

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) 7456	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="checkbox"/> MS <input type="checkbox"/> MRS / MR FIRST MI Karin NICKNAME LAST SUFFIX Crump	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked OCT 25 11:37 Receipt # Amount Date Processed DAN DEBEAUVORE COUNTY CLERK TRAVIS COUNTY TEXAS	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10601 Fm 2222, Ste R160 Austin, TX 78730	FILED FOR RECORD	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 773-9361		
6 CAMPAIGN TREASURER NAME	<input checked="" type="checkbox"/> MS <input type="checkbox"/> MRS / MR FIRST MI Elizabeth NICKNAME LAST SUFFIX Rogers		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10601 Fm 2222, Ste 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 type="checkbox"/> July 15 <input checked="" 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 9 / 24 / 10 10 / 24 / 10		
11 ELECTION	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	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) JP, Pct. 2	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Karin Crump **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
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME


COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,297
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 99
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,812
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,824
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Karin Crump
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karin Crump, this the 25th day of October, 20 10, to certify which, witness my hand and seal of office.

Deanna Pickrell Deanna Pickrell Office Manager
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 11

2 FILER NAME

Karin Crump

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/24/10

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

Knisely, Prehoditch & Panzer, P.C.

6 Contributor address: City: State: Zip Code

9020 N. Capital of TX Hwy 1-300
Austin, TX 78759-7279

7 Amount of contribution (\$)

\$100⁰⁰

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

9/24/10

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

Travis County Sheriffs Law Enforc

Contributor address: City: State: Zip Code

8600 Ranch Road 620 # 210 PAC
Austin, TX 78726

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

Date

9/28/10

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

David Escamilla

Contributor address: City: State: Zip Code

5703 Spurflower Dr.
Austin, TX 78759

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

County Attorney

Employer (See Instructions)

Travis County

Date

9/29/10

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

Ken Oden

Contributor address: City: State: Zip Code

1504 Gaston Ave
Austin, TX 78703-2419

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Linebarger

Date

9/29/10

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

Barrett + Mary Jo Garrison

Contributor address: City: State: Zip Code

9413 Epic Ct
Austin, TX 78726

Amount of contribution (\$)

\$38⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

VP / Teacher

Employer (See Instructions)

Netspend / Fanes ISD

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: 2 of 11	
2 FILER NAME Karin Crump		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/29/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alexander Gonzales	7 Amount of contribution (\$) \$ 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9600 Westminster Glen Austin, TX 78736		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Winstead	
Date 9/29/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marcus Cox	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5608 Mount Bonnell Rd Austin, TX 78731-4548		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Avatar Austin	
Date 9/29/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Montford + McNeelis, LLP	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 505 W. 15th St Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions)	
Date 9/29/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cecelia Burke	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6500 Santolina Cove Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 9/29/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Karen Sonleitner	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1712 Pasadena Drive Austin, TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Senior Planner		Employer (See Instructions) Travis County	

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:

3 of 11

2 FILER NAME

Karin Crump

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/29/10

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

Kurt Meachum

6 Contributor address; City; State; Zip Code

5103 Cedro Trl
Austin, TX 78731-2670

7 Amount of contribution (\$)

\$100⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Consultant

10 Employer (See Instructions)

Date

9/29/10

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

Aman Bandeli

Contributor address; City; State; Zip Code

4836 Twin Valley Dr.
Austin, TX 78731

Amount of contribution (\$)

\$100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Builder

Employer (See Instructions)

Bandeli Commercial

Date

9/29/10

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

Tim Sulak

Contributor address; City; State; Zip Code

3605 Windsor Rd
Austin, TX 78703

Amount of contribution (\$)

\$100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Morris, Craven + Sulak, LLP

Date

9/29/10

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

Charles Webb

Contributor address; City; State; Zip Code

2901 Ranch Rd 620 N.
Austin, TX 78734

Amount of contribution (\$)

\$38⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

9/29/10

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

Jeff Heard

Contributor address; City; State; Zip Code

700 Lavaca
Austin, TX 78701

Amount of contribution (\$)

\$100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

CRA

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: <i>4 of 11</i>	
2 FILER NAME <i>Karin Crump</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/29/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Stroud + Welch, PLLC</i>	7 Amount of contribution (\$) <i>\$100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>11824 Jollyville Rd Building 2, Suite 200 Austin, TX 78759</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorneys</i>		10 Employer (See Instructions)	
Date <i>9/29/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Erin Kolecki</i>	Amount of contribution (\$) <i>\$38⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>9424 Jenaro Ct. Austin, Texas 78726</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Stay-at-home mom</i>		Employer (See Instructions)	
Date <i>9/29/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Minton, Burton, Foster & Collins</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>1100 Guadalupe St. Austin, Texas 78701</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions)	
Date <i>9/29/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Hazem Badran</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>11408 Tibee Drive Austin, Texas 78726</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Physician</i>		Employer (See Instructions) <i>Self</i>	
Date <i>9/29/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Marilyn Galvan</i>	Amount of contribution (\$) <i>\$50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <i>13034 Silver Creek Dr. Austin, Texas 78727</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 TX</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:

5 of 11

2 FILER NAME
Karin Crump

3 ACCOUNT # (Ethics Commission Filers)

4 Date
9/29/10

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

Rick King

7 Amount of contribution (\$)

\$50⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
600 Congress Ave, Ste 2900
Austin, TX 78701

(If travel outside of Texas, complete Schedule T) *wife*

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Munsch Hardt Kopf & Harrison / Disiere *Marti.*

Date

9/29/10

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

Holly Priestner

Amount of contribution (\$)

\$49⁰⁰

In-kind contribution description (if applicable) *Jefferson*

Contributor address: City: State: Zip Code
5901 Bull Creek Rd
Austin, TX 78757

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Project Coordinator

Employer (See Instructions)

12 Bar Foundation

Date

9/24/10

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

John Defeo

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
3530 Caruth Blvd
Dallas, TX 75225

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law Office of John Defeo + Assoc

Date

9/24/10

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

David + Susie Reiter

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
10201 Milky Way
Austin, Texas 78730

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney / stay at home mom

Employer (See Instructions)

Luminix

Date

9/28/10

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

Leita Fanta

Amount of contribution (\$)

\$38⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
9404 Epic Ct
Austin, TX 78726

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CPA

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:

6 of 11

2 FILER NAME

Karin Crump

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/28/10

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

Tasha Collier

6 Contributor address; City; State; Zip Code

2510 Peterson Drive
Cedar Park, TX 78613

7 Amount of contribution (\$)

\$50⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Small Business Owner

10 Employer (See Instructions)

Self

Date

9/29/10

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

Nathan Walker

Contributor address; City; State; Zip Code

5710 Abilene Trail
Austin, TX 78749

Amount of contribution (\$)

\$50⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Chief of Staff

Employer (See Instructions)

State of Texas

Date

9/29/10

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

Paul Labuda

Contributor address; City; State; Zip Code

2000 Delvin Lane
Austin, TX 78728

Amount of contribution (\$)

\$50⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

IT Support Analyst

Employer (See Instructions)

Visual Click Software

Date

9/30/10

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

Jeff Rotkoff

Contributor address; City; State; Zip Code

5310 Abington Place
Austin, TX 78723

Amount of contribution (\$)

\$75⁰⁰ xx

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Executive Director

Employer (See Instructions)

HGCC

Date

10/6/10

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

Kevin Lewis

Contributor address; City; State; Zip Code

1002 Bouldin Avenue
Austin, TX 78704

Amount of contribution (\$)

\$25⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Buyer

Employer (See Instructions)

Whole Earth Provision Co

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:
7 of 11

2 FILER NAME
Karin Crump

3 ACCOUNT # (Ethics Commission Filers)

4 Date
10/6/10

5 Full name of contributor out-of-state PAC (ID#:
Bruce Elfant
6 Contributor address; City; State; Zip Code
4522 Avenue F
Austin, TX 78751

7 Amount of contribution (\$)
\$100⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Constable

10 Employer (See Instructions)
Travis County

Date
10/13/10

Full name of contributor out-of-state PAC (ID#:
Bob Stokes
Contributor address; City; State; Zip Code
2629 Talbott St.
Houston, TX 77005

Amount of contribution (\$)
\$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
President/CEO

Employer (See Instructions)
Galveston Bay (wife: Baker Botts)

Date
10/13/10

Full name of contributor out-of-state PAC (ID#:
Shannon Meroney
Contributor address; City; State; Zip Code
6901 Glen Ridge Drive
Austin, TX 78731

Amount of contribution (\$)
\$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Manager / St. Govt Relations

Employer (See Instructions)
Aetha (Attorney)

Date
10/14/10

Full name of contributor out-of-state PAC (ID#:
Holly Mace Massingill
Contributor address; City; State; Zip Code
4907 Southcrest
Austin, TX 78746

Amount of contribution (\$)
\$250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Realtor / Sm. Business Owner

Employer (See Instructions)
Self

Date
10/14/10

Full name of contributor out-of-state PAC (ID#:
Jeffrey McFall
Contributor address; City; State; Zip Code
1902 Elmhurst Drive
Arlington, TX 76012

Amount of contribution (\$)
\$50⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorney / Sr. Counsel

Employer (See Instructions)
Tenet Healthcare Corp

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>8 of 11</i>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/15/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Christopher Crump</i>	7 Amount of contribution (\$) <i>\$50⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State; Zip Code <i>520 W. Huron St., Ste 611 Chicago, Illinois 60654</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Business Owner</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>10/15/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert Witte</i>	Amount of contribution (\$) <i>\$25⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City: State; Zip Code <i>3208 Coventry Ln Plano, TX 75093</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Strasburger + Price, LLP</i>	
Date <i>10/15/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Neal Nagely</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City: State; Zip Code <i>3251 Cambrick St., Apt 7 Dallas, TX 75204</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney / Small Business Owner</i>		Employer (See Instructions) <i>Self</i>	
Date <i>10/15/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Harry Reasoner</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City: State; Zip Code <i>2800 First City Tower 1001 Fannin St. Houston, TX 77002</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Vinson + Elkins</i>	
Date <i>10/15/10</i>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <i>American Federation of State, County, + Municipal Employees PAC</i>	Amount of contribution (\$) <i>\$1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address: City: State; Zip Code <i>1625 L Street NW Washington, D.C 20036</i>		(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:

9 of 11

2 FILER NAME

Karin Crump

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/31/10

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

Todd Nickle

7 Amount of contribution (\$)

\$100⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
700 Lavaca, Ste 1550
Austin, TX 78701

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Self

Date

10/14/10

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

Velva Price

Amount of contribution (\$)

\$50⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
1601 Ridgemont Dr.
Austin, TX 78723

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

10/16/10

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

Whitehurst, Harkness, Brees & Cheng
Contributor address: City: State: Zip Code
5113 Southwest Pkwy, Ste 150 A.C.
Austin, TX 78735

Amount of contribution (\$)

\$250⁰⁰

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

10/20/10

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

Eduardo Rodriguez

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
50 Morrison, Ste. A
Brownsville, TX 78520

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

10/18/20

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

Karl Thomas Musselman

Amount of contribution (\$)

\$171.48/x

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
1512 A Pennsylvania
Austin, TX 78702

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Publisher

Employer (See Instructions)

Burnt Orange Report

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 11

2 FILER NAME

Karin Crump

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/20/10

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

Albert Hartman, III

6 Contributor address; City; State; Zip Code

204 Ruelle Lane, Apt D.
San Antonio, TX 78209

7 Amount of contribution (\$)

+ 150⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Admin / Asst. Dean

10 Employer (See Instructions)

St. Mary's Law School

Date

10/22/10

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

Susannah Stinson

Contributor address; City; State; Zip Code

2107 Four Oaks Lane
Austin, TX 78704

Amount of contribution (\$)

\$ 100⁰⁰

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

10/22/10

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

Doug Bell

Contributor address; City; State; Zip Code

9202 Cedar Crest Dr.
Austin, TX 78750

Amount of contribution (\$)

\$ 50⁰⁰

In-kind contribution description (if applicable)

+ 100
(house party)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Synergen Consulting

Date

10/22/10

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

Thomas Snain

Contributor address; City; State; Zip Code

4209 Speedway #106
Austin, TX 78751

Amount of contribution (\$)

\$ 100⁰⁰

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

9/29/10

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

Kathie Tam

Contributor address; City; State; Zip Code

2602 Orsobella Place
Cedar Park, TX 78613

Amount of contribution (\$)

\$ 300

photography

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Photographer

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:
11 of 11

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# _____)
Carol Fritz
6 Contributor address; City; State; Zip Code
1011 Silbury Dr.
Austin, TX 78758

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)
\$100 house party

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Retired

10 Employer (See Instructions)

Date
10/16/10

Full name of contributor out-of-state PAC (ID# _____)
Christine and Peter Howe
Contributor address; City; State; Zip Code
12812 Wooded Lake Ct
Austin, TX 78732

Amount of contribution (\$)

In-kind contribution description (if applicable)
\$300 house party

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/18/10

Full name of contributor out-of-state PAC (ID# _____)
Shawn Morris
Contributor address; City; State; Zip Code
10609 Autumn Ridge Drive
Austin, TX 78759

Amount of contribution (\$)

In-kind contribution description (if applicable)
\$200 house party

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/24/10
10/23/10

Full name of contributor out-of-state PAC (ID# _____)
David Courreges
Contributor address; City; State; Zip Code
6921 Hansa Loop
Austin, TX 78739

Amount of contribution (\$)

In-kind contribution description (if applicable)
\$1,000 web design, campaign work

(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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

2 FILER NAME Karin Crump 3 ACCOUNT # (Ethics Commission Filers)

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

5 Date <u>10/14/10</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Capital Area Democratic Women</u>	8 Amount of pledge (\$) <u>\$500</u>	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code <u>P.O. Box 12962 Capitol Station Austin, TX 78711-2962</u>		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date <u>9/21/10</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Lake Travis Democrats</u>	Amount of pledge (\$) <u>\$150</u>	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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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: 1 of 4	2 FILER NAME Karin Crump	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-29-10	5 Payee name Manuel's
--------------------------	---------------------------------

6 Amount (\$) \$647.33	7 Payee address; City; State; Zip Code 10201 Jollyville Rd Austin, TX 78759
----------------------------------	--

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) Fundraiser
---------------------------------	--	--

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

Date 9-30-10	Payee name Home Depot
-----------------	--------------------------

Amount (\$) 150.03	Payee address; City; State; Zip Code 7900 RR 620 N Austin, TX 78726
-----------------------	---

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
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Date 9-30-10	Payee name Rise + Shine Bakery
-----------------	-----------------------------------

Amount (\$) \$86.60	Payee address; City; State; Zip Code 10601 FM 2222 Austin, TX 78730
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Cake for fundraiser-9/29/10
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-10-10	Payee name Home Depot
------------------	--------------------------

Amount (\$) \$44.25	Payee address; City; State; Zip Code 7900 RR 620 N Austin, TX 78726
------------------------	---

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
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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: 2 of 4	2 FILER NAME Karin Crump	3 ACCOUNT # (Ethics Commission Filers)
--	------------------------------------	---

4 Date 10-5-10	5 Payee name Postnet at Riverplace
--------------------------	--

6 Amount (\$) \$55.20	7 Payee address; City; State; Zip Code 10601 Fm 2222, Ste R. Austin, TX 78730
---------------------------------	--

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-6-10	Payee name Worley Printing Co., Inc
-----------------	--

Amount (\$) \$286.86	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) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Print material
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-12-10	Payee name Pflugerville Chamber of Commerce
------------------	--

Amount (\$) \$20 ⁰⁰	Payee address; City; State; Zip Code 101 S. 3rd St Pflugerville, TX 78660
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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) Chamber Chatter
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-14-10	Payee name CAOW
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Amount (\$) 13 ⁰⁰	Payee address; City; State; Zip Code 605 W. 13th 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) Lunch Mtg
-------------------------------	---	--

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: 3 of 4	2 FILER NAME Karin Crump	3 ACCOUNT # (Ethics Commission Filers)
--	------------------------------------	---

4 Date 10-10-10	5 Payee name Littlefield Consulting
---------------------------	---

6 Amount (\$) \$500 ⁰⁰	7 Payee address; City; State; Zip Code P.O. Box 90591 Austin, TX 78709
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Data
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-18-10	Payee name United States Postal Service
------------------	--

Amount (\$) \$1,907 ⁸² / _{xx}	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Postage
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-18-10	Payee name American Printing
------------------	---------------------------------

Amount (\$) \$2,429 ²⁵ / _{xx}	Payee address; City; State; Zip Code 1606 Headway Circle Austin, TX 78754
--	---

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-18-10	Payee name La Vo3
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Amount (\$) \$150 ⁰⁰	Payee address; City; State; Zip Code P.O. Box 19457 Austin, TX 78760
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Print ad
-------------------------------	---	---

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: 4 of 4	2 FILER NAME Karin Crump	3 ACCOUNT # (Ethics Commission Filers)
--	------------------------------------	---

4 Date 10-1-10	5 Payee name Jewish Outlook
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6 Amount (\$) \$291 ⁰⁰	7 Payee address; City; State; Zip Code 4007 Madrod Cove Austin, TX 78759
---	---

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) Print ad
---------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-20-10	Payee name Council on At-Risk Youth
------------------	--

Amount (\$) \$100	Payee address; City; State; Zip Code 3710 Cedar Street, Suite 220 Box 23 Austin, TX 78705
----------------------	---

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
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/24-10/23/10	Payee name Piryx
-----------------------	---------------------

Amount (\$) \$22 ⁰⁰	Payee address; City; State; Zip Code 4101 W. 15th Austin, TX 78701
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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) On-line transaction fees
------------------------	---	---

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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED