

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

5

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Crystal	MI M	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST Forster	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 196 Smyer, TX 79367				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( 806 )	PHONE NUMBER 789-3655	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Andrea	MI L	Receipt #	
	NICKNAME	LAST Forster	SUFFIX	Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5403 87th Lubbock, TX 79424				
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 806 )	PHONE NUMBER 548-1320	EXTENSION		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month    Day    Year 2    /    1    /    24			THROUGH    Month    Day    Year 2    /    26    /    24	
11 ELECTION	ELECTION DATE Month    Day    Year 3    /    5    /    24		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <b>Tax Assesor Collector</b>		
14 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	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Crystal M Forster		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. 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)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,363.66
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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 administering oath \_\_\_\_\_ Printed name of officer administering oath \_\_\_\_\_ Title of officer administering oath \_\_\_\_\_

OR

**(2) Unsworn Declaration**

My name is Crystal M Forster, and my date of birth is 01/28/1973

My address is 310 N. Avenue Q, Levelland, TX, 79336, Hockley  
(street) (city) (state) (zip code) (country)

Executed in Hockley County, State of Texas, on the 20 day of 02, 2024  
(month) (year)

*Crystal M Forster*  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Crystal M. Forster		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	■ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,363.66
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b>	<b>2 FILER NAME</b> Crystal M Forster	<b>3 FILER ID (Ethics Commission Filers)</b>
-----------------------------------	--	--

<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>	\$ 1,363.66
--	-------------

<b>5 CREDIT CARD ISSUER</b>	Name of financial institution Alliance Federal Credit Union
-----------------------------	--

<b>6 PAYMENT</b>	(a) Amount Charged \$ 89.93	(b) Date Expenditure Charged 02/01/2024	(c) Date(s) Credit Card Issuer Paid 02/02/2024
------------------	--------------------------------	--	---

<b>7 PAYEE</b>	(a) Payee name Action Printing	(b) Payee address; City, State, Zip Code 2407 82nd Lubbock, TX 79423
----------------	-----------------------------------	---

<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Flyers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Crystal M Forster	Office Sought Tax Assessor Collector	Office Held
--	--	---	-------------

<b>PAYMENT</b>	(a) Amount Charged \$ 21.65	(b) Date Expenditure Charged 02/05/2024	(c) Date(s) Credit Card Issuer Paid 02/06/2024
----------------	--------------------------------	--	---

<b>PAYEE</b>	(a) Payee name Action Printing	(b) Payee address; City, State, Zip Code 2407 82nd Lubbock, TX 79423
--------------	-----------------------------------	---

<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Flyers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Crystal M Forster	Office Sought Tax Assessor Collector	Office Held
--	--	---	-------------

<b>PAYMENT</b>	(a) Amount Charged \$ 804.50	(b) Date Expenditure Charged 02/05/2024	(c) Date(s) Credit Card Issuer Paid 02/06/2024
----------------	---------------------------------	--	---

<b>PAYEE</b>	(a) Payee name San Saba News and Stars	(b) Payee address; City, State, Zip Code 711 Austin Levelland, TX 79336
--------------	---	--

<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Newspaper
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Crystal M Forster	Office Sought Tax Assessor Collector	Office Held
--	--	---	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b>	<b>2 FILER NAME</b> Crystal M Forster		<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>			\$ 1,363.66
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution Chase		
<b>6 PAYMENT</b>	(a) Amount Charged \$ 447.58	(b) Date Expenditure Charged 02/14/2024	(c) Date(s) Credit Card Issuer Paid 02/15/2024
<b>7 PAYEE</b>	(a) Payee name <b>Action Printing</b>	(b) Payee address; City, State, Zip Code 2407 82nd Lubbock, TX 79423	
<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Flyers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Crystal M Forster		Office Sought Tax Assessor Collector
	Office Held		
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office Sought
	Office Held		
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office Sought
	Office Held		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

