

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR O	FIRST Karric	MI S.
	NICKNAME Crownover	LAST	SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	106 CR 144. Marble Falls Tx 78654		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER		EXTENSION
	(830) 613-0156		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR O	FIRST Karric	MI S.
	NICKNAME Crownover	LAST	SUFFIX
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	106 CR 144		Marble Falls Tx 78654
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER		EXTENSION
	(830) 613-0156		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year	THROUGH	Month Day Year
	7 / 1 / 25		12 / 31 / 25
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	<input type="checkbox"/> General <input type="checkbox"/> Special
	3 / 3 / 26		
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>	
	County Treasurer	County Treasurer	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
<input type="checkbox"/> Additional Pages			

**OFFICE USE ONLY**

Date Received

HAND DELIVERED  
JAN 9 '26 PM2:23

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

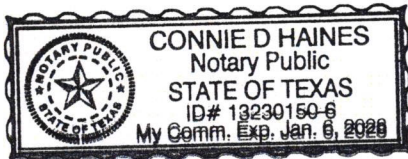
15 C/OH NAME <i>Karrie Crownover</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

*Karrie Crownover*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Karrie Crownover* this the 8 day of Jan., 2025, to certify which, witness my hand and seal of office.

*Connie D. Haines* Signature of officer administering oath  
Connie D. Haines Printed name of officer administering oath  
Communication Clerk Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)