FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00057659 13 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Karin NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Crump CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Beverly G. NAME NICKNAME LAST **SUFFIX** Reeves **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 334-4500 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 5 District 3

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Crump, Karin (The H	onorable)	14 Filer ID (00057659	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	the candidate's or office	ommittees to support the holder's knowledge or tice of such expenditures.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 250.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 1,129.53		
	4. TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AST DAY OF THE	\$ 26,869.43			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT						
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the acc Il information required to	companying report is to be reported by me		
		The Hor	norable Karin Crump			
		Signature of	Candidate or Officehole	der		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid	, this the	day		
		ertify which, witness my hand and seal of office.				
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

					3 of 13
	ER NAN		19 Filer ID	(Eth	ics Commission Filers)
Cri	ımp, Ka	arin (The Honorable)	00057659		
	ME OF		SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	250.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)	\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	5,599.38	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	713.36
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$		
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	1,134.82
				-	

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/13	
2 FILER NAME Crump, Kari	in (The Honorable)	3 Filer ID (Ethics Commission Filers) 00057659	
4 Date 03/05/2025	 Full name of contributor	7 Amount of Contribution (\$) \$250.00	
	Austin, TX 78731		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	pouse (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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nt Solicitation/Fundraising Expense
e Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/6 Rpt: 5/13	2 FILER NAME Crump, Karin (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057659
4	Date	5 Payee name
	01/17/2025	Austin Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$230.00	712 W. 16th St.
		Auctin TV 70701
L		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Dues
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experioriture to benefit C/O	
	Date	Payee name
	01/02/2025	Lemke, Matthew
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$675.00	7685 Northcross Dr. Unit 924
	Ψ013.00	7003 Nottholo33 Dr. Offit 324
L		Austin, TX 78757
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense
		photography
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experientare to benefit Gree	
	Date	Payee name
	01/23/2025	Lemke, Matthew
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.00	7685 Northcross Dr. Unit 924
		Auctin TV 70757
		Austin, TX 78757
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		photography
⊢	Commisto ON VIII VIII	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	p =	
1		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/6 Rpt: 6/13	Crump, Karin (The Honorable) 00057659
4	Date	5 Payee name
	02/18/2025	Lemke, Matthew
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$180.00	7685 Northcross Dr. Unit 924
		Austin, TX 78757
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		photography
		priotography
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	Davies warms
	01/22/2025	Payee name Mailchimp
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email distribution software subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Davido namo
	02/24/2025	Payee name Mailchimp
		·
	Amount (\$) \$79.95	Payee address; City; State; Zip Code
	\$79.95	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email distribution software subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	nmittee	Gift/Awards/Memorials Legal Services The Instruction G	·		Wages	s/Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	rs)
	Sch: 3/6 Rpt: 7/13			n (The Honora	ble)					00057659	(-,
4	Date	5	Payee name									
	03/23/2025		Mailchimp									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	ode					
	\$79.95		675 Ponce	de Leon Ave Ni	E							
			Suite 5000									
			Atlanta, GA	30308								
8	PURPOSE	(a)	Category (s)	e Categories listed at	the top of this seh	nodulo)	(b)	Description				
	OF	 `´		nead/Rental Ex		icuaic)	<u> </u> `	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin	ı, TX,	officeholder living	g expense	
								Email distribu	utio	n software s	subscription	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ught			Office h	eld	
	Date		Payee name									
	04/25/2025		Texas Bar F	oundation								
	Amount (\$)		Payee addres	ss; City;	State:	; Zip Co	ode					
	\$378.00		515 Congre		•							
	40.0.00		0_0 00g. 0									
			A	20704								
			Austin, TX 7	8701								
	PURPOSE OF	(a)		e Categories listed at		iedule)	(b)	Description				
	EXPENDITURE			s/Donations M		.:		=			plete Schedule T.	
			Candidate/C	Officeholder/Pol	litical Comm	iittee		Donation	Ι, ΙΛ,	officeholder living	g expense	
								Donation				
	Complete ONL V if direct	<u> </u>	Candidata/Offi	acholder name		Office co.	ıabt			Office h	ald	
	Complete ONLY if direct expenditure to benefit C/OI		Januluale/Oni	ceholder name		Office sou	agrit			Office fi	eiu	
	·	_										
	Date		Payee name									
	04/23/2025		Texas Boar	d of Legal Spec	cialization							
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	ode					
	\$250.00		505 E. Hunt	land Drive								
			Suite 400									
			Austin, TX 7	'8752								
	DUDDOCE	(0)					(b)	December				
	PURPOSE OF	(a)		e Categories listed at		iedule)	(D)	Description Check if travel	nutsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE			s/Donations M Officeholder/Po		nittee				officeholder living		
			Odiraraaro, C		introdi Commi			Dues				
	Complete ONLY if direct	<u> </u>	 Candidate/Offi	ceholder name	(Office sou	l Jaht			Office h	eld	
	expenditure to benefit C/OI						9.10			S00 II		
_												

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/6 Rpt: 8/13	Crump, Karin (The Honorable) 00057659
4	Date	5 Payee name
	05/23/2025	Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	1210 San Antonio Street
		Suite 800
		Austin, TX 78701
8	PURPOSE	I
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	David and the second se
		Payee name Toyon Contor for the Judicion
	05/23/2025	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$435.00	1210 San Antonio Street
		Suite 800
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/Oi	
	Date	Payee name
	06/05/2025	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	1210 San Antonio Street
		Suite 800
		Austin, TX 78701
	DUDDO05	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

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 Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 5/6 Rpt: 9/13	Crump, Karin (The Honorable) 00057659
4	Date	5 Payee name
	03/20/2025	Travis County Democratic Party
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1311 E 6th St
	, ,	
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/20/2025	Travis County Women Lawyers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$256.00	P. O. Box 1386
		Austin, TX 78767
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		Βοπαιιοπ
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/24/2025	Travis County Women Lawyers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$256.00	P. O. Box 1386
		Austin, TX 78767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 6/6 Rpt: 10/13	Crump, Karin (The Honorable)		00057659
4	Date	Payee name		
	03/13/2025	University Democrats		
6	Amount (\$)		State; Zip Code	
	\$250.00	2819 Rio Grande St		
		#610		
		Austin, TX 78705	T	
8	PURPOSE OF	a) Category (See Categories listed at the top of th		outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Co	<u>-</u>	I, TX, officeholder living expense
			Donation	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 11/13 Crump, Karin (The Honorable) 00057659 Date Payee name 01/04/2025 Cipolina 6 Amount (\$) Payee address; City; State; Zip Code \$54.67 1213 W Lynn St. Reimbursement from political contributions intended Х Austin, TX 78703 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** officeholder lunch meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/06/2025 Verbena Amount (\$) Payee address; City; State; Zip Code \$658.69 612 W 6th St. Reimbursement from political contributions Χ Austin, TX 78701 intended

8 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** investiture night dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: /2 Rpt: 12/13	
2	FILER NAME	(Ethics Commission	Filers)			
	Crump, Karii	n (The Honorable)		00057	659	
4	Date 01/15/2025	 Name of person from whom amount is received Crump, Karin (The Honorable) Address of person from whom amount is received; City; State; Zip Code 			8 Amount (\$)	\$561.66
		Austin, TX 78703				
		7 Purpose for which amount is received			ibution returned to filer d on last report	
	Date	Name of person from whom amount is received			Amount (\$)	
	01/15/2025	Crump, Karin (The Honorable)			;	\$327.41
		Address of person from whom amount is received; City; State; Zip Code Austin, TX 78703				
		Purpose for which amount is received	olitic	al contr	ibution returned to filer	
		reimbursement received from Justice Maggie Ellis for photography				
	Date 03/31/2025	Name of person from whom amount is received PNC Bank Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$0.13
		Pittsburgh, PA 15230				
		Purpose for which amount is received Check if p interest	Olitic	al contr	ibution returned to filer	
	Date 04/30/2025	Name of person from whom amount is received PNC Bank Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$80.71
		Pittsburgh, PA 15230				
			olitic	al contr	l ibution returned to filer	
	Date 05/30/2025	Name of person from whom amount is received PNC Bank Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$80.97
		Pittsburgh, PA 15230				
		Purpose for which amount is received	olitic	al contr	ibution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 13/13 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Crump, Karin (The Honorable) 00057659 8 Amount (\$) Date 5 Name of person from whom amount is received 06/30/2025 **PNC Bank** \$83.94 6 Address of person from whom amount is received; City; State; Zip Code Pittsburgh, PA 15230 Purpose for which amount is received Check if political contribution returned to filer interest