CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers	2 Total pages file	ed:	
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR Mrs	FIRST Karrie	MI S	OFFICE	USE ONLY	
NAME	NICKNAME	Crownover	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, 106 CR 144 Marble Falls,	Texas 78654	CITY; STATE; ZIP CODE	HAND DE JUL 8 '24	LIVERED 1 AM11:46	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (830)	PHONE NUMBER 613-0156	EXTENSION	Date Hand-delivered		
6 CAMPAIGN TREASURER	MS / MRS / MR Mrs	FIRST Karrie	мі S	Receipt #	Amount \$	
NAME			SUFFIX	Date Processed		
	NICKNAME	Crownover	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	106 CR 144	NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	(830 ·)	PHONE NUMBER 613-0156	EXTENSION			
9 REPORT TYPE	January 15 July 15	30th day before e	ection Exceeded Modified	15th day aft treasurer ap (Officeholder Final Report	pointment	
			Reporting Limit			
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 24 THROUGH 07 / 15 / 24					
11 ELECTION	ELECTION DATE ELECTION TYPE					
	Month Day	Year Primary General	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any) County Tre	OFFICE HELD (if any) County Treasurer 13 OFFICE SOUGHT (if known)				
14 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(3)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$					
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$					
18 SIGNATURE 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.							
	Signature of Candidate or Officeholder						
	Please complete either option below	:					
(1) Affidavit							
NOTARY STAMP/SEAL							
Sworn to and subscribed before me by this the day of,							
20, to certify which, witness my hand and seal of office.							
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath					
OR (2) Unsworn Declaration							
• •		0/0/4000					
My name is Karrie Cr		8/2/1983					
My address is 106 CR							
Executed in Burnet	County, State of Texas, on the 3rdday of July (month	tate) (zip code) (country) , 20 24 (year) ate/Officeholder (Declarant)					