CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST James	MI R	OFFICE USE ONLY
NAME	NICKNAME Jimmy	LAST Crouch	suffix Jr	Date Received Red d
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 605 Buttonwo Bastrop TX 7	ood Street	CITY; STATE; ZIP CODE	April 4, 2024
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE	(512)	520-2722		Receipt # Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Amount \$
TREASURER NAME	Mr.	James	R	Date Processed
	Jimmy	Crouch	suffix Jr	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (605 Buttonwo Bastrop TX 7	ood Street	SUITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	(512)	рноме NUMBER 520-2722	EXTENSION	
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campalgn treasurer appointment (Officeholder Only)
	July 16	8th day before e	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 17 / 24	THROUGH 243	Day Year 3 25 24
11 ELECTION	ELECTION DAY Month Day 5 / 4	Year Primary	Description	
12 OFFICE	OFFICE HELD (if any) Bastrop Cit	y Council Place	e 4 Bastrop City Co	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / DEELC	FHOLDER THESE EXPENDITUR	RES MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TE	REASURER NAME	
		COMMITTEE CAMPAIGN T	REASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

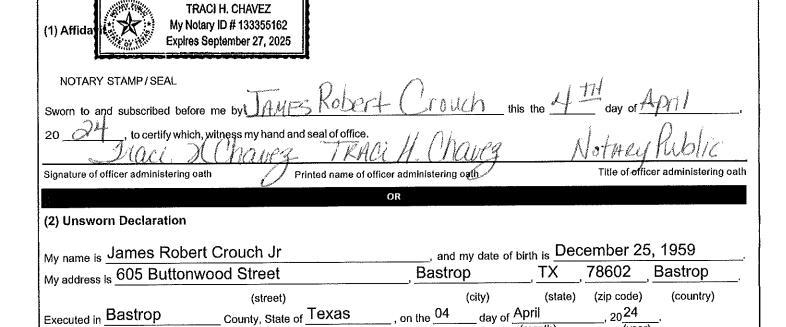
15 C/OH NAME James Robert Crouch	· .lr	1	l 6 Filer	ÌD (Eti	nics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0,00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	2,600.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0:00
	4.	TOTAL POLITICAL EXPENDITURES		\$	2,503.39
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	227.04
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	0.00
		ff	and or	arront o	nd includes all information

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.

X Namus Kobert Croud for Signature of Candidate or Officeholder

Please complete either option below:



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	riler NAME 20 File mes Robert Crouch Jr	er ID (Ethics Commiss	ion Filers)
21		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,600.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		
4.	SCHEDULE E: LOANS	\$	0.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRI	IBUTIONS \$	0.00
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINE	ESS OF C/OH \$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	JTIONS \$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	RETURNED \$	0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
2 FILER NAME James Ro	bert Crouch Jr			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor Melinda S Larson	7 Amount of contribution (\$)		
02/13/2024	6 Contributor address; 5703 Camden Midland Tx 79707	Clty;	State; Zip Code	500.00
8 Principal occu Retired	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
02/01/2024	DM Pecan Park Associate	es, LIU		1 500 00
02/01/2021	Contributor address; 1310 RR 620 S, Suite B200Au	city; stin TX 7873	State; Zip Code 4	1,500.00
Principal occup Real Estate	nation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/07/2024	Durham & Basset Realty Group		F00 00	
OOIOTIZOZA	Contributor address;	City;	State; Zip Code	500.00
	100 E. Anderson Lane Austin	TX 78752		
Principal occuj Real Estate	l pation / Job title (See Instructions)		Employer (See Instruc	etions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
00/07/0004	Clay Ingram			400.00
03/07/2024	Contributor address;	City;	State; Zip Code	100.00
	145 Axis Trail Bastrop TC 786	02		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Banking				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 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)

Credit Card Payment	The instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1: ↓	² FILER NAME James Robert Crouch Jr		3 Filer ID (Ethics	Commission Filers)
4 Date 02/26/2024	5 Payee name Sign & Banner TX			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
259.80	1103 Main Street Bastrop TX 78602			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Signage		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/01/2024	Sign & Banner TX			
Amount (\$)	Payee address;	City;	State;	Zip Code
144.62	1103 Main Street Bastrop TX 78602			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising	Signage		
OF EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	T. Check if Austin, TX, officeholder living expe		expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/31/2024	Sign & Banner TX			
Amount (\$)	Payee address;	City;	State;	Zip Code
88.87	1103 Main Street Bastrop TX 78602			
	Category (Sea Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Signage		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 GifVAwards/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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries W The Instruction Gulde explains how to c	ages/Contract Labor omplete this form.	Other (enter a calego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME James Robert Crouch Jr		3 Filer ID (Ethics	Commission Filers)
4 Date 03/22/2024	5 Payee name Sign & Banner TX			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
173.20	1103 Main Street Bastrop TX 78602			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Signage		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/29/2024	Sign & Banner TX			
Amount (\$)	Payee address;	City;	State;	Zip Code
129.90	1103 Main Street Bastrop TX 78602			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Signage		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/20/2024	Sign & Banner TX			
Amount (\$)	Payee address;	City;	State;	Zip Code
64.95	1103 Main Street Bastrop TX 78602			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Signage		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	***************************************	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/V The Instruction Guide explains how to 0	vages/Contract Labor	Other (enter a calego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME James Robert Crouch Jr		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
04/04/2024	Ad Rooster			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,050.92	Farragut, TN 37934			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising	Web Site		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	, ,		
03/19/2024	Lowes			
Amount (\$)	Payee address;	City;	State;	Zip Code
13.51	Hwy 71 Bastrop Tx 78602			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising	sign posts		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living] expense
	Candidate / Officeholder name	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/O		Jilloo ooag		
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	alin, TX, officeholder livin	j expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	July (Amel a sale)	··,······,
1 Total pages Schedule F1:	2 FILER NAME James Robert Crouch Jr		3 Filer ID (Ethic	s Commission Filers)
4 Date 01/23/2023	5 Payee name Sign & Banner TX			
6 Amount (\$) 577.62	7 Payee address; 1103 Main Street Bastrop TX 78602	City;	State;	Zip Cade
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Signage		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE				
	Check If travel oulside of Texas. Complete Schedule T.		tin, TX, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	