

# 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  
Mrs. Kamie S  
NICKNAME LAST SUFFIX  
Crownover

OFFICE USE ONLY

Date Received

2010 FEB 22 PM 4:40  
FILED  
JAMES PARKER  
COUNTY CLERK  
BURNET COUNTY, TX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS  
 Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
354 CR 144A, Marble Falls, TX 78654

Date Hand Delivered or Date Postmarked

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(830) 613-0156

Receipt Amount

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mrs. Kamie S.  
NICKNAME LAST SUFFIX  
Crownover

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE  
354 CR 144A Marble Falls, TX 78654

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(830) 613-0156

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
1 / 30 / 2010 THROUGH 2 / 22 / 2010

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
3 / 2 / 2010  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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 Karrie Crowner 16 ACCOUNT # (Ethics Commission Filer)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

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

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

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)	\$ 350. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 855. <sup>32</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 35. <sup>92</sup>
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 Crowner  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karrie Crowner, this the 22nd day of Feb, 20 10, to certify which, witness my hand and seal of office.

Michele Foster Printed name of officer administering oath  
Michele Foster Title of officer administering oath  
Deputy Clerk

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME Karie Crowhaver

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/4/10

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Laine Crowhaver

7 Amount of contribution (\$) \$200.<sup>00</sup>

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
354 CR 144A Marble Falls, TX 78654  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Mechanic

10 Employer (See Instructions)  
SRB Marine Service

Date 2/18/2010

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mary Engler

Amount of contribution (\$) \$150.<sup>00</sup>

In-kind contribution description (if applicable)  
Radio to certificate

Contributor address; City; State; Zip Code  
HSTB, TX 78657  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Teacher

Employer (See Instructions)  
Hans Iso

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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 Crommer*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*2/15/2010*

5 Payee name

~~XXXXXXXXXX~~ *Office Depot*

7 Amount (\$)

*\$7.01*

6 Payee address; City; State; Zip Code

*1311 Norman Mill Rd. ME TX 78654*

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

*Printer paper for Myers*  
(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

*2/1/2010*

Payee name

*Burnet Chamber of Commerce*

Amount (\$)

*\$50.00*

Payee address; City; State; Zip Code

*Pierce, Burnet TX 78611*

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

*Chamber Banquet*  
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

*2/16/2010*

Payee name

*Citizen's Gazette*

Amount (\$)

*\$78.00*

Payee address; City; State; Zip Code

*Burnet, TX 78611*

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

*Newspaper Ad*  
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

*2/19/2010*

Payee name

*Marble Falls Chamber of Commerce*

Amount (\$)

*\$110.00*

Payee address; City; State; Zip Code

*916 Second St. ME TX 78654*

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

*ME Chamber Banquet*  
(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**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>2</b>
2 FILER NAME <b>KARLIE CROMMER</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2/19/2010</b>	5 Payee name <b>KBAY RADIO</b>	7 Amount (\$) <b>\$150.<sup>00</sup></b>
6 Payee address; City; State; Zip Code <b>ME, TX 78054</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>RADIO AD</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>-- Complete if direct expenditure to benefit C/OH --</b> 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.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>-- Complete if direct expenditure to benefit C/OH --</b> 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.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>-- Complete if direct expenditure to benefit C/OH --</b> 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.)  <small>(If travel outside of Texas, complete Schedule T)</small>		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

Karnie Crommeyer

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>2/6/2010</u>	5 Payee name <u>Office Depot</u>	8 Amount (\$) <u>\$171.<sup>45</sup></u>
	6 Payee address; City; State; Zip Code <u>1311 Norman Hill Rd. M.F. Tx 78654</u>	
7 Purpose of expenditure (See instructions regarding type of information required.) <u>postcards</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>2/19/2010</u>	Payee name <u>KBAY RADIO</u>	Amount (\$) <u>\$264.<sup>00</sup></u>
	Payee address; City; State; Zip Code <u>ME Tx 78654</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>Radio Ads</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>2/6/2010</u>	Payee name <u>Walmart</u>	Amount (\$) <u>\$24.<sup>86</sup></u>
	Payee address; City; State; Zip Code <u> Hwy 281, ME Tx 78654</u>	
Purpose of expenditure (See instructions regarding type of information required.) <u>PRINTER INK FOR PLYERS</u> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

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