

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| | | | | |
|---|---|---|--|--|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00057659 | 2 Total pages filed: 33 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Karin | MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2025 |
| | NICKNAME | LAST Crump | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 300593 Austin, TX 78703 | | Date Hand-delivered or Date Postmarked | |
| | | | Receipt # | Amount |
| | | | Date Processed | |
| | | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | FIRST Beverly G. | MI | |
| | NICKNAME | LAST Reeves | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3103 Bee Caves Rd. Ste. 240 Austin, TX 78746 | | | |
| | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (512) | PHONE NUMBER 334-4500 | EXTENSION | |
| 8 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) | | | |
| 9 PERIOD COVERED | Month Day Year 07/01/2024 | | THROUGH | Month Day Year 12/31/2024 |
| 10 ELECTION | ELECTION DATE Month Day Year 11/05/2024 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| | | | | |
| 11 OFFICE | OFFICE HELD (if any) District Judge District 250 Travis | | 12 OFFICE SOUGHT (if known) Court Of Appeals, Justice Place 5 District 3 | |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 33

13 C / OH NAME Crump, Karin (The Honorable) **14** Filer ID (Ethics Commission Filers)
00057659

15 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.

Additional Pages

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

| | | | |
|-------------------------------|--|----|-----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 38,944.23 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 2,423.82 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 22,912.94 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 32,703.59 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

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 Karin Crump
 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

| | |
|--|---|
| 18 FILER NAME Crump, Karin (The Honorable) | 19 Filer ID (Ethics Commission Filers) 00057659 |
|--|---|

| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|-----------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ 38,944.23 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | \$ |
| 4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) | \$ |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 22,673.15 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 239.79 |
| 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 | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 1/17 Rpt: 4/33 |
| 2 FILER NAME Crump, Karin (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 11/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almanza Blackburn Dickie & Mitchell, LLP | 7 Amount of Contribution (\$) \$526.63 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78746 | |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title Partner |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker Botts Amicus Fund | Amount of Contribution (\$) \$3,750.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77002 | |
| 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) | | |
| Date 11/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Bruce | Amount of Contribution (\$) \$526.63 |
| | Contributor address; City; State; Zip Code Austin, TX 78701 | |
| Contributor's Principal Occupation Lawyer | | Contributor's Job Title Partner |
| Contributor's employer/law firm Cardwell, Hart & Bennett, LLP | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 2/17 Rpt: 5/33 |
| 2 FILER NAME Crump, Karin (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 11/26/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bollier Ciccone Stinson, LLP | 7 Amount of Contribution (\$) \$1,052.95 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78746 | |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title Partner |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brophy, Joseph | Amount of Contribution (\$) \$1,052.95 |
| | Contributor address; City; State; Zip Code Austin, TX 78735 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Managing Member |
| Contributor's employer/law firm Brophy & Bland, PLLC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess Law PC | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78701 | |
| Contributor's Principal Occupation | | Contributor's Job Title Principal |
| 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) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 3/17 Rpt: 6/33 |
| 2 FILER NAME Crump, Karin (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 11/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Cecelia | 7 Amount of Contribution (\$) \$263.47 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78731 | | |
| 8 Contributor's Principal Occupation Na | | 9 Contributor's Job Title Retired |
| 10 Contributor's employer/law firm Na | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd Davis Alden & Henrichson, LLP | Amount of Contribution (\$) \$526.63 |
| Contributor address; City; State; Zip Code Austin, TX 78705 | | |
| Contributor's Principal Occupation | | Contributor's Job Title Partner |
| 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) | | |
| Date 12/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cokinos Young | Amount of Contribution (\$) \$2,500.00 |
| Contributor address; City; State; Zip Code Houston, TX 77010 | | |
| 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) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 4/17 Rpt: 7/33 |
| 2 FILER NAME Crump, Karin (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 11/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feazell, Vic | 7 Amount of Contribution (\$) \$1,052.95 |
| | 6 Contributor address; City; State; Zip Code Waco, TX 76710 | |
| 8 Contributor's Principal Occupation Lawyer | | 9 Contributor's Job Title Owner/Lawyer |
| 10 Contributor's employer/law firm Law Office of Vic Feazell | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 07/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francois, Landon | Amount of Contribution (\$) \$52.95 |
| | Contributor address; City; State; Zip Code Houston, TX 77027 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Associate Attorney |
| Contributor's employer/law firm Wright Close & Barger, LLP | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Brothers Kincaid & Horton LLP | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78701 | |
| 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) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 5/17 Rpt: 8/33 |
| 2 FILER NAME Crump, Karin (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 12/03/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gershon, Mike | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78701 | |
| 8 Contributor's Principal Occupation attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Lloyd Gosselink, P.C. | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goranson Bain Ausley, PLLC | Amount of Contribution (\$) \$526.63 |
| | Contributor address; City; State; Zip Code Dallas, TX 75206 | |
| 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) | | |
| Date 11/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Marcy | Amount of Contribution (\$) \$526.63 |
| | Contributor address; City; State; Zip Code Austin, TX 78746 | |
| Contributor's Principal Occupation attorney | | Contributor's Job Title Managing Partner |
| Contributor's employer/law firm Alexander Dubose & Jefferson | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 6/17 Rpt: 9/33 |
| 2 FILER NAME Crump, Karin (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 11/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Terri | 7 Amount of Contribution (\$) \$105.58 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78704 | | |
| 8 Contributor's Principal Occupation attorney | | 9 Contributor's Job Title Partner |
| 10 Contributor's employer/law firm Steed Dunnill Reynolds Bailey Stephenson | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Butch | Amount of Contribution (\$) \$263.47 |
| Contributor address; City; State; Zip Code Manchaca, TX 78652 | | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Partner |
| Contributor's employer/law firm Weisbart Springer Hayes LLP | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howry Breen & Herman LLP | Amount of Contribution (\$) \$1,052.95 |
| Contributor address; City; State; Zip Code Austin, TX 78705 | | |
| Contributor's Principal Occupation | | Contributor's Job Title Partner |
| 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) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 7/17 Rpt: 10/33 |
| 2 FILER NAME Crump, Karin (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 12/03/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Icenogle & Boggins | 7 Amount of Contribution (\$) \$263.47 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78735 | |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaplan, Austin | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78746 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Kaplan Law Firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennard, Karen | Amount of Contribution (\$) \$526.63 |
| | Contributor address; City; State; Zip Code Austin, TX 78703 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Co-Managing Shareholder |
| Contributor's employer/law firm Greenberg Traurig LLP | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 8/17 Rpt: 11/33 |
| 2 FILER NAME Crump, Karin (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 11/12/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Peter | 7 Amount of Contribution (\$) \$105.58 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78751 | |
| 8 Contributor's Principal Occupation Lawyer | | 9 Contributor's Job Title Shareholder |
| 10 Contributor's employer/law firm Graves, Dougherty, Hearon & Moody, PC | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Frank | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78757 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Texas Commission for Fire Protection | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kostura, Judy | Amount of Contribution (\$) \$263.47 |
| | Contributor address; City; State; Zip Code Austin, TX 78746 | |
| Contributor's Principal Occupation Lawyer | | Contributor's Job Title Partner |
| Contributor's employer/law firm Sorrels Law | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 9/17 Rpt: 12/33 |
| 2 FILER NAME Crump, Karin (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 11/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Larry Schaubhut, Jr. | 7 Amount of Contribution (\$) \$263.47 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78746 | |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title Owner |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loewy, Adam | Amount of Contribution (\$) \$2,631.89 |
| | Contributor address; City; State; Zip Code Austin, TX 78731 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Owner |
| Contributor's employer/law firm Loewy Law Firm | | Law firm of contributor's spouse (if any) Loewy Law firm |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noelke Maples St. Leger Bryant, LLP | Amount of Contribution (\$) \$526.63 |
| | Contributor address; City; State; Zip Code Austin, TX 78746 | |
| Contributor's Principal Occupation | | Contributor's Job Title Attorney |
| 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) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 10/17 Rpt: 13/33 |
| 2 FILER NAME Crump, Karin (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 12/03/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norton Rose Fulbright US LLP Texas Committee <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77010 | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obriant, Sheryl <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$263.47 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Mediator |
| Contributor's employer/law firm Thamm & O'Briant | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plummer, Travis <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665 | Amount of Contribution (\$) \$105.58 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Member |
| Contributor's employer/law firm Dykema | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 11/17 Rpt: 14/33 |
| 2 FILER NAME Crump, Karin (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 11/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Freeman, PC | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78746 | |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Elizabeth | Amount of Contribution (\$) \$263.47 |
| | Contributor address; City; State; Zip Code Austin, TX 78750 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Of Counsel |
| Contributor's employer/law firm Winstead PC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Joshua | Amount of Contribution (\$) \$263.47 |
| | Contributor address; City; State; Zip Code Leander, TX 78641 | |
| Contributor's Principal Occupation Lawyer | | Contributor's Job Title Partner |
| Contributor's employer/law firm Jackson Walker LLP | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 12/17 Rpt: 15/33 |
| 2 FILER NAME Crump, Karin (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 11/12/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruggero Law Firm PC | 7 Amount of Contribution (\$) \$105.58 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saiter, Cynthia | Amount of Contribution (\$) \$526.63 |
| Contributor address; City; State; Zip Code Austin, TX 78703 | | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Partner |
| Contributor's employer/law firm Scott Douglass & McConnico LLP | | Law firm of contributor's spouse (if any) Scott Douglass & McConnico LLP |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Douglass & McConnico LLP | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| 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) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 13/17 Rpt: 16/33 |
| 2 FILER NAME Crump, Karin (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 11/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singley, Michael | 7 Amount of Contribution (\$) \$263.47 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78750 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title partner |
| 10 Contributor's employer/law firm Edwards Law | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snell, Jason | Amount of Contribution (\$) \$105.58 |
| | Contributor address; City; State; Zip Code Austin, TX 78701 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Snell Law | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Amanda | Amount of Contribution (\$) \$105.58 |
| | Contributor address; City; State; Zip Code Austin, TX 78749 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Partner |
| Contributor's employer/law firm Butler Snow LLP | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 14/17 Rpt: 17/33 |
| 2 FILER NAME Crump, Karin (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 11/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrazas PLLC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746 | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title Owner/Shareholder |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrill & Waldrop PLLC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$1,000.00 |
| Contributor's Principal Occupation | | Contributor's Job Title Partner |
| 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) | | |
| Date 12/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Tomlinson Firm, PLLC <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$526.63 |
| Contributor's Principal Occupation | | Contributor's Job Title Managing Member |
| 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) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 15/17 Rpt: 18/33 |
| 2 FILER NAME Crump, Karin (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 10/28/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas J. Henry Law PLLC | 7 Amount of Contribution (\$) \$2,500.00 |
| 6 Contributor address; City; State; Zip Code San Antonio, TX 78269 | | |
| 8 Contributor's Principal Occupation | | 9 Contributor's Job Title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdes, Alex | Amount of Contribution (\$) \$131.89 |
| Contributor address; City; State; Zip Code Austin, TX 78701 | | |
| Contributor's Principal Occupation Law | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Winstead PC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wager, James | Amount of Contribution (\$) \$52.95 |
| Contributor address; City; State; Zip Code Philadelphia, PA 19147 | | |
| Contributor's Principal Occupation educator | | Contributor's Job Title psychologist |
| Contributor's employer/law firm SDP | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 16/17 Rpt: 19/33 |
| 2 FILER NAME Crump, Karin (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 11/13/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinman, Daryl | 7 Amount of Contribution (\$) \$1,052.95 |
| | 6 Contributor address; City; State; Zip Code Mustang Ridge, TX 78610 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title President |
| 10 Contributor's employer/law firm Weinman & Associates, P. C. | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 11/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, James | Amount of Contribution (\$) \$1,052.95 |
| | Contributor address; City; State; Zip Code Austin, TX 78731 | |
| Contributor's Principal Occupation staff | | Contributor's Job Title Chair, Institution Review Board |
| Contributor's employer/law firm University of Texas at Austin | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynne & Wynne, Austin | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78746 | |
| Contributor's Principal Occupation | | Contributor's Job Title owner |
| 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) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 17/17 Rpt: 20/33 |
| 2 FILER NAME Crump, Karin (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 12/03/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zausmer, Gary | 7 Amount of Contribution (\$) \$105.58 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78731 | | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Member |
| 10 Contributor's employer/law firm Enoch Kever PLLC | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zinda Law Group | Amount of Contribution (\$) \$2,631.89 |
| Contributor address; City; State; Zip Code Austin, TX 78759 | | |
| Contributor's Principal Occupation | | Contributor's Job Title CEO |
| 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) | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

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| 1 Total pages Schedule F1: Sch: 1/11 Rpt: 21/33 | 2 FILER NAME Crump, Karin (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 09/17/2024 | 5 Payee name Austin AFL-CIO | |
| 6 Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code P.O. Box 87 Austin, TX 78767 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print advertisement |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/12/2024 | Payee name Clay Pit | |
| Amount (\$) \$155.57 | Payee address; City; State; Zip Code 1601 Guadalupe St. Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign meeting expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/15/2024 | Payee name Clay Pit | |
| Amount (\$) \$80.15 | Payee address; City; State; Zip Code 1601 Guadalupe St. Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

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|--|--|---|
| 1 Total pages Schedule F1: Sch: 2/11 Rpt: 22/33 | 2 FILER NAME Crump, Karin (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 12/31/2024 | 5 Payee name DonateWay | |
| 6 Amount (\$) \$1,271.03 | 7 Payee address; City; State; Zip Code P.O. Box 301267 Austin, TX 78703 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online contribution processing fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/17/2024 | Payee name El Chile Cafe | |
| Amount (\$) \$50.19 | Payee address; City; State; Zip Code 1809 Manor Rd Austin, TX 78722 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign meeting expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/12/2024 | Payee name El Chile Cafe | |
| Amount (\$) \$70.00 | Payee address; City; State; Zip Code 1809 Manor Rd Austin, TX 78722 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign meeting expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 3/11 Rpt: 23/33 | 2 FILER NAME Crump, Karin (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00057659 |
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| 4 Date 10/03/2024 | 5 Payee name El Chile Cafe |
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| 6 Amount (\$) \$21.13 | 7 Payee address; City; State; Zip Code 1809 Manor Rd Austin, TX 78722 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting expense |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 11/01/2024 | Payee name El Chile Cafe |
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| Amount (\$) \$79.24 | Payee address; City; State; Zip Code 1809 Manor Rd Austin, TX 78722 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting expense |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 09/23/2024 | Payee name HBAA Charitable Foundation |
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| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 3144 Bee Caves Road Austin, TX 78746 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 4/11 Rpt: 24/33 | 2 FILER NAME Crump, Karin (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00057659 |
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|-----------------------------|--|
| 4 Date 08/06/2024 | 5 Payee name Hays County Young Democrats |
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| 6 Amount (\$) \$700.00 | 7 Payee address; City; State; Zip Code 215 W San Antonio St. San Marcos, TX 78666 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 09/16/2024 | Payee name JW Marriott |
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| Amount (\$) \$7.43 | Payee address; City; State; Zip Code 23808 Resort Pkwy San Antonio, TX 78261 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel fee |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 09/09/2024 | Payee name JW Marriott |
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| Amount (\$) \$561.66 | Payee address; City; State; Zip Code 23808 Resort Pkwy San Antonio, TX 78261 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CLE expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel while attending Texas Association of District Judges meeting (see memo) |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 6/11 Rpt: 26/33 | 2 FILER NAME Crump, Karin (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00057659 |
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| 4 Date 07/22/2024 | 5 Payee name Mailchimp |
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| 6 Amount (\$) \$79.95 | 7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email software |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|-------------------------|
| Date 08/22/2024 | Payee name Mailchimp |
|--------------------|-------------------------|

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| Amount (\$) \$79.95 | Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 |
|------------------------|---|

| | | |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email software |
|------------------------|--|---|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 09/23/2024 | Payee name Mailchimp |
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|------------------------|---|
| Amount (\$) \$79.95 | Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 |
|------------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email software |
|------------------------|--|---|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 7/11 Rpt: 27/33 | 2 FILER NAME Crump, Karin (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 10/28/2024 | 5 Payee name Susan Harry Consulting | |
| 6 Amount (\$) \$195.00 | 7 Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance consulting |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/23/2024 | Payee name Susan Harry Consulting | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/20/2024 | Payee name Susan Harry Consulting | |
| Amount (\$) \$3,000.00 | Payee address; City; State; Zip Code PO Box 301074 Austin, TX 78703 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 8/11 Rpt: 28/33 | 2 FILER NAME Crump, Karin (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00057659 |
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|-----------------------------|---|
| 4 Date 08/26/2024 | 5 Payee name Texas Access to Justice Foundation |
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| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 1601 Rio Grande St #351 Austin, TX 78701 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 08/19/2024 | Payee name Texas District Judges Association |
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|------------------------|---|
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code 201 Caroline, 10th Floor Houston, TX 77019 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 09/20/2024 | Payee name Texas District Judges Association |
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|-------------------------|---|
| Amount (\$) \$550.00 | Payee address; City; State; Zip Code 201 Caroline, 10th Floor Houston, TX 77019 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 9/11 Rpt: 29/33 | 2 FILER NAME Crump, Karin (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 11/24/2024 | 5 Payee name The Otis | |
| 6 Amount (\$) \$35.50 | 7 Payee address; City; State; Zip Code 1901 San Antonio St Austin, TX 78705 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 09/23/2024 | Candidate/Officeholder name The Otis | |
| Amount (\$) \$29.90 | Office sought The Otis | |
| Office held | Office held | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 12/09/2024 | Candidate/Officeholder name The Otis | |
| Amount (\$) \$3,384.55 | Office sought The Otis | |
| Office held | Office held | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event venue expenses |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date | Candidate/Officeholder name | |
| Amount (\$) | Office sought | |
| Office held | Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 10/11 Rpt: 30/33 | 2 FILER NAME Crump, Karin (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 07/20/2024 | 5 Payee name Travis County Democratic Party | |
| 6 Amount (\$) \$5,000.00 | 7 Payee address; City; State; Zip Code 1311 E 6th St Austin, TX 78702 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/06/2024 | Payee name Veracruz | |
| Amount (\$) \$41.71 | Payee address; City; State; Zip Code 1700 Guadalupe St. Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meeting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/23/2024 | Payee name Veracruz | |
| Amount (\$) \$270.65 | Payee address; City; State; Zip Code 1700 Guadalupe St. Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lunch for Youth Justice Alliance |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

| | | |
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| 1 Total pages Schedule F1: Sch: 11/11 Rpt: 31/33 | 2 FILER NAME Crump, Karin (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00057659 |
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| 4 Date 08/23/2024 | 5 Payee name Veracruz |
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| 6 Amount (\$) \$15.92 | 7 Payee address; City; State; Zip Code 1700 Guadalupe St. Austin, TX 78701 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder meeting |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 08/30/2024 | Payee name Williamson County Democratic Party |
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| Amount (\$) \$3,000.00 | Payee address; City; State; Zip Code P.O. Box 1296 Georgetown, TX 78627 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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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.

| | | |
|--|--|--|
| 1 Total pages Schedule G: Sch: 1/2 Rpt: 32/33 | 2 FILER NAME Crump, Karin (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00057659 |
| 4 Date 12/18/2024 | 5 Payee name Amazon | |
| 6 Amount (\$) \$76.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA 98109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts for staff |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 12/16/2024 | Payee name Amazon | |
| Amount (\$) \$62.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gifts for staff |
| | Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 12/11/2024 | Payee name Deseta Lyttle, Daniella | |
| Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code redacted (judge) Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff gifts and meals |
| | 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.

| | | |
|---|---|--|
| 1 Total pages Schedule G: Sch: 2/2 Rpt: 33/33 | 2 FILER NAME Crump, Karin (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00057659 |
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| 4 Date 12/02/2024 | 5 Payee name Guerra Gamble, Maya |
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| 6 Amount (\$) \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code redacted (judge) Austin, TX 78701 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense courthouse holiday expenses |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 07/16/2024 | Payee name Texas State Directory Press |
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| Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 1800 Nueces St. Austin, TX 78701 |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense legislative handbooks |
|-------------------------------|--|---|

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

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