

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI DAVID A <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX CRINER	OFFICE USE ONLY Date Received FEB 05 2024 Date Hand-delivered or Date Postmarked MAY 2024 Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5511 SUNDANCE CT MIDLAND, TX 79707 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (432) 230-8767		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI JUDITH A. <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX CRINER		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5511 SUNDANCE 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 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 1 / 1 / 2024 1 / 25 / 2024		
11 ELECTION	ELECTION DATE Month Day Year 3 / 5 / 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)	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"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

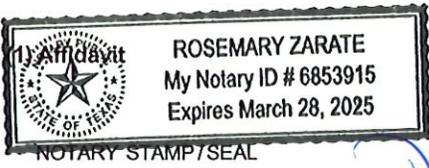
15 C/OH NAME CRIMER, DAVID A 16 Filer ID (Ethics Commission Filers)

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)	\$ 23,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2160.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 136,829.13

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 5th day of February, 2024, 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, 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>23,200⁰⁰</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>2160.67</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

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 CRINER, DAVID A		3 Filer ID (Ethics Commission Filers)
4 Date 1-9-2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARRETT, TERRY	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3000 WICK 127 MIDLAND, TX 79701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-12-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CUEVAS, JAMES	Amount of contribution (\$) 5000.00
Contributor address; City; State; Zip Code PO BOX 50607		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-12-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAFT, KENNETH	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3200 SINCLAIR MIDLAND, TX 79701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-17-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MYERS, CHARLO	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 1010 W. TEXAS AVE MIDLAND, TX 79701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 CRINER, DAVID A		3 Filer ID (Ethics Commission Filers)
4 Date 1-22-2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRACKETT, C.H.	7 Amount of contribution (\$) \$500⁰⁰
6 Contributor address; City; State; Zip Code P.O. Box 1841 MIAMI, FL 33101		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 1-22-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORWOOD, JOHN	Amount of contribution (\$) \$2500⁰⁰
Contributor address; City; State; Zip Code P.O. Box 10783 MIAMI, FL 33101		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1-22-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEJIMANN, MICHAEL	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code 1712 DANFORD MIAMI, FL 33101		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1-24-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEIT, KATHY	Amount of contribution (\$) \$2000⁰⁰
Contributor address; City; State; Zip Code 4107 JAFFERMAN AVE MIAMI, FL 33107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME CRIMOR, DAVIS A		3 Filer ID (Ethics Commission Filers)
4 Date 1-25-2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARUTI STAN	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 5314 SHAW BLVD #1 MIAMI, FL 33170		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1-25-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UPHAM, JAMES	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2204 W. GOLF COURSE MIAMI, FL 33141		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1-25-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEAL, BARRY	Amount of contribution (\$) 10,000.00
Contributor address; City; State; Zip Code 104 S. PEAY, MIAMI, FL 33141		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1-25-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, MARK	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 5805 CAMDEN MIAMI, FL 33110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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: <i>1</i>	2 FILER NAME <i>CRIMER, DAVID A</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-18-2024</i>	5 Payee name <i>WESTLAKE HAROWACK</i>	
6 Amount (\$) <i>\$2160.67</i>	7 Payee address; City; State; Zip Code <i>4001 ANDREWS HIGHWAY MIDLAND, TX 79701</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>SANDBOX</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CRIMER, DAVID A</i>	Office sought <i>SHERIFF</i>
		Office held <i>SHERIFF</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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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