

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00086204	<b>2</b> Total pages filed:  8
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Crystal	MI MI
	NICKNAME Edmonson	LAST Levonius	SUFFIX
<b>OFFICE USE ONLY</b>			
Date Received <b>ELECTRONICALLY FILED</b> 01/15/2025			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1450 E McKinney St  Denton, TX 76209		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Lori	MI MI
	NICKNAME	LAST Nichols	SUFFIX
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1450 E McKinney St  Denton, TX 76209		APT / SUITE #; CITY; STATE; ZIP CODE
	AREA CODE PHONE NUMBER EXTENSION (214) 229-8490		
<b>8</b> REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
<b>9</b> PERIOD COVERED	Month Day Year 07/01/2024		THROUGH Month Day Year 12/31/2024
<b>10</b> ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
	<b>11</b> OFFICE OFFICE HELD (if any) District Judge District 481 Denton		<b>12</b> OFFICE SOUGHT (if known)

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 8

**13** C / OH NAME      Levonius, Crystal (The Honorable)      **14** Filer ID      (Ethics Commission Filers)  
00086204

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

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

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	658.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	95,000.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	95,000.00

**17** 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.

\_\_\_\_\_  
 The Honorable Crystal Levonius  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - JC/OH**

<b>18 FILER NAME</b> Levonius, Crystal (The Honorable)		<b>19 Filer ID</b> 00086204	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)		\$ 95,000.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 279.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 379.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# LOANS (JUDICIAL)

# SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 1/1 Rpt: 4/8
<b>2</b> FILER NAME Levonius, Crystal (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086204
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 12/31/2024	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Crystal, Levonius	<b>9</b> Loan Amount (\$) \$95,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Denton, TX 76209	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation Judge		<b>13</b> Lender's Job Title Judge
<b>14</b> Lender's Employer/Law Firm State of Texas		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor	
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>22</b> Amount Guaranteed (\$)		
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/2 Rpt: 5/8		<b>2</b> FILER NAME Levonius, Crystal (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086204	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution Bank of America		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
<b>6</b> PAYMENT		(a) Amount Charged \$15.00	(b) Date of Charge 11/18/2024	(c) Date(s) Credit Card Issuer Paid 12/31/2024	
<b>7</b> PAYEE		(a) Payee name Texas Strong Republican Women		(b) Payee address; City, State, Zip Code 6200 Canyon Falls Blvd Argyle, TX 76226	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Texas Strong Republican Women's Club Name Tag	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$100.00	(b) Date of Charge 11/18/2024	(c) Date(s) Credit Card Issuer Paid 12/31/2024	
<b>PAYEE</b>		(a) Payee name Texas Strong Republican Women		(b) Payee address; City, State, Zip Code 6200 Canyon Falls Blvd Argyle, TX 76226	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Texas Strong Republican Women's Club Dues	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$17.00	(b) Date of Charge 10/12/2024	(c) Date(s) Credit Card Issuer Paid 11/30/2024	
<b>PAYEE</b>		(a) Payee name Denton County Republican		(b) Payee address; City, State, Zip Code PO Box 2624 Denton, TX 76202	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Denton Republican Women's Club Luncheon	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 2/2 Rpt: 6/8	<b>2</b>	FILER NAME Levonius, Crystal (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00086204
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 10/17/2024	(c) Date(s) Credit Card Issuer Paid 11/30/2024	
<b>7</b>	PAYEE	(a) Payee name Denton County Republican		(b) Payee address; City, State, Zip Code PO Box 2624 Denton, TX 76202	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Denton Republican Women's Club Dues	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$17.00	(b) Date of Charge 11/22/2024	(c) Date(s) Credit Card Issuer Paid 12/31/2024		
<b>PAYEE</b>	(a) Payee name Boka Feliz	(b) Payee address; City, State, Zip Code 2201 S. Interstate 35 Denton, TX 76205			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Denton Republican Women's Club Luncheon		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$100.00	(b) Date of Charge 10/11/2024	(c) Date(s) Credit Card Issuer Paid 11/30/2024		
<b>PAYEE</b>	(a) Payee name Parker, Tan (Sen.)	(b) Payee address; City, State, Zip Code 600 Parker Square Rd. #250 Flower Mound, TX 75028			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Support re-election of State Senator		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 7/8	<b>2</b> FILER NAME Levonius, Crystal (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00086204
<b>4</b> Date 07/31/2024	<b>5</b> Payee name Bank of America	
<b>6</b> Amount (\$) \$100.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code P.O. Box 851001  Dallas, TX 75285-1001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Bill Payment
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/30/2024	Payee name Bank of America	
Amount (\$) \$147.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 851001  Dallas, TX 75285-1001	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Bill Payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/31/2024	Payee name Bank of America	
Amount (\$) \$132.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 851001  Dallas, TX 75285-1001	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Bill Payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# OUTSTANDING LOANS

## SCHEDULE L

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule L: Sch: 1/1 Rpt: 8/8
<b>2</b> FILER NAME Levonius, Crystal (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086204
LENDER INFORMATION	<b>4</b> Name of lender Levonius, Crystal	
	<b>5</b> Lender address; City; State; Zip Code  Denton, TX 76209	
GUARANTOR INFORMATION	<b>6</b> Name of guarantor	
	<input checked="" type="checkbox"/> not applicable <b>7</b> Guarantor address; City; State; Zip Code	