

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers) **2 Total pages filed:**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX	Date Received	Date Hand-delivered or Date Postmarked

Karrie S.
Crownover

2010 JAN 29 AM 8:27
FILE
JANET PARKER
COUNTY CLERK
BURNET COUNTY, TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
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354 CR144A Marble Falls, Tx. 78654

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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(830) 613-0156

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX

Karrie S.
Crownover

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
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354 CR 144A Marble Falls Tx 78654

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
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(830) 613-0156

9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)

10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
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1 / 16 / 2010 THROUGH 1 / 29 / 2010

11 ELECTION	ELECTION DATE	ELECTION TYPE
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3 - 2 - 2010 Primary Runoff General Special

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
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County Treasurer

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **	
	Name	
	Address / PO Box: Apt. / Suite #: City State: Zip Code	

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

732.²⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

402.⁵⁴

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

329.⁶⁴

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 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.

Karrie Crowover

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karrie Crowover, this the 29th day of Jan, 20 10, to certify which, witness my hand and seal of office.

Michele Foster

Signature of officer administering oath

Michele Foster

Printed name of officer administering oath

Deputy Clerk

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Karrie Crownover

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/15/10

5 Full name of contributor out-of-state PAC (ID#: _____)

Randall & Lisa Maxwell

6 Contributor address; City; State; Zip Code

106 CR 144, Marble Falls, TX 78654

7 Amount of contribution (\$)

200.⁰⁰ =

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Contractor

10 Employer (See Instructions)

Self

Date

1/21/10

Full name of contributor out-of-state PAC (ID#: _____)

Kathy Grimes

Contributor address; City; State; Zip Code

1503 E. Johnson, Burnet, TX 78611

Amount of contribution (\$)

25.⁰⁰ =

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Deputy Clerk

Employer (See Instructions)

Burnet County

Date

1/20/10

Full name of contributor out-of-state PAC (ID#: _____)

Randall Maxwell

Contributor address; City; State; Zip Code

106 CR 144, Marble Falls, TX 78654

Amount of contribution (\$)

407.²⁰

In-kind contribution description (if applicable)

t-past for signs.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Contractor

Employer (See Instructions)

Self

Date

1/25/10

Full name of contributor out-of-state PAC (ID#: _____)

Laine Crownover

Contributor address; City; State; Zip Code

354 CR 144A Marble Falls, TX 78654

Amount of contribution (\$)

100 -

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Mechanic

Employer (See Instructions)

Sunrise Beach Marine Services

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Kamie Crowner

3 ACCOUNT # (Ethics Commission files)

4 Date

1/19/10

5 Payee name

Fetty Fast Signs

6 Payee address; City; State; Zip Code

Hwy 281

Burnet, Tx 78611

7 Amount (\$)

\$54.¹³ =

8 Purpose of payment (See instructions regarding type of information required.)

Signs

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

1/22/10

Payee name

Fetty Fast Signs

Payee address; City; State; Zip Code

Hwy 281

Burnet, Tx 78611

Amount (\$)

\$297.⁶⁸ =

Purpose of payment (See instructions regarding type of information required.)

Signs

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/23/10

Payee name

Hoovers

Payee address; City; State; Zip Code

500 E Polk Burnet, Tx 78611

Amount (\$)

\$6.97

Purpose of payment (See instructions regarding type of information required.)

Sign Supplies

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

<p>4 Date</p> <p>1/17/10</p>	<p>5 Payee name <i>Sutherland</i></p> <p>6 Payee address; City; State; Zip Code <i>2510 Hwy 281 N Marby Falls, TX 78654</i></p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) <i>Sign Supplies</i> (If travel outside of Texas, complete Schedule T)</p>	<p>8 Amount (\$) <i>\$19.14</i></p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p> <p>1/16/10</p>	<p>Payee name <i>Tractor Supply Co.</i></p> <p>Payee address; City; State; Zip Code <i>1507 US Hwy 281 Marby Falls, TX 78654</i></p> <p>Purpose of expenditure (See instructions regarding type of information required.) <i>T-POST / Sign Supplies</i> (If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$) <i>\$24.64</i></p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED