

# 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: 2em; font-weight: bold;">13</div>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 1.5em;">DAVID</div>	MI <div style="text-align: center; font-size: 1.5em;">A</div>	<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 1.5em; font-weight: bold;">FEB 24 2020</div> 
	NICKNAME	LAST <div style="text-align: center; font-size: 1.5em;">CRIMM</div>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	5511 SUNOANCE CT MIDLAND, TX 79707		Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION	(432) 210-4767		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 1.5em;">JUDITH</div>	MI <div style="text-align: center; font-size: 1.5em;">A</div>	
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	5511 SUNOANCE CT MIDLAND, TX 79707		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION	(432) 631-2818		
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      THROUGH      Month      Day      Year <div style="font-size: 1.5em; text-align: center;">1 / 24 / 2020      2 / 23 / 2020</div>			
11 ELECTION	ELECTION DATE Month      Day      Year <div style="font-size: 1.5em; text-align: center;">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: 1.5em; text-align: center;">CONSTATABLE</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em; text-align: center;">SHERIFF</div>		

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# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>CRIMM, 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>27719.00</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>67675.92</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: <b>8</b>
2 FILER NAME <b>CRINER, DAVID A.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-24-2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RODRIGUEZ, EVERADO</b>	7 Amount of contribution (\$) <b>500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>1659 N. OLS SPRING MIDLAND, TX 79704</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1-22-2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SWALLOW, JULIA</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. Box 5575 Midland, TX 79705</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1-23-2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MYERS, CHARLES</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>P.O. Box 58588 Midland, TX 79710</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1-23-2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TOLU, MELINDA</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4020 ANSELMO DR. MIDLAND TX 79703</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

CRIMM, DAVID A

3 Filer ID (Ethics Commission Filers)

4 Date

1-25-2010

5 Full name of contributor

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

REEVES, DEBORA

7 Amount of contribution (\$)

5  
250<sup>00</sup>

6 Contributor address;

City; State; Zip Code

4820 ROSEWOOD MIDLAND, TX 79703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-27-2010

Full name of contributor

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

JORDAN, YADIRA

Amount of contribution (\$)

5  
3000<sup>00</sup>

Contributor address;

City; State; Zip Code

6500 ELM 67 MIDLAND, TX 79705

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-29-2010

Full name of contributor

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

GEORGE, JEFF

Amount of contribution (\$)

5  
60.00

Contributor address;

City; State; Zip Code

2809 STUTZ DR. MIDLAND, TX 79705

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-29-2010

Full name of contributor

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

MATLOCK, CONNOR

Amount of contribution (\$)

5  
100<sup>00</sup>

Contributor address;

City; State; Zip Code

1206 WCR 143 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:
2 FILER NAME <b>CRIMM, DAVID A</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-29-2010</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STREANON, JAY</b> 6 Contributor address; City; State; Zip Code <b>16105 N. WINSTON AVE. GARLAND, TX 75048</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1-31-2010</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CARTER, DEE</b> Contributor address; City; State; Zip Code <b>1030 ANDREW NW MIDLAND, TX 79701</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1-29-2010</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PLEESE, DAVID</b> Contributor address; City; State; Zip Code <b>P.O. BOX 50424 MIDLAND, TX 79710</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-1-2010</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HARRIS, JUSTIA</b> Contributor address; City; State; Zip Code <b>2305 WYNEWING MIDLAND, TX 79707</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 FILER NAME

ORINOL, DAVID A

3 Filer ID (Ethics Commission Filers)

4 Date

2-4-2020

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

PERRY, WESLEY

6 Contributor address; City; State; Zip Code

223 W. WALL # 900 MILWAUKEE, WI 53201

7 Amount of contribution (\$)

\$ 1000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-4-2020

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

BRUNER, JOSEPH

Contributor address; City; State; Zip Code

19 SUPERIOR DR MILWAUKEE, WI 53205

Amount of contribution (\$)

\$ 100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-4-2020

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

PAFFORD, ELLEN

Contributor address; City; State; Zip Code

4209 TUMBLEBUSH TRL MILWAUKEE, WI 53205

Amount of contribution (\$)

\$ 300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-2020

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

BUCK, VICKIE

Contributor address; City; State; Zip Code

1203 CONANT CWO DR MILWAUKEE, WI 53205

Amount of contribution (\$)

\$ 500

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 FILER NAME

CRINGER, DAVID A

3 Filer ID (Ethics Commission Filers)

4 Date

2-7-2020

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

FITZPATRICK, GARY

6 Contributor address; City; State; Zip Code

1803 SLR 1135 MILWAUKEE, WI 53206

7 Amount of contribution (\$) \$ 200.00

\$ 200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-7-2020

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

SWAIN, JAMES

Contributor address; City; State; Zip Code

3401 WCR 183 MILWAUKEE, WI 53206

Amount of contribution (\$) \$ 250.00

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-7-2020

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

MAXWELL, PHILIP

Contributor address; City; State; Zip Code

4500 ROSEWOOD DR MILWAUKEE, WI 53207

Amount of contribution (\$) \$ 100.00

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-7-2020

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

RIENDELSON, RONALD

Contributor address; City; State; Zip Code

2602 BLUESHIRE LN MILWAUKEE, WI 53205

Amount of contribution (\$) \$ 500.00

\$ 500.00

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:

2 FILER NAME

CRINER, DAVID A

3 Filer ID (Ethics Commission Filers)

4 Date

2-7-2020

5 Full name of contributor

MC DANIEL, ERNEST

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

6 Contributor address;

City; State; Zip Code

4902 STONE LANE MIDLAND, TX 79705

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-7-2020

Full name of contributor

GIBSON, GARY

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

Contributor address;

City; State; Zip Code

7106 AIRLINE RD MIDLAND, TX 79712

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-5-2020

Full name of contributor

TROMPER, CORNELL

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

Contributor address;

City; State; Zip Code

913 CITATION MIDLAND, TX 79705

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-4-2020

Full name of contributor

COULON, STEVE

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

Contributor address;

City; State; Zip Code

4013 CARDINAL LN MIDLAND, TX 79707

Amount of contribution (\$)

\$ 750.00

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 FILER NAME

CRINER, DAVID A

3 Filer ID (Ethics Commission Filers)

4 Date

2-12-2020

5 Full name of contributor

HENRY, ROBERT

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

7 Amount of contribution (\$)

\$ 100<sup>00</sup>

6 Contributor address;

City; State; Zip Code

5604 PENWAY DR MILANO TX 79707

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-12-2020

Full name of contributor

CANTACUZENS, REYDUN

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

Amount of contribution (\$)

\$ 500<sup>00</sup>

Contributor address;

City; State; Zip Code

2198 CR 226 GAINESVILLE, TX 76240

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-10-2020

Full name of contributor

HILDEBRAND, SUZANNE

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

Amount of contribution (\$)

\$ 50<sup>00</sup>

Contributor address;

City; State; Zip Code

P.O. BOX 792403 SAN ANTONIO, TX 78279

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-13-2020

Full name of contributor

HORVY, CHARLE

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

Amount of contribution (\$)

\$ 200<sup>00</sup>

Contributor address;

City; State; Zip Code

5806 Campden MILANO, 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.

2 FILER NAME

**ORINER, DAVID A**

3 Filer ID (Ethics Commission Filers)

4 Date

2-12-2020

5 Full name of contributor

**BOLDRIK, MILES**

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

6 Contributor address;

City; State; Zip Code

**P.O. Box 10668 MIDLAND, TX 79702**

7 Amount of contribution (\$)

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

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-16-2020

Full name of contributor

**MITCHELL, ANNE**

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

Contributor address;

City; State; Zip Code

**2811 ATLANTIC MIDLAND, TX 79705**

Amount of contribution (\$)

**\$ 12,000<sup>00</sup>**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-2020

Full name of contributor

**WALKER, HERMAN**

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

Contributor address;

City; State; Zip Code

**Box 10135 MIDLAND, TX 79702**

Amount of contribution (\$)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-20-2020

Full name of contributor

**DUPPONS, A. SCOTT**

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

Contributor address;

City; State; Zip Code

**703 W. WALN #2201 MIDLAND, TX 79701**

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.

# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>CRINER, DAVID A</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-8-2020</i>	5 Payee name <i>MCCOY BUILDING SUPPLY</i>	
6 Amount (\$) <i>194.98</i>	7 Payee address; <i>3112 W. BRIND AVE. MIDLAND, TX 79701</i>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	(b) Description <i>SAND</i>
	(c) <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>CRINER, DAVID A.</i>	Office sought <i>SUICIDE</i>
		Office held <i>CONGRESS</i>
Date <i>2-16-2020</i>	Payee name <i>MAIN EVENT SPORTS</i>	
Amount (\$) <i>150.00</i>	Payee address; <i>4910 ECK LN MIDLAND, TX 79701</i>	
	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	Description <i>JUMPBOX</i>
	(c) <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>CRINER, DAVID A.</i>	Office sought <i>SUICIDE</i>
		Office held <i>CONGRESS</i>
Date <i>2-23-2020</i>	Payee name <i>MIDLAND ASSOCIATION TELEGRAM</i>	
Amount (\$) <i>2200.00</i>	Payee address; <i>201 E. ILLINOIS MIDLAND, TX 79701</i>	
	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	Description <i>NEWSPAPER</i>
	(c) <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>CRINER, DAVID A.</i>	Office sought <i>SUICIDE</i>
		Office held <i>CONGRESS</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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME CRINGER DAVID A	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2-19-2020	<b>5</b> Payee name DAVID LEWIS MEDIO	
<b>6</b> Amount (\$) \$7984.00	<b>7</b> Payee address; City; State; Zip Code 6060 N. CENTRAL EXPRESS WAY #500 DALLAS, TX 75205	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING	<b>(b)</b> Description ADVERT
	<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 CRINGER, DAVID A	Office sought SOLICIT
		Office held CONTRACT
Date 2-20-2020	Payee name DAVID LEWIS MEDIO	
Amount (\$) 47,525.00	Payee address; City; State; Zip Code 6060 N. CENTRAL EXPRESS WAY #500 DALLAS, TX 75205	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING	Description TELEVISION
	<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 CRINGER, DAVID A	Office sought SOLICIT
		Office held CONTRACT
Date 2-21-2020	Payee name UP/TELECOM COMMUNICATIONS	
Amount (\$) \$9621.94	Payee address; City; State; Zip Code 811 TRINITY ST. SUITE A AUSTIN, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING	Description PUBLICATION
	<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 CRINGER, DAVID A	Office sought SOLICIT
		Office held CONTRACT

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME CRIMER, 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 49 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27660 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 67675.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13135.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



AFFIX NOTARY SIGNATURE HERE

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]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said DAVID CRIMER, this the 24<sup>th</sup> day of Feb, 2020, to certify which, witness my hand and seal of office.

Carolyn S Graves Carolyn S Graves Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath