

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7440

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <div style="font-size: 2em; text-align: center;">24</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS/MRS/MR FIRST MI Karin NICKNAME LAST SUFFIX Crump	<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Date Postmarked  Receipt # Amount  Date Processed  Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 10601 Fm 2222, Ste R160 Austin, TX 78730	FILE FOR RECORD	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (512) 773-9361		
<b>6 CAMPAIGN TREASURER NAME</b>	MS/MRS/MR FIRST MI Elizabeth NICKNAME LAST SUFFIX Rogers		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE 10601 Fm 2222, Ste R160 Austin, TX 78730		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (512) 924-7977		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input 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)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year 07/01/2010    06/23/2010		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 11/02/2010	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> JP, Pct 2	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.  Name  Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** \_\_\_\_\_ **16 ACCOUNT # (Ethics Commission Filers)** \_\_\_\_\_

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

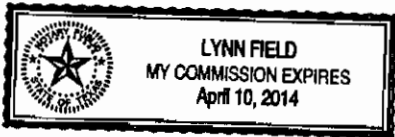
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 90
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,080
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 80
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,387
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,992.17
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ n/a

**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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karin Crump, this the 4th day of October, 2010, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

Lynn Field  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 12

2 FILER NAME

Karin Crump

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/17/10

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

Cecilia Crossley

6 Contributor address; City; State; Zip Code

3100 Catalina Drive  
Austin, TX 78741

7 Amount of contribution (\$)

\$25<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

8/11/10

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

Peter + Helen C. Carvell

Contributor address; City; State; Zip Code

5634 Sedona Drive  
Austin, TX 78759

Amount of contribution (\$)

\$50<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)

Date

8/24/10

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

Hugh Brady

Contributor address; City; State; Zip Code

P.O. Box 13132, Capital Station  
Austin, TX 78711

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)

Attorney

Employer (See Instructions)

Self-employed

Date

8/24/10

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

Edward F. Fernandes

Contributor address; City; State; Zip Code

713 Beardsley  
Austin, TX 78746

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)

Attorney

Employer (See Instructions)

Haynes and Boone, LLP

Date

8/25/10

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

Martha Dickie

Contributor address; City; State; Zip Code

503 Brookhaven Trail  
Austin, TX 78746

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)

Attorney

Employer (See Instructions)

self

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:

22/12

2 FILER NAME

Karin Crump

3 ACCOUNT # (Ethics Commission Filers)

4 Date

08/25/10

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

Armbrust + Brown, LLP

6 Contributor address; City; State; Zip Code

100 Congress Ave., Ste 1300  
Austin, TX 78701-2744

7 Amount of contribution (\$)

\$ 250<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorneys

10 Employer (See Instructions)

Date

08/25/10

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

Joshua + Carolyn Saegert

Contributor address; City; State; Zip Code

8156 Cebery Dr.  
Austin, TX 78759

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)

Attorneys

Employer (See Instructions)

Self

Date

08/25/10

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

Vic Feazell, P.C.

Contributor address; City; State; Zip Code

6618 Sitio Del Rio Blvd Clot  
Austin, TX 78730-1147

Amount of contribution (\$)

\$ 500<sup>00</sup>

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

8/27/10

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

Gunter + Bennett, P.C.

Contributor address; City; State; Zip Code

600 W. Ninth St.  
Austin, TX 78701-2212

Amount of contribution (\$)

\$ 500<sup>00</sup>

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

8/24/10

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

Saurick, Shumann, Johnson, McGarr

Contributor address; City; State; Zip Code

Kaminski + Shirley, LLP  
4330 Gaines Ranch, Ste 150  
Austin, TX 78735

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)

Attorneys

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:

3 of 12

2 FILER NAME

Karin Crump

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/3/10

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

Law Office of David M. Gottfried

6 Contributor address: City: State: Zip Code

1505 W. 6th Street  
Austin, TX 78703

7 Amount of contribution (\$)

\$250<sup>00</sup>/<sub>xx</sub>

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

9/3/10

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

Gregg & Robin Krumme

Contributor address: City: State: Zip Code

100 Congress, Ste 1300  
Austin, TX 78701

Amount of contribution (\$)

\$100<sup>00</sup>/<sub>x</sub>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Amburst & Brown / self-employed

Date

9/9/10

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

Lloyd Doggett

Contributor address: City: State: Zip Code

P.O. Box 5043  
Austin, TX 78763

Amount of contribution (\$)

\$250<sup>00</sup>/<sub>x</sub>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Congressman

Employer (See Instructions)

U.S.

Date

9/9/10

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

Foskitt Law Firm

Contributor address: City: State: Zip Code

506 W. 16th St  
Austin, TX 78701-1502

Amount of contribution (\$)

\$50<sup>00</sup>/<sub>x</sub>

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

9/9/10

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

William D. Floyd

Contributor address: City: State: Zip Code

2604 Tip Cove  
Austin, TX 78704-4546

Amount of contribution (\$)

\$25<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)

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: 4 of 12	
2 FILER NAME Karin Crump		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/17/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Bharati Kommineri 6 Contributor address; City; State; Zip Code 4203 Cat Mountain Drive Austin, TX 78731	7 Amount of contribution (\$) \$ 50 <sup>00</sup> / <sub>100</sub>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Principle Consultant		10 Employer (See Instructions)	
Date 8/23/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Paul Labuda Contributor address; City; State; Zip Code 2000 Delvin Lane Austin, TX 78728-6809	Amount of contribution (\$) \$ 50 <sup>00</sup> / <sub>100</sub>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) IT Support Analyst		Employer (See Instructions) Visual Click Software, Inc.	
Date 8/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Thomas Watson Contributor address; City; State; Zip Code 102 Wee Scot Cove Lakeway, TX 78734	Amount of contribution (\$) \$ 100 <sup>00</sup> / <sub>100</sub>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bissex + Watson	
Date 8/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Daniel Bradford Contributor address; City; State; Zip Code 2929 E 13th Austin, TX 78702	Amount of contribution (\$) \$ 100 <sup>00</sup> / <sub>100</sub>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Assistant County Attorney		Employer (See Instructions) Travis County Attorney's Office	
Date 9/2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Albert Hartman Contributor address; City; State; Zip Code 204 Ruelle Lane #D San Antonio, TX 78209	Amount of contribution (\$) \$ 100 <sup>00</sup> / <sub>100</sub>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Asst. Dean		Employer (See Instructions) St. Mary's University	

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: <i>5 of 12</i>	
2 FILER NAME <i>Karin Crump</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/03/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Angelica Carreon-Beltran</i>	7 Amount of contribution (\$) <i>\$50<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>557 Meadow Willow El Paso, TX 79922</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>Carreon + Beltran P.C.</i>	
Date <i>9/4/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Guillermo de la Garza</i>	Amount of contribution (\$) <i>\$50<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9207 Livenesshire Dr. Dallas, TX 75238</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney / Senior Atty</i>		Employer (See Instructions) <i>Department of Education</i>	
Date <i>9/4/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Marilyn Galvan</i>	Amount of contribution (\$) <i>\$50<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>13034 Silver Creek Drive Austin, TX 77827</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Software Developer</i>		Employer (See Instructions) <i>University of Texas</i>	
Date <i>9/9/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Nancy Navarro</i>	Amount of contribution (\$) <i>\$50<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1513 Cottonwood Valley Cir. Irving, TX 75038</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Lawyer</i>		Employer (See Instructions) <i>Navarro Law Firm</i>	
Date <i>9/9/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Catherine Hanna</i>	Amount of contribution (\$) <i>\$50<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10900 Spicewood Club Drive Austin, TX 78750</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney / Partner</i>		Employer (See Instructions) <i>Hanna + Plant, LLP</i>	

**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:

6 of 12

2 FILER NAME

Karui Crump

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/23/10

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

Karl Holub

6 Contributor address; City; State; Zip Code

12719 Cobblestone  
Houston, TX 77024

7 Amount of contribution (\$)

\$50<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Broker/Owner

10 Employer (See Instructions)

Holub, Inc.

Date

9/23/10

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

Deane Armstrong

Contributor address; City; State; Zip Code

17917 Lafayette PK Rd  
Jonestown, TX 78645

Amount of contribution (\$)

\$25<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

9/23/10

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

Sharon Von Wupperfeld

Contributor address; City; State; Zip Code

9101 Dona Villa Place  
Austin, TX 78726

Amount of contribution (\$)

\$50<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Stay at home mom

Employer (See Instructions)

N/A

Date

9/23/10

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

Laura Miles-Valden

Contributor address; City; State; Zip Code

3910 Willbert Rd  
Austin, TX 78751

Amount of contribution (\$)

\$25<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney/Asst. AG

Employer (See Instructions)

Office of Attorney General

Date

9/23/10

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

Siobhan McCullough

Contributor address; City; State; Zip Code

11216 Crossland Drive  
Austin, TX 78726

Amount of contribution (\$)

\$50<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate Agent

Employer (See Instructions)

Coldwell Banker - Self

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: <i>7 of 12</i>	
2 FILER NAME <i>Karin Crump</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/20/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Marcy Greer</i>	7 Amount of contribution (\$) <i>\$100<sup>00</sup>/<sub>x</sub></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2606 Wychwood Drive Austin, TX 78746</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney</i>		10 Employer (See Instructions) <i>Fulbright &amp; Jaworski LLP</i>	
Date <i>9/21/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jan Safer</i>	Amount of contribution (\$) <i>\$100<sup>00</sup>/<sub>x</sub></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5408 Hurlock Drive Austin, TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Lawyer / Special Counsel</i>		Employer (See Instructions) <i>Baron &amp; Budd</i>	
Date <i>9/21/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Adam Koewy</i>	Amount of contribution (\$) <i>\$250<sup>00</sup>/<sub>x</sub></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>401 Congress Avenue, Suite 1540 Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Lawyer / Partner</i>		Employer (See Instructions) <i>Barry &amp; Koewy</i>	
Date <i>9/21/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mack De Leon</i>	Amount of contribution (\$) <i>\$100<sup>00</sup>/<sub>x</sub></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 41058 Austin, TX 78704</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Certified Senior Advisor</i>		Employer (See Instructions) <i>Self</i>	
Date <i>9/21/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Carla Hoberly</i>	Amount of contribution (\$) <i>\$100<sup>00</sup>/<sub>x</sub></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>61 Oak Dripping Springs, TX 78620</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Sales</i>		Employer (See Instructions) <i>AMD</i>	

**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:

8 of 12

2 FILER NAME

Karin Crump

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/9/10

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

Rick Cofer

6 Contributor address; City; State; Zip Code  
1512 Pennsylvania Avenue  
Austin, TX 78702

7 Amount of contribution (\$)

\$25.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Asst. County Attorney

10 Employer (See Instructions)

Travis County

Date

9/14/10

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

Joseph Brophy

Contributor address; City; State; Zip Code

37 Hedgebrook Way  
The Hills, TX 78738

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16/10

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

Brandy + Aaron Mueller

Contributor address; City; State; Zip Code

605 W. Tenth Street  
Austin, TX 78701

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Aranger + Mueller, P.C.

Date

9/17/10

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

Robert Black

Contributor address; City; State; Zip Code

601 22nd Street  
Beaumont, TX 77706

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney / Partner

Employer (See Instructions)

McHaffey Weber, P.C.

Date

9/18/10

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

Piush Patel

Contributor address; City; State; Zip Code

10301 Brimfield Dr.  
Austin, TX 78726

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Director of Global Partner Programs

Employer (See Instructions)

Altair Engineering

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: <i>9 of 12</i>	
2 FILER NAME <i>Karin Crump</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/21/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Benjamin Connally</i>	7 Amount of contribution (\$) <i>\$50<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4848 Pin Oak #424 Houston, TX</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorney/Associate</i>		10 Employer (See Instructions) <i>Sheehy, Ware, + Pappas</i>	
Date <i>9/21/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Joe Turner</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11217 Fitzhugh Rd Austin, TX 78736</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney / President</i>		Employer (See Instructions) <i>Self</i>	
Date <i>9/22/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Estee Whitaker</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2836 Dyer St Dallas, TX 75205</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney / Regional Asst. G.C.</i>		Employer (See Instructions) <i>Nationwide Insurance / <sup>Self</sup> <del>Partner</del></i>	
Date <i>9/22/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tonia Lucio</i>	Amount of contribution (\$) <i>\$35<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1909 Carterbury St Austin, TX 78702</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney / Partner</i>		Employer (See Instructions) <i>Hance Scarborough, LLC</i>	
Date <i>9/22/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Craig Cook</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9412 Epic Court Austin, TX 78726</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Consultant</i>		Employer (See Instructions) <i>JSI</i>	

**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:

10 of 12

2 FILER NAME

Karin Crump

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/13/10

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

Charlie Baird

6 Contributor address: City; State; Zip Code

P.O. Box 1242  
Austin, TX 78767

7 Amount of contribution (\$)

\$100<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Judge

10 Employer (See Instructions)

State of Texas

Date

9/13/10

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

Kiester, Lockwood + Ciccone, LLP

Contributor address: City; State; Zip Code

611 W. 14th Street  
Austin, TX 78701

Amount of contribution (\$)

\$150<sup>00</sup>

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

9/9/10

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

Antonio Wehnes

Contributor address: City; State; Zip Code

1602 E. 7th Street  
Austin, TX 78702-3324

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)

Date

9/9/10

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

Ekaterina T. Ptitsa

Contributor address: City; State; Zip Code

13041 Silver Creek Dr.  
Austin, TX 78727-2818

Amount of contribution (\$)

30<sup>00</sup> xx

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/10

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

Frank King

Contributor address: City; State; Zip Code

5602 Shoalidge Ct  
Austin, TX 78756

Amount of contribution (\$)

\$25<sup>00</sup> xx

In-kind contribution description (if applicable)

(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:

11 of 12

2 FILER NAME

Karin Crump

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/21/10

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

Lake Travis Democrats

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$100<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/24/10

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

John Sheppard

Contributor address; City; State; Zip Code

P.O. Box 40938

Austin, TX 78704

Amount of contribution (\$)

\$50<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)

Date

9/23/10

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

Herbert Evans

Contributor address; City; State; Zip Code

1302 West Avenue

Austin, TX 78701-1716

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)

Judge

Travis County

Date

9/21/10

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

The Snell Law Firm

Contributor address; City; State; Zip Code

818 W. 10th St.

Austin, TX 78701

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)

Attorneys

Date

9/21/10

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

Capitol Area Democratic Women PAC

Contributor address; City; State; Zip Code

P.O. Box 12962

Austin, TX 78711-2962

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS 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:

12 of 12

2 FILER NAME

Karin Crump

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/23/10

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

Greg Ritzen

6 Contributor address; City; State; Zip Code

4405 Jessamine Hollow  
Austin, TX 78731

7 Amount of contribution (\$)

\$50<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**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: 1 of 10	<b>2</b> FILER NAME Karin Crump	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 07/02/10	<b>5</b> Payee name HEB
---------------------------	----------------------------

<b>6</b> Amount (\$) \$56.13	<b>7</b> Payee address; City; State; Zip Code 11521 N. FM20 Austin, TX 78726
---------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) 4th of July Parade candy
---------------------------------	--	--

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/02/10	Payee name 360 Uno
------------------	-----------------------

Amount (\$) \$29.23	Payee address; City; State; Zip Code 3801 Cap - 07 Rd Hwy Austin, TX 78746
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift - Host	Description (If travel outside of Texas, complete Schedule T) Lakewood Meet + Greet
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/05/10	Payee name Cafe Lago
------------------	-------------------------

Amount (\$) \$37.45	Payee address; City; State; Zip Code Cafe Lago 1200 Lakeway Dr #1 Lakeway, Texas 78734
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food (Event Expense)	Description (If travel outside of Texas, complete Schedule T) Lakeway Parade volunteers
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07-08-10	Payee name Book People
------------------	---------------------------

Amount (\$) \$30.26	Payee address; City; State; Zip Code 603 N. Comar Austin, TX 78703
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift - thank you	Description (If travel outside of Texas, complete Schedule T) Books for Sen. Watson
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | 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: 2 of 10		2 FILER NAME Karin Crump		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7-13-10		5 Payee name Greater Pflugerville Chamber of Commerce			
6 Amount (\$) \$20.00		7 Payee address; City; State; Zip Code 101 S. 3rd Street Pflugerville, TX 78691-0483			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Chamber lunch Mtg	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-12-10		Payee name Checkmark Typesetting			
Amount (\$) \$648.42		Payee address; City; State; Zip Code 3217 N. IH 35 Austin, Texas 78722			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Campaign materials	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-15-10		Payee name Pappasito's Cantina			
Amount (\$) \$26.08		Payee address; City; State; Zip Code 6513 I 35 N Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Bev. Expense		Description (If travel outside of Texas, complete Schedule T) Volunteer food	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-19-10		Payee name Cantina Laredo			
Amount (\$) \$35.82		Payee address; City; State; Zip Code 201 W. 3rd St Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Bev. Expense		Description (If travel outside of Texas, complete Schedule T) Volunteer food - VDem's	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: 3 of 10	<b>2</b> FILER NAME Karin Crump	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 7-15-10	<b>5</b> Payee name Four Points Chamber
--------------------------	--

<b>6</b> Amount (\$) \$20 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 2900 N. Guenard Park Rd Ste B240 Austin, TX 78732
--	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Chamber Lunch Mtg
---------------------------------	--	---

<b>8</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 8-11-10	Payee name North by Northwest
-----------------	----------------------------------

Amount (\$) \$46 <sup>00</sup> xx	Payee address; City; State; Zip Code 10010 W. Cap. of TX Hwy Austin, TX 78759
--------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Fundraiser Mtg
------------------------	---	---

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

Date 7-16-10	Payee name Mark Strama Campaign
-----------------	------------------------------------

Amount (\$) \$20	Payee address; City; State; Zip Code P.O. Box 270263 Austin, TX 78727
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Strama name
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-11-10	Payee name Worley Printing Co. Inc
-----------------	---------------------------------------

Amount (\$) \$610 <sup>53</sup>	Payee address; City; State; Zip Code 3217 N. IH 35 Austin, TX 78722
------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Doorhangers
------------------------	--	--

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | 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>4 of 10</b>	2 FILER NAME <b>Karin Crump</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>8-9-10</b>	5 Payee name <b>Jo's Downtown</b>
-------------------------	--------------------------------------

6 Amount (\$) <b>\$35.00</b>	7 Payee address: City: State: Zip Code <b>Jo's Downtown 242 W 2<sup>nd</sup> Street Austin, 78701</b>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Food/Bev (Event)</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Volunteer food</b>
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8-24-10</b>	Payee name <b>Postnet at Riverplace</b>
------------------------	--

Amount (\$) <b>\$222.00</b>	Payee address: City: State: Zip Code <b>10601 Fm 2222, Ste. R Austin, TX 78730</b>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fundraising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Postage</b>
------------------------	--	---

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

Date <b>8-24-10</b>	Payee name <b>Postnet at Riverplace</b>
------------------------	--

Amount (\$) <b>\$97.20</b>	Payee address: City: State: Zip Code <b>10601 Fm 2222, Ste R Austin, TX 78730</b>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fundraising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Postage</b>
------------------------	--	---

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

Date <b>7-29-10</b>	Payee name <b>Pflugerville Chamber</b>
------------------------	---

Amount (\$) <b>150.00</b>	Payee address: City: State: Zip Code <b>101 3<sup>rd</sup> Street Austin, TX 78691-0483</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>Chamber dues</b>
------------------------	---	--

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 10</b>		2 FILER NAME <b>Karin Crump</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8-11-10</b>		5 Payee name <b>Capital Area Democratic Women</b>			
6 Amount (\$) <b>\$35.00</b>		7 Payee address; City: State; Zip Code <b>P.O. Box 2211 Austin, TX 78768-2211</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>Celebration of Stars</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8-13-10</b>		Payee name <b>Capital Area Dem. Women</b>			
Amount (\$) <b>\$12.00</b>		Payee address; City: State; Zip Code <b>P.O. Box 2211 Austin, TX 78768-2211</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Event Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Lunch mtg</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8-16-10</b>		Payee name <b>My Place</b>			
Amount (\$) <b>\$48.80</b>		Payee address; City: State; Zip Code <b>6507 Gester Blvd Austin, TX 78750</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Event Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Food/Bev for blockwalkers</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8-18-10</b>		Payee name <b>Postnet at Riverplace</b>			
Amount (\$) <b>95.99</b>		Payee address; City: State; Zip Code <b>10601 Fm 2222 Ste R Austin, TX 78730</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Fundraising letter</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | 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 10</b>	2 FILER NAME <b>Karin Crump</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>8-14-10</b>	5 Payee name <b>Four Points Chamber</b>
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6 Amount (\$) <b>\$20<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>2900 N. Quinland Park Austin, TX 78732</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Event fees</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Chamber lunch</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>8-26-10</b>	Payee name <b>Pflugerville Chamber</b>
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Amount (\$) <b>150<sup>00</sup></b>	Payee address; City; State; Zip Code <b>101 3-d Street Austin, TX 78691-0483</b>
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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>Chamber dues</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>9-9-10</b>	Payee name <b>Western Beverages</b>
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Amount (\$) <b>\$146<sup>00</sup></b>	Payee address; City; State; Zip Code <b>10401 Research Blvd Austin, TX 78759</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Beverages for 9/9/10 fundraise</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>9-9-10</b>	Payee name <b>Costco</b>
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Amount (\$) <b>\$51.61</b>	Payee address; City; State; Zip Code <b>10401 Research Blvd Austin, TX 78759</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Food/Supplies for 9/9 fundrai</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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: 7 of 10	2 FILER NAME Karin Crump	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-1-10	5 Payee name Jewish Outlook
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6 Amount (\$) \$291.00	7 Payee address; City; State; Zip Code 4007 Madrid Cove Austin, TX 78759
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (if travel outside of Texas, complete Schedule T) Sept. advertisement
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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 9-3-10	Payee name Postnet at Riverplace
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Amount (\$) \$14.72	Payee address; City; State; Zip Code 106 W FM 2222, Ste E Austin, TX 78730
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising Expense	Description (if travel outside of Texas, complete Schedule T) Postage
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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 9-7-10	Payee name Lakeside Pizza
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Amount (\$) \$26.57	Payee address; City; State; Zip Code 2900 N. Queensland Park Austin, TX 78732-6085
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Bev	Description (if travel outside of Texas, complete Schedule T) Volunteer food
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-9-10	Payee name Hula Hut
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Amount (\$) \$244.60	Payee address; City; State; Zip Code 3825 Lake Austin Blvd Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (if travel outside of Texas, complete Schedule T) Food for Fundraiser
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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.

1 Total pages Schedule F: 8 of 10		2 FILER NAME Karin Crump		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-11-10		5 Payee name Home Depot			
6 Amount (\$) \$ 150 <sup>03</sup> / <sub>4</sub>		7 Payee address; City; State; Zip Code 7900 RR 620 N Austin, TX 78726			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) T-Posts	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-9-10		Payee name Lowe's Home Center			
Amount (\$) \$ 184.03		Payee address; City; State; Zip Code 8000 Shoal Creek Austin, TX 78757			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Highway Sign supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-9-10		Payee name Randall's			
Amount (\$) \$ 12.94		Payee address; City; State; Zip Code 715 Exposition Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Ice for 9/9/10 fundrais	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-23-10		Payee name Checkmark Typesetting			
Amount (\$) \$ 4364.10		Payee address; City; State; Zip Code 3217 N. FH35 Austin, TX 78722			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) yard & highway signs	
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: 9 of 10	<b>2</b> FILER NAME Karin Crump	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 9-9-10	<b>5</b> Payee name Josh Kabler
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<b>6</b> Amount (\$) \$50 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 3825 Lake Austin Blvd Austin, TX 78703
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event fee	(b) Description (If travel outside of Texas, complete Schedule T) Bar tender for 9/9 fundraiser
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-10-10	Payee name Lago Vista Chamber
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Amount (\$) 15 <sup>00</sup>	Payee address; City; State; Zip Code 8040 Bark Ranch Rd Lago Vista, Texas
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Event fee	Description (If travel outside of Texas, complete Schedule T) Chamber Lunch
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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 9-14-10	Payee name Pflugerville Chamber
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Amount (\$) \$15 <sup>00</sup>	Payee address; City; State; Zip Code 101 S. 3rd Street Pflugerville, TX 78691-0483
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Event fee	Description (If travel outside of Texas, complete Schedule T) Chamber lunch
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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 9-15-10	Payee name Fox Points Chamber
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Amount (\$) 100 <sup>00</sup>	Payee address; City; State; Zip Code 2900 N. Quinland Park Rd, Ste B240 Austin, TX 78732
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising Expense Booth	Description (If travel outside of Texas, complete Schedule T)
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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: <i>10 of 10</i>	<b>2</b> FILER NAME <i>Karin Crump</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>9-10-10</i>	<b>5</b> Payee name <i>Wal-mart</i>
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<b>6</b> Amount (\$) <i># 58.36</i>	<b>7</b> Payee address; City; State; Zip Code <i>13201 RR 620 N Austin, TX 78717</i>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Labels, Sponsor frames, etc.</i>
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/1/10 - 9/23/10</i>	Payee name <i>Purple</i>
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Amount (\$) <i># 136.58</i>	Payee address; City; State; Zip Code <i>401 W. 15th Street Austin, TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>2 Credit Card Processing fees</i>
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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