

# 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: right; font-size: 1.2em;">12</div>						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">DAVID A</div>	<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 1.5em; font-weight: bold;">JAN 27 2020</div>    Date Hand-delivered or Date Postmarked  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #			Amount \$					
Date Processed									
Date Imaged									
NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">CRIMM</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">5511 SUNDANCE CT MIDLAND, TX 79707</div>								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(432) 230-8767</div>								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">JUDITH A</div>	Receipt #  Amount \$  Date Processed  Date Imaged							
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">CRIMM</div>								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">5511 SUNDANCE CT MIDLAND, TX 79707</div>								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(432) 631-2818</div>								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)								
10 PERIOD COVERED	Month Day Year     THROUGH     Month Day Year <div style="font-size: 1.5em; text-align: center;">1 / 1 / 2020     THROUGH     1 / 23 / 2020</div>								
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em;">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) <div style="font-size: 1.2em;">Constable</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19690 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6323.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 53102.36
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 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.



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said David A. Criner, this the 27 day of January, 2020, 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

<b>19 FILER NAME</b> <span style="font-size: 1.2em; font-family: cursive;">CRIMINAL, DAVIS, A</span>	<b>20 Filer ID (Ethics Commission Filers)</b>
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	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19740.00
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	\$ 6323.64
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: **1-7**

2 FILER NAME

**CRINCY DAVIS A**

3 Filer ID (Ethics Commission Filers)

4 Date

**1-4-2020**

5 Full name of contributor

**R.Y. ALLEN**

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

7 Amount of contribution (\$)

**500<sup>00</sup>**

6 Contributor address; City; State; Zip Code

**7 Pinesmoor Midland, TX 79207**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**1-6-2020**

Full name of contributor

**MICHAEL DEITMANN**

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

Amount of contribution (\$)

**500<sup>00</sup>**

Contributor address; City; State; Zip Code

**1712 DANFORD MIDLAND, TX 79707**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**1-5-2020**

Full name of contributor

**DONNA ROSEN**

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

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

**5325 BASTINE EL PASO, TX 79924**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**1-7-2020**

Full name of contributor

**KIM TAYLOR**

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

Amount of contribution (\$)

**250<sup>00</sup>**

Contributor address; City; State; Zip Code

**806 JOHNSON MIDLAND, TX 79701**

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: <b>2.7</b>
2 FILER NAME <b>CRINON, DAVID A</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-7-2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK DETTMAN</b>	7 Amount of contribution (\$) <b>1000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>P.O. BOX 1499 MIDLAND, TX 79702</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1-7-2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICKY COLE</b>	Amount of contribution (\$) <b>1500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5919 SMOODVIEW PLACE MIDLAND, TX 79707</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1-7-2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ERIK OLSON</b>	Amount of contribution (\$) <b>200<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>541 NCA 1275 MIDLAND, TX 79707</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1-9-2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEE CARTER</b>	Amount of contribution (\$) <b>2500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1030 ANDREWS HWY # 105 MIDLAND, TX 79701</b>		
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: **3-7**

2 FILER NAME

**CRIMM, DAVID A**

3 Filer ID (Ethics Commission Filers)

4 Date

**1-8-2020**

5 Full name of contributor

**JVE BRANN**

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

7 Amount of contribution (\$)

**\$100<sup>00</sup>**

6 Contributor address; City; State; Zip Code

**4501 CARDINAL LANE MIDLAND, TX 79701**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**1-12-2020**

Full name of contributor

**FILEMUN LOZOYA**

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

Amount of contribution (\$)

**\$4000<sup>00</sup>**

Contributor address; City; State; Zip Code

**P.O. BOX 4430 MIDLAND, TX 79704**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**1-13-2020**

Full name of contributor

**DOUBES MCGILL**

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

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

**P.O. BOX 2286 MIDLAND, TX 79702**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**1-13-2020**

Full name of contributor

**MELINDA BROWN**

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

Amount of contribution (\$)

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

Contributor address; City; State; Zip Code

**3922 BAYBRIDE CT, MIDLAND, TX 79707**

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:  
4.7

2 FILER NAME

CRIMER, DAVID A

3 Filer ID (Ethics Commission Filers)

4 Date

1-10-2020

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

GRISHAM, EVA

6 Contributor address; City; State; Zip Code

2809 CNEWES PL MIDLAND, TX 79706

7 Amount of contribution (\$)

\$ 1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-14-2020

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

GABALON, EDUARDO

Contributor address; City; State; Zip Code

1906 GAROJ CITY HWY, MIDLAND, TX 79701

Amount of contribution (\$)

\$ 2000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-15-2020

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

PROZICK, ALLEN

Contributor address; City; State; Zip Code

P.O. BOX 8463 MIDLAND, TX 79709

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-16-2020

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

KAUFMAN, MICHAEL

Contributor address; City; State; Zip Code

4960 RUSTIC TR, MIDLAND, TX 79707

Amount of contribution (\$)

\$ 250.00

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: <b>5-7</b>
2 FILER NAME <b>CRINER, DAVID A</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-17-2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SLY, CORLEY</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>
6 Contributor address; City; State; Zip Code <b>1486 COTTON HOLT RD, MIDLAND, TX 79701</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>1-16-2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BEER, BARRY</b>	Amount of contribution (\$) <b>\$ 2000.00</b>
Contributor address; City; State; Zip Code <b>104 S. PERRY MIDLAND, TX 79701</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>1-16-2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GARRETT, JAMES</b>	Amount of contribution (\$) <b>\$ 2000.00</b>
Contributor address; City; State; Zip Code <b>5113 TEAKWOOD TR, MIDLAND, TX 79707</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>1-19-2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TUMLINSON, LARRY</b>	Amount of contribution (\$) <b>\$ 150.00</b>
Contributor address; City; State; Zip Code <b>4933 RUTLE TR MIDLAND, TX 79701</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: **6-7**

2 FILER NAME  
**CRINER, DAVID A**

3 Filer ID (Ethics Commission Filers)

4 Date: **1-19-2020**  
5 Full name of contributor: **GREEN, EDWIN**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
6 Contributor address; City; State; Zip Code  
**4507 ESPANO DR MIDLAND, TX 79701**

7 Amount of contribution (\$)  
**\$ 1000<sup>00</sup>**

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date: **1-17-2020**  
Full name of contributor: **NEWMAN, KIMBERLY**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
**688 N. MARSHFIELD #100 MIDLAND, TX 79701**

Amount of contribution (\$)  
**\$ 500<sup>00</sup>**

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date: **1-20-2020**  
Full name of contributor: **WINSER, MARK**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
**9917 ELWICK RD EL PASO, TX 79924**

Amount of contribution (\$)  
**\$ 100<sup>00</sup>**

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date: **1-17-2020**  
Full name of contributor: **THOMAS, MARK**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
**5609 COMDEN MIDLAND, TX 79707**

Amount of contribution (\$)  
**\$ 250<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: **7-7**

2 FILER NAME  
**CRINER, DAVID A.**

3 Filer ID (Ethics Commission Filers)

4 Date: **1-22-2020**  
5 Full name of contributor: **GASSIE, JOSEPH**  out-of-state PAC (ID#: \_\_\_\_\_)  
6 Contributor address; City; State; Zip Code  
**P.O. BOX 4912 MIDLAND, TX 79704**

7 Amount of contribution (\$)  
**5 / 100.00**

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date: **1-22-2020**  
Full name of contributor: **SEXTON, RICHARD**  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
**3617 W. MICHIGAN MIDLAND, TX 79703**

Amount of contribution (\$)  
**5 / 100.00**

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date: **1-23-2020**  
Full name of contributor: **CARNBY, THOMAS**  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
**2886 INWOOD CT MIDLAND, TX 79705**

Amount of contribution (\$)  
**5 / 1000.00**

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date: **1-21-2020**  
Full name of contributor: **TRUAX, VALERIE**  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
**P.O. BOX 2194 MIDLAND, TX 79702**

Amount of contribution (\$)  
**5 / 400**

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 <i>CRIMM, DAVID A</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-9-2020</i>	5 Payee name <i>MCCOY'S BUILDING SUPPLY</i>	
6 Amount (\$) <i>5910.66</i>	7 Payee address; City; State; Zip Code <i>3112 W. FRONT MIDLAND, TX 79701</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name <i>CRIMM, DAVID A</i> Office sought <i>SHERIFF</i> Office held <i>CONITABLE</i>	
Date <i>1-15-2020</i>	Payee name <i>MCCOY'S BUILDING SUPPLY</i>	
Amount (\$) <i>480.07</i>	Payee address; City; State; Zip Code <i>3112 W. FRONT MIDLAND, TX 79701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name <i>CRIMM, DAVID A</i> Office sought <i>SHERIFF</i> Office held <i>CONITABLE</i>	
Date <i>1-17-2020</i>	Payee name <i>MCCOY'S BUILDING SUPPLY</i>	
Amount (\$) <i>96.01</i>	Payee address; City; State; Zip Code <i>3112 W. FRONT MIDLAND, TX 79701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name <i>CRIMM, DAVID A</i> Office sought <i>SHERIFF</i> Office held <i>CONITABLE</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>CRINER, DANN A</i>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>1-20-2020</i>	<b>5</b> Payee name <i>MCCOY'S BUILDING SUPPLIES</i>		
<b>6</b> Amount (\$) <i>433.61</i>	<b>7</b> Payee address; City; State; Zip Code <i>3112 W. PRUITT MISSION, TX 77701</i>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISMENT</i>	<b>(b)</b> Description	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CRINER, DANN A</i>	Office sought <i>SERGEANT</i>	Office held <i>COMMISSIONER</i>
Date <i>1-20-2020</i>	Payee name <i>UPSTREAM COMMUNICATIONS</i>		
Amount (\$) <i>4403.29</i>	Payee address; City; State; Zip Code <i>811 TRINITY ST STE A AUSTIN, TX 78701</i>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISMENT</i>	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 <i>CRINER, DANN A</i>	Office sought <i>SERGEANT</i>	Office held <i>COMMISSIONER</i>
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED