

# 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:  <div style="text-align: center; font-size: 24px; color: blue;">10</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 24px; color: blue;">DAVID A.</div> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px; color: blue;">CRIMM</div>	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> Date Received  <div style="text-align: center; font-size: 24px; color: black;">JAN 07 2020</div>  <div style="text-align: center; color: red; font-size: 24px; font-family: cursive;">Aimee Benton</div> <hr/> Date Hand-delivered or Date Postmarked									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24px; color: blue;">5511 SUNDANCE CT MIDLAND, TX 79707</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24px; color: blue;">(432) 230-8767</div>	<hr/> Date Hand-delivered or Date Postmarked									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 24px; color: blue;">JUDITH A.</div> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px; color: blue;">CRIMM</div>	Receipt #	Amount \$								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business).  STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24px; color: blue;">5511 SUNDANCE CT. MIDLAND, TX 79707</div>		Date Processed									
8 CAMPAIGN TREASURER PHONE  AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24px; color: blue;">(432) 631-2818</div>		Date Imaged									
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 24px; color: blue;">10 / 11 / 2019</td> <td></td> <td style="text-align: center; font-size: 24px; color: blue;">12 / 31 / 2019</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	10 / 11 / 2019		12 / 31 / 2019		
Month Day Year	THROUGH	Month Day Year									
10 / 11 / 2019		12 / 31 / 2019									
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 24px; color: blue;">3 / 3 / 2020</div>	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)										
<div style="text-align: center; font-size: 24px; color: blue; font-family: cursive;">CONTINUOUS PER. I</div>		<div style="text-align: center; font-size: 24px; color: blue; font-family: cursive;">SHERIFF</div>									

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*CRINER, DAVID A*

15 Filer ID (Ethics Commission Filers)

16 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 TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *49<sup>00</sup>*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *40800<sup>00</sup>*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *1263<sup>00</sup>*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

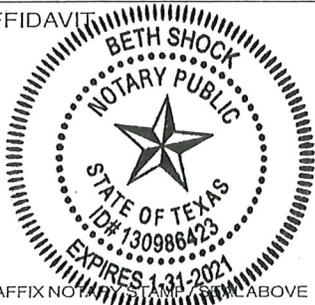
\$ *39686<sup>00</sup>*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY SEAL TO THIS PAGE ABOVE

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.

*David A. Criner*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *David A. Criner*, this the *7* day of *January*, 20 *20*, to certify which, witness my hand and seal of office.

*Beth Shock*  
Signature of officer administering oath

*Beth Shock*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath

**SUBTOTALS - C/OH**

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

19 FILER NAME <i>CRINER, DAVID A.</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>40,849<sup>00</sup></i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1263<sup>00</sup></i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1-6**

2 FILER NAME

**CRINER, DAVID A**

3 Filer ID (Ethics Commission Filers)

4 Date

**11/17/19**

5 Full name of contributor

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

**CARRUTH, DON**

6 Contributor address;

City; State; Zip Code

**3310 WCR 184, MIDLAND, TX 79706**

7 Amount of contribution (\$)

**\$ 1000.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**11/19/19**

Full name of contributor

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

**WALKER, NORMAN**

Contributor address;

City; State; Zip Code

**P.O. BOX 10135, MIDLAND, TX 79702**

Amount of contribution (\$)

**\$ 7500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/21/19**

Full name of contributor

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

**CARMY, THOMAS**

Contributor address;

City; State; Zip Code

**2606 INWOOD, MIDLAND, TX 79705**

Amount of contribution (\$)

**\$ 5000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12/4/19**

Full name of contributor

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

**SWANSON, JACKIE**

Contributor address;

City; State; Zip Code

**6007 NCR 1150, MIDLAND, TX 79706**

Amount of contribution (\$)

**\$ 3000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2-6**

2 FILER NAME

**CRINER, DAVID**

3 Filer ID (Ethics Commission Filers)

4 Date

**12/4/19**

5 Full name of contributor

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

**MCDANIEL, B. JOHN**

6 Contributor address;

City; State; Zip Code

**3611 WOODBURN, MIDLAND, TX 79707**

7 Amount of contribution (\$)

**\$1500<sup>00</sup>**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**12/4/19**

Full name of contributor

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

**MORGAN, JAMES**

Contributor address;

City; State; Zip Code

**7601 FRONTIER B RD, NORTH RICHMOND, TX 76182**

Amount of contribution (\$)

**\$500<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12/6/19**

Full name of contributor

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

**MITCHELL, ANN**

Contributor address;

City; State; Zip Code

**2811 FRONTIER, MIDLAND, TX 79705**

Amount of contribution (\$)

**\$2000<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12/6/19**

Full name of contributor

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

**MORRIS, CHARLIE**

Contributor address;

City; State; Zip Code

**5806 COMDEN, MIDLAND, TX 79707**

Amount of contribution (\$)

**\$500<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3.6**

2 FILER NAME

**CRINON, DAVID A**

3 Filer ID (Ethics Commission Filers)

4 Date

**12/9/19**

5 Full name of contributor

**KETTERMAN, OLYNN**

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

7 Amount of contribution (\$)

**\$ 5000<sup>00</sup>**

6 Contributor address;

City; State; Zip Code

**23 CHAMPION TR, SAN ANTONIO, TX 78258**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**12/11/19**

Full name of contributor

**GAUSSE, DAVID**

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

Amount of contribution (\$)

**\$ 2500<sup>00</sup>**

Contributor address;

City; State; Zip Code

**3009 GARDEN CITY RD, MIDLAND, TX 79709**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12/12/19**

Full name of contributor

**CUEVAS, JOSE JR**

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

Amount of contribution (\$)

**\$ 500<sup>00</sup>**

Contributor address;

City; State; Zip Code

**P.O. BOX 50607, MIDLAND, TX 79710**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12/13/19**

Full name of contributor

**MORQUE, CONGACE**

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

Amount of contribution (\$)

**\$ 2500<sup>00</sup>**

Contributor address;

City; State; Zip Code

**1206 WEA 143, MIDLAND, TX 79701**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4-6**

2 FILER NAME

**CRIMER, DAVID A**

3 Filer ID (Ethics Commission Filers)

4 Date

**12-15-2019**

5 Full name of contributor

**THOMPSON, PAUL**

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

6 Contributor address;

City; State; Zip Code

**P.O. BOX 4131 MIDLAND, TX 79709**

7 Amount of contribution (\$)

**150<sup>00</sup>**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**12-18-2019**

Full name of contributor

**CASTLE, STEPHEN**

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

Contributor address;

City; State; Zip Code

**5807 TRENNON BLVD MIDLAND, TX 79707**

Amount of contribution (\$)

**100<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12-18-2019**

Full name of contributor

**BUTT, SHARON**

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

Contributor address;

City; State; Zip Code

**4404 ROOSEVELT MIDLAND, TX 79703**

Amount of contribution (\$)

**200<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12-19-2019**

Full name of contributor

**CLEMENTS, DARIN**

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

Contributor address;

City; State; Zip Code

**3501 TRINITY MEADOWS MIDLAND, TX 79707**

Amount of contribution (\$)

**2000<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5.6**

2 FILER NAME

**CRIMM, DAVID A**

3 Filer ID (Ethics Commission Filers)

4 Date

**12-19-2017**

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

**NORWOOD, JOHN**

6 Contributor address; City; State; Zip Code

**P.O. BOX 10703 MIDLAND, TX 79702**

7 Amount of contribution (\$)

**2500<sup>00</sup>**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**12-20-2017**

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

**MORGAN, KIMBERLY**

Contributor address; City; State; Zip Code

**98 SAN JACINTO BLVD #1802 AUSTIN, TX 78749**

Amount of contribution (\$)

**2500<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12-23-2017**

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

**SMITH, JIMMY**

Contributor address; City; State; Zip Code

**5805 WILBURN STRIP MIDLAND, TX 79707**

Amount of contribution (\$)

**1000<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12-20-2017**

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

**YOUNGER, CHARLES**

Contributor address; City; State; Zip Code

**2012 W. CUTWORTH AVE MIDLAND TX 79701**

Amount of contribution (\$)

**150<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6-6**

2 FILER NAME **CRINER, DAVID A**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12-25-2015**

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

**SEIGLER, MARY**  
6 Contributor address; City; State; Zip Code

**7408 Grandview Dallas, TX 79761**

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

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**12-19-2015**

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

**COOK, PAUL**  
Contributor address; City; State; Zip Code

**2602 Temple Midland, TX 79701**

Amount of contribution (\$)  
**250<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**12-30-2015**

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

**HILLIS, CHRISTOPHER**  
Contributor address; City; State; Zip Code

**P.O. Box 50387 Midland, TX 79710**

Amount of contribution (\$)  
**750<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>CRINER, DAVID A.</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12-4-2019</b>	5 Payee name <b>MILAM COUNTY REPUBLICAN PARTY</b>
----------------------------	--

6 Amount (\$) <b>\$ 758.00</b>	7 Payee address; City; State; Zip Code <b>407 E. ILLINOIS MILAM, TX 79701</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>PPE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CRINER, DAVID A.</b>	Office sought <b>SHERIFF</b>	Office held <b>CONSTABLE</b>
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Date <b>12-12-2019</b>	Payee name <b>HENDERSON PAUL (GROUP)</b>
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Amount (\$) <b>\$ 573.00</b>	Payee address; City; State; Zip Code <b>909 N. MIDKIFF MILAM, TX 79701</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISMENT</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CRINER, DAVID A.</b>	Office sought <b>SHERIFF</b>	Office held <b>CONSTABLE</b>
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED