150<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>26 Marguerite Crescent Austin, TX 78703</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Vinson + Elkins, LLP (Spouse: Baker Both)</b>	
Date <b>2/27/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jaine Lynn</b>	Amount of contribution (\$) <b>\$2500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>411 Mandarin Pkwy Cedar Park, TX 78613</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Attorney General, State of Texas</b>	
Date <b>3/04/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Bill Miller</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>909 Clear Creek Texarkana, TX 75503</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Greer + Miller</b>	

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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: <b>9 of 14</b>	
2 FILER NAME <b>Karin Crump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/04/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Betty Blackwell</b>	7 Amount of contribution (\$) <b>\$50<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2700 Townes Lane Austin, TX 78703</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Attorney</b>		10 Employer (See Instructions) <b>self</b>	
Date <b>3/04/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Taylor Brown</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>12917 Appaloosa Chase Dr. Austin, TX 78732</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Software Architect</b>		Employer (See Instructions) <b>Taytay, LLC</b>	
Date <b>5/21/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Angela Abney</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7706 Robabo Road Austin, TX 78757</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>	
Date <b>5/22/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fred McGhee</b>	Amount of contribution (\$) <b>\$25<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2316 Thrasher Lane Austin, TX 78741</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Archaeologist</b>		Employer (See Instructions) <b>Fred McGhee + Associates</b>	
Date <b>6/01/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Erin Kolecki</b>	Amount of contribution (\$) <b>\$25<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9424 Jenaro Austin, TX 78726</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Homemaker</b>		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: <b>10 of 14</b>	
2 FILER NAME <b>Karin Crump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>06/01/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Gershan</b>	7 Amount of contribution (\$) <b>\$100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2909 Clearview Drive Austin, TX 78703</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Attorney</b>		10 Employer (See Instructions) <b>Lloyd, Gosselink, Ruchelle &amp; Townse.</b>	
Date <b>06/01/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Doug Bell</b>	Amount of contribution (\$) <b>\$30<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9202 Cedar Crest Drive Austin, TX 78750</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions)	
Date <b>06/01/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Frank King</b>	Amount of contribution (\$) <b>\$25<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5602 Shoaledge Court Austin, TX 78756</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Texas Attorney General</b>	
Date <b>06/01/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thomas Shain</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4209 Speedway # 106 Austin, TX 78751</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Law Office of Thomas Shain, P.C.</b>	
Date <b>06/01/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Deane Armstrong</b>	Amount of contribution (\$) <b>\$25<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>17917 Lafayette Dr Rd Jonestown, TX 78645</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		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: <b>11 of 14</b>	
2 FILER NAME <b>Karin Crump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>06/03/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Taylor Brown</b>	7 Amount of contribution (\$) <b>\$100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code <b>12917 Appaloosa Chase Drive Austin, TX 78732</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Software Architect</b>		10 Employer (See Instructions) <b>TayTay, LLC</b>	
Date <b>06/03/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christopher Elliott</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <b>1705 Rabb Road Austin, TX 78704</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Graves, Dougherty, Haron &amp; Moody, LLP</b>	
Date <b>06/03/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Thoop</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <b>11405 Monet Drive Austin, TX 78726</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Chief of Staff</b>		Employer (See Instructions) <b>Rep. Mark Strama</b>	
Date <b>06/03/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Anstach</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <b>6914 Wildgrove Ave. Dallas, TX 75214</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney/General Counsel</b>		Employer (See Instructions) <b>EFA Processing</b>	
Date <b>06/03/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julia Bouldin</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <b>13430 Wire Road Leander, TX 78641</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Homemaker</b>		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. <b>12 of 14</b>	
2 FILER NAME <b>Karin Crump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>06/04/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robbi Millett</b>	7 Amount of contribution (\$) <b>\$35<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>10018 Circleview Drive Austin, TX 78733</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Attorney</b>		10 Employer (See Instructions) <b>Self</b>	
Date <b>06/04/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brijis Rashed</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>11914 Portobella Drive Austin, TX 78732</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Writer</b>		Employer (See Instructions) <b>Self</b>	
Date <b>06/04/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Angela Abney</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7706 Robalo Road Austin, TX 78757</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>	
Date <b>06/04/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jennifer Evans</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>13809 Panorama Drive Austin, TX 78732</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Admin Asst</b>		Employer (See Instructions) <b>Good Knight Music</b>	
Date <b>06/12/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Black</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>601 22nd St Beaumont, TX 77706</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney / Managing Shareholder</b>		Employer (See Instructions) <b>Mehaffey Weber, P.C</b>	

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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: <b>13 of 14</b>	
2 FILER NAME <b>Karin Grump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/16/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Rusty Neal Smith</b>	7 Amount of contribution (\$) <b>\$ 25<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6605 Laurelwood Austin, Texas 78731</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Checker</b>		10 Employer (See Instructions) <b>HEB</b>	
Date <b>6/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Antony Ng</b>	Amount of contribution (\$) <b>\$ 25<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8911 N. Cap of TX Hwy Austin, TX 78759</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Dillon + Yudell, LLP</b>	
Date <b>6/29/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Benjamin Connally</b>	Amount of contribution (\$) <b>\$ 25<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4848 Pin Oak Park #426 Houston, Texas 77081</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Sheehy, Ware + Pappas,</b>	
Date <b>07/01/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>Ann Elisabeth Labuda</b>	Amount of contribution (\$) <b>\$ 25<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2000 Delvin Lane Austin, TX 78728</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Tech Analyst</b>		Employer (See Instructions) <b>Dell, Inc</b>	
Date <b>06/16/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>David Courreges</b>	Amount of contribution (\$) <b>[REDACTED]</b>	In-kind contribution description (if applicable) <b>+ 500<sup>00</sup> website + design/logos</b>
Contributor address; City; State; Zip Code <b>6921 Hansa Austin, TX 78739</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>DeLeon + Washburn, P.C.</b>	

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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:  
**14 of 14**

2 FILER NAME  
**Karin Crump**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**06/16/10**

5 Full name of contributor  out-of-state PAC (ID#:  
**Wholesale Beer Distributors of Texas**  
6 Contributor address; City; State; Zip Code  
**823 Congress Ave. Ste 1313  
Austin, TX 78701**

7 Amount of contribution (\$)  
**\$300<sup>00</sup>**  
8 In-kind contribution description (if applicable)  
**beverages for kickoff event**  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**06/16/10**

Full name of contributor  out-of-state PAC (ID#:  
**Kathie Tam**  
Contributor address; City; State; Zip Code  
**www.pixiedust.com  
Cedar Park, TX**

Amount of contribution (\$)  
**\$300<sup>00</sup>**  
In-kind contribution description (if applicable)  
**Photography for kickoff event**  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Photographer**

Date  
**06/03/10**

Full name of contributor  out-of-state PAC (ID#:  
**Texas Democratic Party**  
Contributor address; City; State; Zip Code  
**505 W. 12th Street  
Austin, Texas 78701**

Amount of contribution (\$)  
**\$1,250<sup>00</sup>**  
In-kind contribution description (if applicable)  
**Voter information VAN ACCESS**  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**07/01/10**

Full name of contributor  out-of-state PAC (ID#:  
**Rachel Dotson**  
Contributor address; City; State; Zip Code  
**1222 Sanchez Street  
San Francisco, CA 94114**

Amount of contribution (\$)  
**\$100<sup>00</sup>**  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Physician**

**Permanente Medical Group**

Date  
**07/05/10**

Full name of contributor  out-of-state PAC (ID#:  
**Zeke De Rose, III**  
Contributor address; City; State; Zip Code  
**26 Margarita Crescent  
Austin, Texas 78703**

Amount of contribution (\$)  
**\$250<sup>00</sup>**  
In-kind contribution description (if applicable)  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Attorney**

**Vinson + ELkins**

**Baker Botts (spouse - Melanie De Rose)**

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**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <b>1 of 1</b>	
2 FILER NAME <b>Karin Crump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$			
5 Date <b>6/15/10</b>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Travis County Sheriff's Law Enforcement Association</b>	8 Amount of pledge (\$) <b>\$500<sup>00</sup></b>	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code <b>P. O. Box 142025 Austin, Texas 78714</b>		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date <b>6/15/10</b>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Albert Hartman, III</b>	Amount of pledge (\$) <b>\$250<sup>00</sup></b>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <b>204 Ruelle Lane, Apt D San Antonio, Texas 78209</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/30/10</b>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph Brophy</b>	Amount of pledge (\$) <b>\$500<sup>00</sup></b>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code <b>36 Hedgebrook Way Lakeway, TX 78738</b>		(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)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>1 of 9</b>		2 FILER NAME <b>Karin Crump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>02/25/10</b>		5 Payee name <b>Premiere Political Communications</b>			
6 Amount (\$) <b>\$345.12</b>		7 Payee address; City; State; Zip Code <b>4616 Fessenden NW Washington, DC 20016</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Automated calls</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>2/23/10</b>		Payee name <b>Serranos Symphony Square</b>			
Amount (\$) <b>\$100</b>		Payee address; City; State; Zip Code <b>1111 Red River St. Austin, TX 78701</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Event Fee (deposit)</b>		Description (If travel outside of Texas, complete Schedule T) <b>Primary Night Event</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>02/23/10</b>		Payee name <b>Capital Area Asian American Democrats</b>			
Amount (\$) <b>\$100<sup>00</sup></b>		Payee address; City; State; Zip Code <b>P.O. Box 4560 Austin, TX 78701</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising</b>		Description (If travel outside of Texas, complete Schedule T) <b>Program Sponsorship</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>03/01/10</b>		Payee name <b>HEB</b>			
Amount (\$) <b>\$46.54</b>		Payee address; City; State; Zip Code <b>11521 N. FM 620 Austin, TX 78726</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Gift</b>		Description (If travel outside of Texas, complete Schedule T) <b>Volunteer thank you</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2 of 9</b>		2 FILER NAME <b>Karin Crump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>03/03/10</b>		5 Payee name <b>Zocolo Cafe</b>			
6 Amount (\$) <b>\$27.32</b>		7 Payee address; City; State; Zip Code <b>1110 West Lynn Street Austin, TX 78703</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Food/Beverage</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Volunteer Mtg</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>03/02/10</b>		Payee name <b>Serrano's Sym. Square</b>			
Amount (\$) <b>\$36.00</b>		Payee address; City; State; Zip Code <b>1111 Red River Austin, TX 78701</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Beverage</b>		Description (If travel outside of Texas, complete Schedule T) <b>Primary Night Event</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>03/05/10</b>		Payee name <b>Manuel's</b>			
Amount (\$) <b>\$39.56</b>		Payee address; City; State; Zip Code <b>10201 Jollyville Rd Austin, TX 78759</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food/Bev.</b>		Description (If travel outside of Texas, complete Schedule T) <b>General Election Mtg</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/17/10</b>		Payee name <b>ProFlowers</b>			
Amount (\$) <b>\$70.30</b>		Payee address; City; State; Zip Code <b>4840 Eastgate Mall San Diego, CA 92121</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Gifts</b>		Description (If travel outside of Texas, complete Schedule T) <b>Host Volunteer thank you</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held <b>Gift</b>	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>3 of 9</b>		2 FILER NAME <b>Karin Crump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/17/10</b>		5 Payee name <b>ProFlowers</b>			
6 Amount (\$) <b>\$59.08</b>		7 Payee address; City; State; Zip Code <b>4840 Eastgate Mall San Diego, CA 92121</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Gifts</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>House Event Host Gift</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/17/10</b>		Payee name <b>ProFlowers</b>			
Amount (\$) <b>\$43.26</b>		Payee address; City; State; Zip Code <b>4840 Eastgate Mall San Diego, CA 92121</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Gifts</b>		Description (If travel outside of Texas, complete Schedule T) <b>House Party Host Gift</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/18/10</b>		Payee name <b>Postnet</b>			
Amount (\$) <b>\$12.00</b>		Payee address; City; State; Zip Code <b>10601 RR 2222 AUSTIN, TX 78730</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Postage</b>		Description (If travel outside of Texas, complete Schedule T) <b>Thank you letters</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/23</b>		Payee name <b>GoDaddy.com</b>			
Amount (\$) <b>\$10.87</b>		Payee address; City; State; Zip Code <b>14455 Hayden Rd Scottsdale, AZ 85260</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>website hosting</b>		Description (If travel outside of Texas, complete Schedule T) <b>domain fees</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F. 4 of 9		2 FILER NAME Karin Crump		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/26/10		5 Payee name Gloria's Restaurant			
6 Amount (\$) \$30.96		7 Payee address; City; State; Zip Code 3309 Esperanza King Austin, TX 78758			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/ser.		(b) Description (If travel outside of Texas, complete Schedule T) Volunteer mtg	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/29/10		Payee name Annie's List			
Amount (\$) \$150.00		Payee address; City; State; Zip Code 506 W. 7th Street Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) luncheon/fundraising expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/14/10		Payee name Royal Tees			
Amount (\$) \$334.41		Payee address; City; State; Zip Code 5000 N Lamar Austin, TX 78751			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) T-shirts	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/19/10		Payee name First giving/Austin Habitat for Humanity			
Amount (\$) \$40.00		Payee address; City; State; Zip Code 310 Canal Street Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Austin 2010 Director's Build	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>5 of 9</b>		2 FILER NAME <b>Karin Crump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/21/10</b>		5 Payee name <b>Texas Hearing + Service Dogs</b>			
6 Amount (\$) <b>\$25<sup>00</sup></b>		7 Payee address; City; State; Zip Code <b>4803 Rutherglen Austin, Texas 78749</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Event fee for Dog walk</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/28/10</b>		Payee name <b>Postnet</b>			
Amount (\$) <b>\$28.20</b>		Payee address; City; State; Zip Code <b>10601 RR 2222 Austin, TX 78730</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Postage</b>		Description (If travel outside of Texas, complete Schedule T) <b>Thank you letters</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/30/10</b>		Payee name <b>Vivo Cocina</b>			
Amount (\$) <b>\$54.12</b>		Payee address; City; State; Zip Code <b>2015 Manor Road Austin, TX 78722</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food / Bev.</b>		Description (If travel outside of Texas, complete Schedule T) <b>Volunteer Mtg</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/17/10</b>		Payee name <b>HEB</b>			
Amount (\$) <b>\$38.69</b>		Payee address; City; State; Zip Code <b>11521 FM 620 Austin, TX 78724</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food / Advertising</b>		Description (If travel outside of Texas, complete Schedule T) <b>Candy for Pflugers Pfest</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>6 of 9</b>	2 FILER NAME <b>KARIN Crump</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>5-3-10</b>	5 Payee name <b>CTDF</b>	
6 Amount (\$) <b>\$20.00</b>	7 Payee address; City; State; Zip Code <b>1311 E. 6th Austin, TX 78702</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Event Fee</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Food (luncheon)</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>5-17-10</b>	Payee name <b>Four Points Chamber</b>	
Amount (\$) <b>\$20.00</b>	Payee address; City; State; Zip Code <b>2900 N. Quinlan Park # 3240 Austin, TX 78730</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Fee</b>	Description (If travel outside of Texas, complete Schedule T) <b>Chamber lunch</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>5/20/10</b>	Payee name <b>Travis County Democratic Party</b>	
Amount (\$) <b>\$1,250.00</b>	Payee address; City; State; Zip Code <b>1311 E. 6th Street Austin, TX 78702</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Overhead Expenses</b>	Description (If travel outside of Texas, complete Schedule T) <b>Coordinated Campaign Office Space</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>6-2-10</b>	Payee name <b>Northwest Austin Civic Assn.</b>	
Amount (\$) <b>\$250.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 26654 Austin, TX 78755</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>NWACA Parade Sponsorship</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>7 of 9</b>	2 FILER NAME <b>Karin Crump</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>6-14-10</b>	5 Payee name <b>Checkmark Typesetting</b>
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6 Amount (\$) <b>\$491.66</b>	7 Payee address; City; State; Zip Code <b>3217 N. IH 35 Austin, TX 78722</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Printing</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>banner bumper stickers, magnets</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/22-06/30/10</b>	Payee name <b>Prix, Inc</b>
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Amount (\$) <b>\$109.80</b>	Payee address; City; State; Zip Code <b>401 W. 15th Ste 520 Austin, TX 78701</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fundraising Expenses</b>	Description (If travel outside of Texas, complete Schedule T) <b>On-line payment fees</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2-22-10</b>	Payee name <b>Austin Black Lawyers Association</b>
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Amount (\$) <b>\$50.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 13321 Austin, TX 78711</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>Judicial Luncheon</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-1-10</b>	Payee name <b>Four Points Chamber of Commerce</b>
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Amount (\$) <b>\$150.00</b>	Payee address; City; State; Zip Code <b>2900 N Quinlan Park B240 Austin, TX 78730</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>Chamber Membership</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 8 of 9	<b>2</b> FILER NAME KARIN CRUMP	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 6/3/10	<b>5</b> Payee name Texas Democratic Party	
<b>6</b> Amount (\$) \$350. <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 505 W. 12th Street Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation Expense	(b) Description (If travel outside of Texas, complete Schedule T) VAN Access
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 05/24/10	<b>Payee name</b> Bruce Elfast Campaign	
<b>Amount (\$)</b> \$100. <sup>00</sup>	<b>Payee address; City; State; Zip Code</b> P.O. Box 1748 Austin, TX 78767	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising/Contribution	Description (if travel outside of Texas, complete Schedule T) donation to Scholarship
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 6/7/10	<b>Payee name</b> The Hub	
<b>Amount (\$)</b> \$844.63	<b>Payee address; City; State; Zip Code</b> 3815 Dry Creek Drive Austin, TX 78731	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Event Expense	Description (if travel outside of Texas, complete Schedule T) Food/Bev for Kickoff Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 6/23/10	<b>Payee name</b> Worley Printing	
<b>Amount (\$)</b> \$1,650. <sup>00</sup>	<b>Payee address; City; State; Zip Code</b> 3217 N 135 Austin, TX 78722	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Printing	Description (if travel outside of Texas, complete Schedule T) Pushcards, business signs, fair
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>9 of 9</b>	2 FILER NAME <b>Karin Crump</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>04/02/10</b>	5 Payee name <b>Pflugerville Chamber of Commerce</b>	
6 Amount (\$) <b>\$15<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>101 S. 3rd Street Pflugerville, Texas 78660</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Chamber Chatter</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>04/10/10</b>	Payee name <b>Kathie Tam</b>	
Amount (\$) <b>\$300<sup>00</sup></b>	Payee address; City; State; Zip Code <b>www.pixiedust.com Cedar Park, Texas</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>Photography for website</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>04/08/10</b>	Payee name <b>Capital Area Democratic Women</b>	
Amount (\$) <b>\$13<sup>00</sup></b>	Payee address; City; State; Zip Code <b>P.O. Box 2211 Austin, TX 78768</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food / Bev / Event</b>	Description (If travel outside of Texas, complete Schedule T) <b>Meeting</b>
Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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