

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: <u>16</u>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received <u>FEB 26 2024</u> <i>BS</i> <i>B. Suok</i> Date <u>Hand-delivered or</u> Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
		<u>DAVID</u>	<u>A</u>		
NICKNAME	LAST	SUFFIX			
<u>CRIMER</u>					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<u>5511 SUNDANCE CT</u>	<u>MIDLAND, TX 79707</u>			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	<u>(432)</u>	<u>230-8767</u>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
		<u>JUDITH</u>	<u>A</u>		
NICKNAME	LAST	SUFFIX			
<u>CRIMER</u>					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<u>5511 SUNDANCE CT</u>	<u>MIDLAND, TX 79707</u>			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	<u>(432)</u>	<u>631-2818</u>			
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		Month Day Year		
	<u>1 / 26 / 2023</u>		THROUGH <u>2 / 24 / 2024</u>		
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	<input type="checkbox"/> General <input type="checkbox"/> Special		
	<u>3 / 5 / 2024</u>				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
	<u>SHERIFF</u>	<u>SHERIFF</u>			
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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	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

Carmen Davis 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)

\$ *206.59*

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

\$ *53,404.00*

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ *0.00*

4. TOTAL POLITICAL EXPENDITURES

\$ *168,524.80*

CONTRIBUTION
BALANCE

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

\$ *21,804.33*

OUTSTANDING
LOAN TOTALS

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

\$ *0.00*

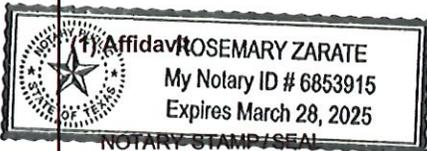
18 SIGNATURE

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by *Rosemary Zarate* this the *26th* day of *January* 20*24*, 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>Cramer, 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>53,400.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>206.50</i>
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>168,524.80</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	\$

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 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 CRINER, DAVID A	3 Filer ID (Ethics Commission Filers)
4 Date 2-1-2023	5 Payee name ANTHER MEDIA AND MESSAGE, INC.	
6 Amount (\$) \$13,904.98	7 Payee address; City; State; Zip Code 6412 SOTER PARKWAY AUSTIN, TX 78735	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ADVERTISING
	(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 CRINER, DAVID A	Office sought SHERIFF
		Office held SHERIFF
Date 2-1-2024	Payee name ANTHER MEDIA AND MESSAGE, INC.	
Amount (\$) \$2,398.00	Payee address; City; State; Zip Code 6412 SOTER PARKWAY AUSTIN, TX 78735	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ADVERTISING
	<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 CRINER, DAVID A.	Office sought SHERIFF
		Office held SHERIFF
Date 2-5-2023	Payee name WETMORE HARVARD	
Amount (\$) \$64.82	Payee address; City; State; Zip Code 1004 AARON HWY MIDLAND, TX 79701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description 1000 DMS
	<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 CRINER, DAVID A	Office sought SHERIFF
		Office held SHERIFF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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>CRIMM, DAVIS A</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-8-2023</i>	5 Payee name <i>A-1 SIGN</i>	
6 Amount (\$) <i>\$ 13,377.07</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 264 Midland, TX 79702</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Advertising</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>CRIMM, DAVIS A</i>	Office sought <i>SUPPORT</i>
		Office held <i>SUPPORT</i>
Date <i>2-9-2023</i>	Payee name <i>:360</i>	
Amount (\$) <i>\$ 600.00</i>	Payee address; City; State; Zip Code <i>Route 662 ARLINGTON, VA 22216</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>TRAVEL EXPENSE</i>	Description <i>TRAVEL EXPENSE</i>
	<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, DAVIS A</i>	Office sought <i>SUPPORT</i>
		Office held <i>SUPPORT</i>
Date <i>2-12-2024</i>	Payee name <i>A-1 SIGN</i>	
Amount (\$) <i>\$ 669.93</i>	Payee address; City; State; Zip Code <i>P.O. Box 264 Midland, TX 79702</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Advertising</i>
	<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, DAVIS A</i>	Office sought <i>SUPPORT</i>
		Office held <i>SUPPORT</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:	2 FILER NAME <i>CRIMER, DAVID A</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>2-13-2023</i>	5 Payee name <i>ANTHON MEDIA AND MEDIA, INC</i>		
6 Amount (\$) <i>25,000</i>	7 Payee address; City; State; Zip Code <i>6412 SISTER PARKWAY AUSTIN, TX 78735</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Advertising</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>CRIMER, DAVID A</i>	Office sought <i>SHOULDER</i>	Office held <i>SHOULDER</i>
Date <i>2-15-2024</i>	Payee name <i>TALL CITY MEET COMPANY</i>		
Amount (\$) <i>2250</i>	Payee address; City; State; Zip Code <i>2909 N. OIS SPRING ST. MIDLOTH, TX 79701</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Food/Beverage Expense</i>	
	<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>CRIMER, DAVID A.</i>	Office sought <i>SHOULDER</i>	Office held <i>SHOULDER</i>
Date <i>2-15-2024</i>	Payee name <i>ANTHON MEDIA AND MEDIA, INC</i>		
Amount (\$) <i>60,235.00</i>	Payee address; City; State; Zip Code <i>6412 SISTER PARKWAY AUSTIN, TX 78735</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>ADVERTISING</i>	
	<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>CRIMER, DAVID A</i>	Office sought <i>SHOULDER</i>	Office held <i>SHOULDER</i>

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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>CRINE, DAVIS D</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2.23.2023</i>	5 Payee name <i>ANITA MORGAN MORGAN INC</i>	
6 Amount (\$) <i>50,025.00</i>	7 Payee address; City; State; Zip Code <i>6412 Sierra Parkway Austin, TX 78735</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Advertising</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>CRINE, DAVIS D</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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 9
2 FILER NAME CRIMM, DAVID A		3 Filer ID (Ethics Commission Filers)
4 Date 1-31-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOUNG, JIMM	7 Amount of contribution (\$) \$ 100⁰⁰
6 Contributor address; City; State; Zip Code 5700 ECR 96 MIDLAND, TX 79701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-31-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRONFOS, MILAN	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code 415 WOLF WALK, MIDLAND, TX 79701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-31-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASTLE, JIMMIE	Amount of contribution (\$) \$ 250⁰⁰
Contributor address; City; State; Zip Code 5807 TRENNIN PLANE MIDLAND, TX 79701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-31-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANWAR, JAVAN	Amount of contribution (\$) \$ 25,000⁰⁰
Contributor address; City; State; Zip Code 550 W. TEXAS #250 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: 9
2 FILER NAME CRINERY DAVE		3 Filer ID (Ethics Commission Filers)
4 Date 1-31-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROOKING, ANDREW	7 Amount of contribution (\$) \$500⁰⁰
6 Contributor address; City; State; Zip Code P.O. Box 51088 Midland, TX 79701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-2-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEWMAN, FRED	Amount of contribution (\$) \$200⁰⁰
Contributor address; City; State; Zip Code 4105 BAYBROOK Midland, TX 79701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-2-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY, TIM	Amount of contribution (\$) \$200⁰⁰
Contributor address; City; State; Zip Code 3208 W. SHAWNEE AVE Midland, TX 79701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-2-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, EDWIN	Amount of contribution (\$) \$1500⁰⁰
Contributor address; City; State; Zip Code 4501 E. 1st Dr. 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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME CRINER, DAVIS A		3 Filer ID (Ethics Commission Filers)
4 Date 2-3-2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRANON, LARRY	7 Amount of contribution (\$) 1000⁰⁰
6 Contributor address; City; State; Zip Code 904 CONSTITUTION BLVD DR MURKIN TX 75701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-5-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLEMENS, DARIN	Amount of contribution (\$) 1000⁰⁰
Contributor address; City; State; Zip Code 3501 TRINIDAD MORNINGS MURKIN, TX 75709		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-5-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRANON, DON	Amount of contribution (\$) 1000⁰⁰
Contributor address; City; State; Zip Code 465 Lockhart Ridge, Pecos, New Mexico, TX 78751		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-7-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GORLE, STEVE	Amount of contribution (\$) 1000⁰⁰
Contributor address; City; State; Zip Code 6001 WEST INDUSTRIAL AVE MURKIN, TX 75701		
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: 9
2 FILER NAME CRINCH, DAVID A		3 Filer ID (Ethics Commission Filers)
4 Date 2-7-2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUPRE, DEB	7 Amount of contribution (\$) 750⁰⁰
6 Contributor address; City; State; Zip Code 5025 MIDWAY CIRCLE, MIDLAND, TX 79706		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-7-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCNAUGHTON, D'ANNE	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 4506 TEXAS TREE, MIDLAND, TX 79707		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-7-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMOOT, JENNIFER	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 4402 SAN CARLOS COURT, MIDLAND, TX 79706		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-7-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, EVANGELINA	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 1509 N. OCEAN SPRING, 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

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: 9
2 FILER NAME CRINER, DAVID A		3 Filer ID (Ethics Commission Filers)
4 Date 2-8-2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOMLINSON, LAMM	7 Amount of contribution (\$) \$ 400⁰⁰
6 Contributor address; City; State; Zip Code 4933 Rivier Trail Midland TX 79701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-8-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STALEY, SHANE	Amount of contribution (\$) \$ 200⁰⁰
Contributor address; City; State; Zip Code 1424 LANHAM MIDLAND, TX 79701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-9-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERNEY, WOLFE	Amount of contribution (\$) \$ 2500⁰⁰
Contributor address; City; State; Zip Code 223 WEST WALK # 700 MIDLAND, TX 79701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-9-2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOMATI, JANO	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code 901 CAROWALE CT. 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: 9
2 FILER NAME CRINER, DAVID A		3 Filer ID (Ethics Commission Filers)
4 Date 2-7-2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLORIA REYNOLDS	7 Amount of contribution (\$) 500⁰⁰
6 Contributor address; City; State; Zip Code P.O. Box 2127 Midland, TX 79701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-12-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NATIVIDAD MANUEL	Amount of contribution (\$) 200⁰⁰
Contributor address; City; State; Zip Code 109 E. CONDON Midland, TX 79701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-12-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLOS BARRON	Amount of contribution (\$) 2000⁰⁰
Contributor address; City; State; Zip Code RUE W. TEXAS Midland, TX 79701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-13-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PORTER, DENISE	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 525 1/2 BARLOW PARKWAY Midland, TX 79701		
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: 9
2 FILER NAME Crinity Davis A		3 Filer ID (Ethics Commission Filers)
4 Date 2-20-2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWANSON, STEVE	7 Amount of contribution (\$) \$5000.00
6 Contributor address; City; State; Zip Code P.O. Box 51470 Midland, TX 79701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-22-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAYTON, RICH	Amount of contribution (\$) \$1000
Contributor address; City; State; Zip Code 4205 Jumbores Midland, TX 79707		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-22-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allyp James	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 1209 W. Pecos Ave Midland, TX 79705		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-23-2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEREZ, MARCO	Amount of contribution (\$) \$1000
Contributor address; City; State; Zip Code P.O. Box 51796 Midland, TX 79710		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME CRIMER, DAVID A		3 Filer ID (Ethics Commission Filers)
4 Date 2-14-2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DINKLER, MARC	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 4505 BEW TREE DR. MARIETTA, GA 30067		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-16-2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CORR, RICK	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 5919 SHADWELL RD MARIETTA, GA 30067		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-16-2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RASMUSSEN, HAL	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2000 PRINCESTON MARIETTA, GA 30067		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-20-2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOUNGER, CHARLES	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2012 W. CUTWATER MARIETTA, GA 30067		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME CRINOR, DAVID A		3 Filer ID (Ethics Commission Filers)
4 Date 2-23-2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REEVES DENNIS	7 Amount of contribution (\$) 250⁰⁰
6 Contributor address; City; State; Zip Code 4620 REFORMS DR MIDLAND, TX 79707		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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