#### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00057659	ssion Filers)	2 Total pages	filed:
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER NAME	The Honorable	Karin			OFFICE Date Received	USE ONLY
						CALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024	·
		Crump		JUPPIA		
		-		715 2227	Data kland delive	d or Data Doctmonics
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT	「 / SUITE #; CIT	Υ;	ZIP CODE		d or Date Postmarked
ADDRESS	REDACTED PER 254	4.0313, GOV'T (	CODE		Receipt #	Amount
Change of Address					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER	Ms.	Beverly G.				
NAME		,				
	NICKNAME	LAST			SUFFIX	
		Reeves				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PC	) BOX PLEASE);	AP	/ SUITE #; CITY;	S	TATE; ZIP CODE
ADDRESS						
(Residence or Business)	REDACTED PER 254	4.0313, GOV'T (	CODE			
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER PHONE	(512) 334-4500					
FIONE						
8 REPORT TYPE				- <i>"</i> <b>–</b>	<b>7</b>	
	January 15	30th day before	election	Runoff		campaign treasurer ifficeholder only)
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	02/25/2024	TH	HROUGH	06/30/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	11/05/2024		Seneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	District Judge District 250	) Travis		Court Of Appeals		e 5 District 3
					,	
		GO	FO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	5	Vers	sion V4.1.0.d378aba0

#### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 19

I

13 C / OH NAME	Crump, Karin (The He	onorable)	14 Filer ID 00057659	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or
Additional Pages		COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		I. IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		<b>\$</b> 0.00
				<b>\$</b> 15,781.04
EXPENDITURE TOTALS	· · · · · · · · · · · · · · · · · · ·	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	15)	<b>\$</b> 2,468.03
TOTALS	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 60,468.84
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	<b>\$</b> 16,432.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Ho	norable Karin Crump	1
			f Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of offic	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

#### FORM JC/OH COVER SHEET PG 3

CO\			

			3 of 19
18 FILER NAME Crump, Karir	(Ethics Commission Filers)		
20 SCHEDULE S NAME OF SC	SUBTOTAL AMOUNT		
1. X S	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		<b>\$</b> 15,781.04
2. 🗌 S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. 🗌 S	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. 🗌 S	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. 🗙 S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 60,468.84
6. 🗌 S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. 🗌 S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. 🗌 S	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. 🗌 S	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. 🗌 S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. 🔲 S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - JC/OH

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Crump, Karin (The Honorable)			00057659
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
02/25/2024	Burke, Cecelia		\$263.47
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78731		
8 Contributor's I	Principal Occupation	9 Contributor's Job Title	•
Retired		Retired	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
Na			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/21/2024	Carlson Law Firm		\$1,052.95
	Contributor address; City; State; Zip Code		·
	Killeen, TX 76541		
Contributor's I	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)
		'	
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/02/2024	Circle C Area Democrats	)	\$789.79
00/02/2021	Contributor address; City; State; Zip Code		
	Austin, TX 78739		
Contributor's	Principal Occupation	Contributor's Job Title	
Contributor 3 1			
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
L Formo providad	by Taxas Ethics Commission www.ethic	s stato ty us	Version V/4 1 0 d378aba0

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 2/7 Rpt: 5/19
2 FILER NAME Crump, Karin (The Honorable)			<b>3</b> Filer ID (Ethics Commission Filers) 00057659
4 Date 02/25/2024			7 Amount of Contribution (\$) \$105.58
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78726		
8 Contributor's F RN	Principal Occupation	9 Contributor's Job Title NICU nurse	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
St Davids Me	edical Center		
12 If contributor is	s a child, law firm of parent(s) (if any)	1	
Date		)	Amount of Contribution (\$)
02/26/2024	DJC Law		\$1,052.95
	Contributor address; City; State; Zip Code Austin, TX 78757		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	I	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/02/2024	Dunham LLP		\$1,052.95
	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm		Law firm of contributor's sp	oouse (if any)
If contributor is			
	by Toyas Ethics Commission	s state ty us	Version V/4 1 0 d278aba0

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 3/7 Rpt: 6/19		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Crump, Karir	n (The Honorable)		00057659		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)		
03/01/2024	Gottfried Alexander Law Firm		\$526.63		
	6 Contributor address; City; State; Zip Code				
	Austin, TX 78703				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title			
10 Contributor's e	employer/law firm	<b>11</b> Law firm of contributor's sp	oouse (if any)		
10.11					
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
02/26/2024	Greater ATX Chapter NWPC		\$263.47		
	Contributor address; City; State; Zip Code				
	Dflugonillo TV 70660				
Caratzilautaria	Pflugerville, TX 78660	Contributorio Job Title			
Contributors	Principal Occupation	Contributor's Job Title			
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
02/26/2024	Harger, Elene	, /	\$263.47		
	Contributor address; City; State; Zip Code				
	Georgetown, TX 78628				
Contributor's F	Principal Occupation	Contributor's Job Title			
Retired Emergency Responder Retired					
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)			
Retired					
If contributor is	s a child, law firm of parent(s) (if any)				
Forms provided	hy Texas Ethics Commission www.ethic	s state tx us	Version V4.1.0 d378aba0		

The Instruction Guide explains how to cor	nplete this form.       1 Total pages Schedule A(J)1:         Sch: 4/7 Rpt: 7/19
2 FILER NAME Crump, Karin (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00057659
02/26/2024 Haschke, Gerald	f-state PAC (ID#:) 7 Amount of Contribution (\$) \$26.63 Code
Buda, TX 78610	
8 Contributor's Principal Occupation Retired	9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired	<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-o 02/27/2024 Hurst, Michael Contributor address; City; State; Zip o	f-state PAC (ID#:) Amount of Contribution (\$) \$250.00 Code
Dallas, TX 75201 Contributor's Principal Occupation	Contributor's Job Title
Partner/Attorney	Partner
Contributor's employer/law firm Lynn Pinker Hurst & Schwegmann LLP	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
03/01/2024 King, Micah	f-state PAC (ID#:) Amount of Contribution (\$) \$263.47 Code
Austin, TX 78701	
Contributor's Principal Occupation Attorney	Contributor's Job Title Shareholder
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Winstead PC	
If contributor is a child, law firm of parent(s) (if any)	
Forms provided by Texas Ethics Commission	www.ethics.state.tx.us Version V4.1.0.d378aba

The Instruction Guide explains how to	complete this form.       1 Total pages Schedule A(J)1:         Sch: 5/7 Rpt: 8/19
2 FILER NAME Crump, Karin (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00057659
4 Date       5 Full name of contributor         03/05/2024       Low, Casey         6 Contributor address; City; State;	ut-of-state PAC (ID#:) ip Code 7 Amount of Contribution (\$) \$526.63
Austin, TX 78703	
8 Contributor's Principal Occupation	9 Contributor's Job Title
Attorney	Partner
10 Contributor's employer/law firm Pillsbury Winthrop Shaw Pittman LLP	<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor	
Date Full name of contributor 03/01/2024 Meza, Juan P.	ut-of-state PAC (ID#:) Amount of Contribution (\$) \$500.00
Contributor address; City; State;	ip Code
Austin, TX 78702	
Contributor's Principal Occupation	Contributor's Job Title
restaurant owner	Owner
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Juan In a Million	
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor	ut-of-state PAC (ID#:) Amount of Contribution (\$)
	\$2,500.00
Contributor address; City; State;	ip Code
Dallas, TX 75240	
Contributor's Principal Occupation	Contributor's Job Title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
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The Instruction Guide explains how to complete	1 Total pages Schedule A(J)1: Sch: 6/7 Rpt: 9/19	
2 FILER NAME Crump, Karin (The Honorable)	3 Filer ID (Ethics Commission Filers) 00057659	
05/21/2024 Sandoval   James, PLLC	Date     5     Full name of contributor     out-of-state PAC (ID#:)       05/21/2024     Sandoval   James, PLLC	
Austin, TX 78759		
8 Contributor's Principal Occupation	9 Contributor's Job Title	
<b>10</b> Contributor's employer/law firm	11 Law firm of contributor's sp	ouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
02/27/2024 Sapire, Gregory	PAC (ID#:)	Amount of Contribution (\$) \$263.47
Austin, TX 78731 Contributor's Principal Occupation	Contributor's Job Title	
Attorney Contributor's employer/law firm Maynard Nexsen PC If contributor is a child, law firm of parent(s) (if any)	Shareholder Law firm of contributor's sp	ouse (if any)
Date     Full name of contributor     out-of-state F       03/05/2024     The Meyerson Law Firm		Amount of Contribution (\$) \$52.95
Contributor address; City; State; Zip Code Austin, TX 78746		
Contributor's Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm	Law firm of contributor's sp	ouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Forms provided by Texas Ethics Commission	ww.othics.state.tv.us	Version V/4 1 0 d278aba0

The Instruc	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 7/7 Rpt: 10/19	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Crump, Karir	n (The Honorable)	00057659	
4 Date	5 Full name of contributor out-of-state PAC (ID#	: )	7 Amount of Contribution (\$)
03/08/2024	Wenholz, David		\$526.6
	6 Contributor address; City; State; Zip Code		
	Dripping Springs, TX 78620		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
lawyer		attorney	
10 Contributor's e	mplover/law firm	11 Law firm of contributor's sp	nouse (if any)
wenholz dow			
	s a child, law firm of parent(s) (if any)		
	s a child, law littl of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
02/26/2024	Yeakel, Lee		\$500.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78716		
Contributor's F	Principal Occupation	Contributor's Job Title	
attorney		Senior Counsel	
	mployer/law firm	Law firm of contributor's sp	pouse (if any)
King & Spald	ling		
If contributor is	s a child, law firm of parent(s) (if any)		

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 1/9 Rpt: 11/19	Crump, Karin (The Honorable)	00057659			
4	Date 02/27/2024	Payee name Austin Chronicle				
6	Amount (\$) \$825.00	Payee address; City; State; Zip Code 1000 E. 40th St Austin, TX 78751				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ement			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/26/2024	Austin Young Lawyers Association				
	Amount (\$) \$250.00	Payee address;       City;       State;       Zip Code         816 Congress Ave       Ste 700       Austin, TX 78701				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense rship			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	06/30/2024	DonateWay				
	Amount (\$) \$368.84	Payee address; City; State; Zip Code P.O. Box 301267				
		Austin, TX 78703				
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ution processing fees			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)	_
	Sch: 2/9 Rpt: 12/19			rin (The Honorat	ole)					00057659		
4	Date	5	Payee name	;								
	03/07/2024		Fonda San	Miguel								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$227.82		2330 W N I	Loop Blvd.								
			Austin, TX	78756								
8	PURPOSE	(a)					(b)	Description				—
ľ	OF	(~)		See Categories listed at th rage Expense	ne top of this sch	iedule)	]	-	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		1 000/Deve	rage Expense			Ì	Check if Austin,	, TX,	officeholder living	expense	
								Staff dinner				
9	Complete <u>ONLY</u> if direct		Candidate/Off	iceholder name	(	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI											
	Date		Payee name	)								
	03/26/2024		GenServe									
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					_
	\$257.25 2004 W Howard Ln											
			Austin, TX	78728								
	PURPOSE	(a)	Category (S	See Categories listed at t	he top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			ns/Donations Ma			Į			de of Texas. Com		
			Candidate/	Officeholder/Poli	itical Comm	nittee	ļ		, TX,	officeholder living	expense	
								Event ticket				
	Operation ONITY is aligned			*		24				0.000		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluale/OII	iceholder name	(	Office sou	yni			Office he	elu	
		<u> </u>										_
	Date		Payee name									
	03/07/2024		Hart Matter									
	Amount (\$)		Payee addre		State	; Zip Co	de					
	\$2,500.00		6706 Tulan	ie Dr.								
			Austin, TX	78723								
	PURPOSE	(a)	Category (S	See Categories listed at t	he top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Consulting	Expense			Į			de of Texas. Com		
							L			officeholder living		
							,	Campagin ma	and	igement con	isullity	
		Ľ	Condidate (Off	iooboldor name			abt			Office		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluate/Off	iceholder name	C	Office sou	ynt			Office he	eiu	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimt Fees Office Overhead/Rental Food/Beverage Expense Office Overhead/Rental Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contrac The Instruction Guide explains how to complete this	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District t Labor OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	Total pages Schedule F1: 2 FILER NAME 3									
	Sch: 3/9 Rpt: 13/19	Crump, Karin (The Honorable) 00057659									
4	Date 03/14/2024	5 Payee name Hart Matters									
0	Amount (\$) \$3,750.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>6706 Tulane Dr.</li> <li>Austin, TX 78723</li> </ul>									
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descri	ription								
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
03/04/2024 Headliners Club											
Amount (\$) Payee address; City; State; Zip Code											
	\$3,717.56	221 W 6th St Suite 2100 Austin, TX 78701									
	PURPOSE OF EXPENDITURE		ription leck if travel outside of Texas. Complete Schedule T. leck if Austin, TX, officeholder living expense Iraising event expenses								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/26/2024	MAP									
	Amount (\$) \$33,570.64	Payee address; City; State; Zip Code 2400 S. 4th Street									
		Austin, TX 78704									
	PURPOSE OF EXPENDITURE		ription leck if travel outside of Texas. Complete Schedule T. leck if Austin, TX, officeholder living expense ct mail								
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials nmittee Legal Services	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2		Filer ID	(Ethics Commission Filers)							
1	Sch: 4/9 Rpt: 14/19	2	Crump, Karin (The Honorat	le)				3	00057659			
4	Date	5	Payee name									
	03/05/2024		MAP									
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de						
	\$3,350.00		2400 S. 4th Street									
			Austin, TX 78704									
8	PURPOSE	(a)	Category (See Categories listed at th	ne top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Advertising Expense						de of Texas. Comp			
							Digital advert		officeholder living			
							Digital auvent	13111	iy anu yrapin	ic design		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Office sou	ght			Office hel	d		
	Date		Payee name									
	02/27/2024		MAP									
	Amount (\$)		Payee address; City;	State	; Zip Co	do						
	\$350.00		2400 S. 4th Street	Siale	, zip co	ue						
	\$350.00		2400 5. 411 511661									
			Austin, TX 78704									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at th Consulting Expense	ne top of this sch	nedule)			, TX,	de of Texas. Comp officeholder living e			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office hel	d		
	Date	<u> </u>										
	03/26/2024		Payee name MAP									
				<b></b>								
	Amount (\$)		Payee address; City;	State	; Zip Co	de						
	\$1,550.00		2400 S. 4th Street									
			Austin, TX 78704									
	PURPOSE	(a)	Category (See Categories listed at th	ne top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Consulting Expense					, TX,	de of Texas. Compl officeholder living e			
-	Complete ONLV if direct	Ľ	Candidate/Officeholder name	· · · · · · · · · · · · · · · · · · ·	Office sou	abt			Office hel	d		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH			(	JUICE SOU	ynt			Unice nel	u		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursem Fees Office Overhead/Rental Expen Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 5/9 Rpt: 15/19		Crump, Karin (The Honorable)					00057659		
4	Date	5	Payee name							
	03/22/2024		Mailchimp							
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de					
	\$79.95		675 Ponce de Leon Ave NE							
			Suite 5000							
			Atlanta, GA 30308							
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	,		Check if travel		de of Texas. Complete Schedule T.		
						Email distribu		officeholder living expense		
						Email distribu	llioi	nsonware		
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held		
	Date		Payee name							
	04/22/2024		Mailchimp							
	Amount (\$)		Payee address; City; State	e; Zip Co	de					
	\$79.95		675 Ponce de Leon Ave NE							
			Suite 5000							
			Atlanta, GA 30308							
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	,		Check if travel		de of Texas. Complete Schedule T.		
								officeholder living expense		
						Email distribu	luoi	nsonware		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht			Office held		
	expenditure to benefit C/Oł			Childe Sou	gin					
	Date	1	Payee name							
	05/22/2024		Mailchimp							
	Amount (\$)		-	e; Zip Co	nde					
	\$79.95		675 Ponce de Leon Ave NE	c, zip 00	ac					
	¢10.00		Suite 5000							
			Atlanta, GA 30308							
	PURPOSE				(h)	Description				
	OF	(a)	Category (See Categories listed at the top of this so Office Overhead/Rental Expense	chedule)	(0)	Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Once Overneau/Mental Expense					officeholder living expense		
						Email distribu	itio	n software		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 6/9 Rpt: 16/19		Crump, Karin (The Honorable)					00057659		
4	Date	5	Payee name							
	06/24/2024		Mailchimp							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de					
	\$79.95		675 Ponce de Leon Ave NE							
			Suite 5000							
			Atlanta, GA 30308							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	,		Check if travel		de of Texas. Complete Schedule T.		
						Email distribu		officeholder living expense		
						Email distribu	luoi	nsonware		
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held		
	Date		Payee name							
	03/25/2024		Meachum, Kendall							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$500.00 PO Box 13506									
		<u> </u>	Austin, TX 78711		4.5					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Salaries/Wages/Contract Labor	hedule)	(0)		, тх,	de of Texas. Complete Schedule T. officeholder living expense CES		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	03/05/2024		Santa Rita Cantina							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$721.06		1206 W 38th St.							
			Austin, TX 78705							
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Event Expense			Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense /ent expenses		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Th           Food/Beverage Expense         Polling Expense         Th           By -         Gift/Awards/Memorials Expense         Printing Expense         Th						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 7/9 Rpt: 17/19		Crump, Karin (The Honorable)					00057659			
4	Date	5	Payee name								
	04/25/2024		Santa Rita Cantina								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$75.78		1206 W 38th St.								
			Austin, TX 78705								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	(aluba	(b)	Description					
	OF	. ,	Food/Beverage Expense	cuuic)	. ,		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		5 1		ĺ	Check if Austin,	, TX,	, officeholder living expense			
						Meeting expe	ense	e			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	ght			Office held			
	Date		Payee name								
	05/09/2024		Santa Rita Cantina								
Amount (\$) Payee address; City; State; Zip Code											
	\$41.06 1206 W 38th St.										
			Austin, TX 78705								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	(b)	Description Check if travel of	outsid	ide of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin,	, TX,	, officeholder living expense			
						Meeting expe	ense	e			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	ght			Office held			
	expenditure to benefit C/O	·									
	Date		Payee name								
	03/04/2024		Susan Harry Consulting								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$2,500.00		P.O. Box 301074								
			Austin, TX 78703								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.			
								, officeholder living expense			
						runuraising &	k CC	ompliance consulting			
		L									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office soug	ght			Office held			
	r										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	ment/Reinbursement head/Rental Expense ense leges/Contract Labor head the this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 8/9 Rpt: 18/19		Crump, Karin (The Honorable)				00057659				
4	Date 04/02/2024	5	Payee name Susan Harry Consulting								
6	Amount (\$)	7	Payee address; City; State;	Zip Coc	е						
	\$1,250.00										
8	PURPOSE	(a)	Catagony		<b>b)</b> Description						
0	OF	OF Consulting Expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Off	fice soug	ht		Office held				
	Date		Payee name								
	04/15/2024		Texas Bar Foundation								
	Amount (\$)		Payee address; City; State;	Zip Coc	e						
	\$220.00		515 Congress Ave. Austin, TX 78701								
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this schedu Contributions/Donations Made By Candidate/Officeholder/Political Committ	, тх,	side of Texas. Complete Schedule T. X, officeholder living expense Ship						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held									
	Date		Payee name								
	06/07/2024		Travis County Democratic Party								
	Amount (\$) \$1,000.00		Payee address; City; State; 1311 E 6th St	Zip Coc	e						
			Austin, TX 78702								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Contributions/Donations Made By Candidate/Officeholder/Political Committ	,		, TX,	de of Texas. Complete Schedule T. officeholder living expense hip				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Off	fice soug	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           y -         Gift/Awards/Memorials Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 9/9 Rpt: 19/19		Crump, Karin (The Honorable)			-	00057659		
4	Date	5	Payee name						
	03/15/2024		Travis County Democratic Party						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$350.00		1311 E 6th St						
			Austin, TX 78702						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	(alube	(b) Description				
	OF		Contributions/Donations Made By	euule)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Candidate/Officeholder/Political Comm	ittee			officeholder living expense		
					Event sponso	orsł	nip		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	03/15/2024		Travis County Women Lawyers Associ	ation					
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$256.00		P. O. Box 1386						
			Austin, TX 78767						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description		de ef Teure Consolete Cohertule T		
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	ittoo			de of Texas. Complete Schedule T. officeholder living expense		
			Candidate/Onicenoide//Folitical Comm		Event sponsorship				
							r.		
	Complete ONLY if direct	C	andidate/Officeholder name C	)ffice sou	ght		Office held		
	expenditure to benefit C/OI	Н		·	-				
_	Date		Payee name						
	04/29/2024		Travis County Women Lawyers Associ	ation					
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$50.00		P. O. Box 1386						
			Austin, TX 78767						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Contributions/Donations Made By				de of Texas. Complete Schedule T.		
			Candidate/Officeholder/Political Comm	ittee	Event ticket	, TX,	officeholder living expense		
	Complete ON! V if direct		andidata/Officeholder serve	)ffico com	abt		Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	JIIL		Office held		