

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI DAVID A. NICKNAME LAST SUFFIX CRIMEX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5511 JUNDANLE G. Midland, TX 79701	JUL 17 2023	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (432) 230-8767	Date Hand-delivered or Date Postmarked JMB	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI JUDITH A. NICKNAME LAST SUFFIX CRIMEX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5511 JUNDANLE CR MIDLAND, TX 79701	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (432) 631-2818	Date Imaged	
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 checked="" 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 2 / 3 / 2023 7 / 15 / 2023		
11 ELECTION	ELECTION DATE Month Day Year 3 / 23 / 2024	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) SHERIFF	13 OFFICE SOUGHT (if known) SHERIFF	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

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: 3
2 FILER NAME CRIMER, DAVID A.		3 Filer ID (Ethics Commission Filers)
4 Date 2-7-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWANSON, JACKIE	7 Amount of contribution (\$) \$ 10,000.00
6 Contributor address; City; State; Zip Code 6807 NCR 1150 MIDLAND, TX 79701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-17-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEAR BROUGH, BRIAN	Amount of contribution (\$) \$ 2500.00
Contributor address; City; State; Zip Code P.O. BOX 2474 MIDLAND, TX 79702		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-24-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STRETCHER, SHERYL	Amount of contribution (\$) \$ 1000.00
Contributor address; City; State; Zip Code 5000 CHAPEL HILL DR. MIDLAND, TX 79705		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5-24-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERRY, RON & WENDY	Amount of contribution (\$) \$ 2000.00
Contributor address; City; State; Zip Code 223 W. WALK # 900 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.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

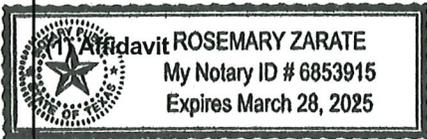
15 C/OH NAME CRINER, DAVID A 16 Filer ID (Ethics Commission Filers)

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)	\$ 38,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 46,414.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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]
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Rosemary Zarate this the 17 day of July, 2023, to certify which, witness my hand and seal of office.
Rosemary Zarate Rosemary Zarate Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>CRINER, Dave 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>38,500.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME CRINOR, DANN A		3 Filer ID (Ethics Commission Filers)
4 Date 6-1-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASTLE, STEPHEN	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code 5807 TRENLOW PLACE MIAMI, FL 33131		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 6-6-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KETTERMAN, DUNCAN	Amount of contribution (\$) \$5000
Contributor address; City; State; Zip Code 19122 U.S. HWY 281 N. # 324 SAN ANTONIO, TX 78258		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 6-8-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHARBAUER, DUNCAN	Amount of contribution (\$) \$10000.00
Contributor address; City; State; Zip Code P.O. Box 2088 Miami, FL 33102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 6-11-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARWOOD, JAMES	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 5704 RIDGEMONT Pkwy Miami, FL 33102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME CRIMER, DAVID A		3 Filer ID (Ethics Commission Filers)
4 Date 6-17-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, JIMMY	7 Amount of contribution (\$) \$ 5000.00
6 Contributor address; City; State; Zip Code 6200 BERETTA GRANBURY, TX 76049		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 6-30-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATLOM, CANDACE	Amount of contribution (\$) 8,000.00
Contributor address; City; State; Zip Code 1205 WCK 143 MIDLAND, TX 79701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 6-30-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILLIAM, CORREY	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 8951 PRADO DRIVE COENATE, TX 79722		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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