



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

16 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

\$ *100*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *650*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *55*

4. TOTAL POLITICAL EXPENDITURES

\$ *2,343*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *152*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *- 0 -*

19 AFFIDAVIT

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



*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Karin Crump*, this the *18th* day of *January*, 20 *11*, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

*Lynn Field*  
Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A:	
<b>2</b> FILER NAME <i>Karin Crump</i>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date <i>11/2/10</i>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Capital Area Democratic Women</i>	<b>7</b> Amount of contribution (\$) <i>\$500</i>	<b>8</b> In-kind contribution description (if applicable)
	<b>6</b> Contributor address; City; State; Zip Code <i>P.O. Box 12962 Capital Station Austin TX 78711</i>	(If travel outside of Texas, complete Schedule T)	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date <i>11/13/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lake Travis Democrats</i>	Amount of contribution (\$) <i>\$150</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>Lakeway, Texas</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: .....	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor 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 contributor <input type="checkbox"/> out-of-state PAC (ID#: .....	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor 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 contributor <input type="checkbox"/> out-of-state PAC (ID#: .....	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code .....	(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.

1 Total pages Schedule F: 1 of 5		2 FILER NAME Karin Crump		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-24-10		5 Payee name Barefoot Bounce			
6 Amount (\$) \$128.82		7 Payee address; City; State; Zip Code barefootbounce.com Georgetown, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) GOTV Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Trailhead Park Get Out the Vote	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-24-10		Payee name Papa John's Pizzeria			
Amount (\$) \$70.60		Payee address; City; State; Zip Code 11521 N FM 620, Ste 675 Austin, TX 78726			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense (food)		Description (If travel outside of Texas, complete Schedule T) Trailhead Park GOTV Event	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-29-10		Payee name Book People			
Amount (\$) \$50.00		Payee address; City; State; Zip Code 603 N. Lamar Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gift (fundraising expense)		Description (If travel outside of Texas, complete Schedule T) Thank You for Sen. Watson - book	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-29-10		Payee name Target			
Amount (\$) \$32.99		Payee address; City; State; Zip Code 11220 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) Election Day Supplies	
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: 2 of 4		2 FILER NAME Karin Crump		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-29-10		5 Payee name Target			
6 Amount (\$) 102.75		7 Payee address; City; State; Zip Code 11220 Am 2222 Austin, TX 78730			
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) Supplies for Election Day	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 10-31-10		Payee name Blue Roots Strategies			
Amount (\$) 639.09		Payee address; City; State; Zip Code P.O. Box 300053 Austin TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Automated Calls	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 10-31-10		Payee name Bells Advertising			
Amount (\$) 103.61		Payee address; City; State; Zip Code 109 Denson Dr. Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Campaign printing buttons	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 11-2-10		Payee name Torchy's			
Amount (\$) 11.85		Payee address; City; State; Zip Code 4211 Spicewood Springs Rd Austin, TX 78731			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Election Day Volunteer Hood	
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: <i>3 of 3</i>		2 FILER NAME <i>KARIN CRUMP</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>11/15-10</i>		5 Payee name <i>Laurie Felker Jones</i>			
6 Amount (\$) <i>\$1,000.<sup>00</sup></i>		7 Payee address; City; State; Zip Code <i>lauriefelkerjones.com Austin, TX</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Contract labor</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Consulting fees</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>11-15-10</i>		Payee name <i>Hula Hut</i>			
Amount (\$) <i>\$46.48</i>		Payee address; City; State; Zip Code <i>3825 Lake Austin Blvd Austin, TX 78703</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Event Expense (wrap-up)</i>		Description (If travel outside of Texas, complete Schedule T) <i>Food - Campaign Mtg <sup>Team</sup></i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>12-7-10</i>		Payee name <i>Target</i>			
Amount (\$) <i>\$44.36</i>		Payee address; City; State; Zip Code <i>11220 FM 2222 Austin, TX 78730</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Campaign Event Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Volunteer Thank You Party, <sup>Suppl</sup></i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10-28-10</i>		Payee name <i>Postnet</i>			
Amount (\$) <i>\$12,00</i>		Payee address; City; State; Zip Code <i>10601 FM 2222 Ste R160 Austin, TX 78730</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Postage for thank-yours</i>	
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)

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|---------------------|-------------------------------|----------------------------------|--|
| 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: 4 of 4	<b>2</b> FILER NAME Karin Crump	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 11-29-10	<b>5</b> Payee name University Democrats
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<b>6</b> Amount (\$) 100	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) 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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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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<b>PURPOSE OF EXPENDITURE</b>	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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<b>PURPOSE OF EXPENDITURE</b>	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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