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) 00086204 12 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Crystal NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Edmonson Levonius CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; 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** Mrs. Lori NAME NICKNAME LAST **SUFFIX Nichols 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** (214) 229-8490 **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 Day Month Day Year 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 District Judge District 481 Denton

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Levonius, Crystal (T	ne Honorable)	14 Filer ID 00086204	(Ethics Commission Filer
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou I officeholders are required to report this information	t the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.
		ICAL CONTRIBUTIONS	NC)	\$ 0.
EXPENDITURE TOTALS	·	PLEDGES, LOANS, OR GUARANTEES OF LOAI ZED POLITICAL EXPENDITURES	15)	\$ 0.
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 101,774.
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 100,000.
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 100,000.
17 AFFIDAVIT				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required	
		The Hone	orable Crystal Levon	iius
			of Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 12
18 FILER NA	ME s, Crystal (The Honorable)	19 Filer ID 00086204	(Ethics Commission Filers)
20 SCHEDU NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$ 100,000.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 95,000.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 3,387.41
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 3,387.41
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	LOANS (J	UDICIAL)			SCHEDULE E(J)		
	The Instructio	n Guide explains how to complete this f	orm.		ges Schedule E(J): 1 Rpt: 4/12		
2	FILER NAME Levonius, Crysta	al (The Honorable)		3 Filer ID 000862	(Ethics Commission Filers)		
4	TOTAL OF UN	ITEMIZED LOANS		l	\$		
5	Date of loan 06/30/2025	7 Name of lender out-of-state PA Levonius, Crystal (The Honorable)	C (ID#:)	9 Loan Amount (\$) \$100,000.00		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate		
	No	REDACTED PER 254.0313, GOV'T CC	DDE		11 Maturity Date		
12	Lender's Principal	Occupation	13 Lender's Job Title		l		
14	Judge Lender's Employer	r/I ow Firm	Judge 15 Law Firm of lender's spous	o (if any)			
14	State of Texas	/Law Filli	13 Law Firm of lender's spous	e (II ally)			
16	If lender is child, la	w firm of parent(s) (if any)					
17	Description of Coll X None	ateral	18 Check if personal funds were deposited into political account X (See Instructions)				
19	GUARANTOR INFORMATION	20 Name of guarantor	22 Amount Guaranteed				
	X not applicable	21 Guarantor address; City; State;	Zip Code				
23	Guarantor's Princip	pal Occupation	24 Guarantor's Job Title				
25	Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's spouse (if any)				
27	If guarantor is child	d, 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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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	ı - I Cor	nmittee Legal	wards/Memorials Services Instruction G	s Expense uide explains		ges/Contract La		Travel Out of Dis OTHER (enter a	strict category not listed abo	ve)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	on Filers)
	Sch: 1/1 Rpt: 5/12		Levonius, Crysta	al (The Ho	norable)				00086204		
4	Date	5	Payee name								
	01/02/2025		Levonius, Crysta	al (The Hor	norable)						
6	Amount (\$)	7	Payee address;	City;	State	; Zip Cod	е				
l	\$95,000.00		1450 E McKinne	ey St							
			Denton, TX 762	09							
8	PURPOSE	(a)	Category (See Cate	egories listed at t	the top of this sch	nedule) (b) Descripti	ion			
	OF EXPENDITURE		Loan Repaymer	nt/Reimburs	sement				ide of Texas. Com		
									, officeholder living	rexpense Onal funds depo	citod into
								gn accou		mai iunus uepo	Sileu IIIlu
Ļ	Operation ONE Wife discont	_		I-I		04:				-1-1	
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeho	older name	(Office soug	nt		Office he	eia	
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SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 1/4 Rpt: 6/12	Levonius, Crystal(The Honorable)			00086204		
4	CREDIT CARD ISSUER		ncial institution [:] America	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	RES	\$		
6	PAYMENT	(a) Amount Charged \$17.00	(b) Date of Charge 04/18/2025	(c) Date(s) Credii 05/31/2025	t Card Issuer	Paid		
7	PAYEE	(a) Payee name Texas Strong Repu	ıblican Women	(b) Payee addres	Falls Blvd	City,	State,	Zip Code
Ļ	DUDDOS 05	(a) Catamani		Argyle, TX 762	26			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Denton Repub	lican Wome	en's Club Lunc	heon	
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Che	eck if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$2,500.00	(b) Date of Charge 01/22/2025	(c) Date(s) Credit 02/28/2025	t Card Issuer	Paid		
	PAYEE	(a) Payee name	•	(b) Payee addres	ss;	City,	State,	Zip Code
		Lincoln Cabinet PA	PO Box 50748					
L		() 5 :		Denton, TX 75	206			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Lincoln Cabine	t Membersl	hip		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	I Che	eck if Austin, TX.	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	·	e sought	,	Office held		
6	expenditure to benefit C/OH			· ·				
	PAYMENT	(a) Amount Charged \$17.00	(b) Date of Charge 01/17/2025	(c) Date(s) Credii 02/28/2025	t Card Issuer	Paid		
	PAYEE	(a) Payee name Texas Strong Repu	ıblican Women	(b) Payee addres 6200 Canyon F Argyle, TX 762	alls Blvd	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Denton Repub		en's Club Lunc	heon	
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		eck if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	1 Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 2/4 Rpt: 7/12	Levonius, Crystal(The Honorable)		00086204		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITION	 \$		
6 PAYMENT	(a) Amount Charged \$300.00	(b) Date of Charge 01/27/2025	(c) Date(s) Credit Card Issue 02/28/2025	er Paid		
7 PAYEE	(a) Payee name Lincoln Cabinet PA	С	(b) Payee address; 2921 Country Club Rd #1 Denton, TX 76210	City, State, Zip Code L02		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Let Freedom Ring Gala			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		c, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$17.00	(b) Date of Charge 02/21/2025	(c) Date(s) Credit Card Issue 03/31/2025	er Paid		
PAYEE	(a) Payee name Texas Strong Repu	blican Women	(b) Payee address; 6200 Canyon Falls Blvd Argyle, TX 76226	City, State, Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Denton Republican Women's Club Luncheon			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	x, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$217.10	(b) Date of Charge 02/22/2025	(c) Date(s) Credit Card Issue 03/31/2025	er Paid		
PAYEE	(a) Payee name Denton County Law	vyers	(b) Payee address; 1701 N. Locust St. Denton , TX 76201	City, State, Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Taste of Mardi Gras Benderal Foundation	efitting Denton County Lawyers		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		c, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

		The Insti	ruction Guide explains how	to complete t	his form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 3/4 Rpt: 8/12	Levonius, Crystal (The Honorable)			00086204		
4	CREDIT CARD ISSUER	see pr	ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$34.20	(b) Date of Charge 04/23/2025	(c) Date(s) 06/07/202	Credit Card Issuer 25	Paid		
7	PAYEE	(a) Payee name Amazon.com		(b) Payee a 410 Terry Seattle, V	Avenue N.	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descrip		ch Bar		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ĺ	Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct complete to benefit C/OH	Candidate/Officeholder		e sought		Office held		
	PAYMENT	(a) Amount Charged \$157.16	(b) Date of Charge 04/23/2025	(c) Date(s) 06/07/202	Credit Card Issuer 25	[•] Paid		
	PAYEE	(a) Payee name Amazon.com		(b) Payee a 410 Terry Seattle, V	Avenue N.	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descrip Rally Kit S	tion Supplies for Bend	ch Bar		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	ense	
ex	Complete ONLY if direct complete to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$10.81	(b) Date of Charge 04/25/2025	06/07/202		· Paid		
	PAYEE	(a) Payee name Amazon.com		(b) Payee a 410 Terry Seattle, V	Avenue N.	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	, 	(b) Descrip Rally Kit S	Supplies for Bend			
	Non-Political	`	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living exp	ense	
ex	Complete ONLY if direct complete to benefit C/OH	Candidate/Officeholder	name Office	esought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

	Advertising Expense Accounting/Banking Consulting Expense	Event Expe Fees Food/Beve	rage Expense Po	ffice Overhead/Rental Expense In Inc. Iffice Overhead/Rental Expense In Inc. Iffice Overhead/Rental Expense Inc. Iffice Overhead/Rental Expe	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel in District
	Contributions/ Donations Made By Candidate/Officeholder/Politica	ll Committee Legal Servi	ces Sa	alaries/Wages/Contract Labor (Travel Out of District DTHER (enter a category not listed above)
_	Total manage Colonida E4		ruction Guide explains hov	vio complete this form.	C Files ID (Ethios Commission Files)
	Total pages Schedule F4:		The Henerable)		3 Filer ID (Ethics Commission Filers)
	Sch: 4/4 Rpt: 9/12	Levonius, Crystal (T	00086204
	CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	' \$
	ISSER	see pr	evious	CHARGED TO A CREDIT CARD	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
		\$117.14	04/24/2025	06/07/2025	
_	DAVEE	(a) Davida da da		(h) Davis a slidua as	Oit.
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
		Sam's Club		2101 SE Simple Savings	s Dr.
				Bentonville, AR 72712	
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description	
	EXPENDITURE X Political	Advertising Expense	or this scriedule)	Rally Kit Supplies for Bei	nch Bar
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	K, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder		ce sought	Office held
	spenditure to benefit C/OH				

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/\	Expense Wages/Contract Labor		Travel in Di Travel Out	
2.2222		The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAMI	E			3	Filer ID	(Ethics Commission Filers)
	Sch: 1/2 Rpt: 10/12	Levonius, 0	Crystal (The Honorable)			(000862	04
4	Date	5 Payee name						
	02/28/2025	Bank of Am						
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode			
	\$2,817.00	P.O. Box 8	51001					
	Reimbursement from							
	X political contributions intended	Dallas, TX	75285-1001					
8	PURPOSE	(a) Category (s	see Categories listed at the top of this sch	edule)	(b) Description	Che	eck if travel	outside of Texas. Complete Schedule T.
	OF	Credit Card		,		Che	eck if Austin	n, TX, officeholder living expense
	EXPENDITURE	oroun our	. r dymone		Credit Card Bill F	- ⊃avn	nent	
						,		
9	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit				3			
	C/OH							
	Date	Payee name						
	03/31/2025	Bank of Am	nerica					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode			
	\$234.10	P.O. Box 8	51001	·				
	Reimbursement from							
	x political contributions intended	Dallac TX	75285-1001					
					I Baradanian F	-	1.77. 1	
	PURPOSE OF	1	see Categories listed at the top of this sch	edule)	Description	=		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	EXPENDITURE	Credit Card	i Payment		Cradit Card Bill F	_		, m, omeoneder imig expense
					Credit Card Bill F	ayıı	ieni	
	Complete ONLY if direct		halder name		Office country			Office heald
	Complete ONLY if direct expenditure to benefit	Candidate/Office	noider name		Office sought			Office held
	C/OH							
	Date	Payee name						
	05/31/2025	Bank of Am						
	Amount (\$)			Zip Co	ada			
	\$17.00	Payee addre		Zip Ci	oue			
	•	P.O. BOX 6	21001					
	X Reimbursement from political contributions		75005 4004					
	intended	Dallas, IX	75285-1001					
	PURPOSE OF	1	see Categories listed at the top of this sch	edule)	Description	=		outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card	l Payment		L	_		n, TX, officeholder living expense
					Credit Card Bill F	ayn	nent	
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held
	C/OH							
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event 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: 2/2 Rpt: 11/12 Levonius, Crystal (The Honorable) 00086204 Date Payee name 06/07/2025 Bank of America 6 Amount (\$) Payee address; City; State; Zip Code \$319.31 P.O. Box 851001 Reimbursement from political contributions intended Х Dallas, TX 75285-1001 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Credit Card Bill Payment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

OUTSTA	NDING LOANS	SCHEDULE L
The Instruct	tion Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 12/12
FILER NAME Levonius, Crys	stal (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086204
LENDER INFORMATION	4 Name of lender Levonius, Crystal (The Honorable)	·
	5 Lender address; City; State; Zip Code	
	REDACTED PER 254.0313, GOV'T CODE	
GUARANTOR INFORMATION	6 Name of guarantor	
X not applicable	7 Guarantor address; City; State; Zip Code	