

# 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:                 |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR   | FIRST   | MI                                   |
|  | NICKNAME  | LAST  | SUFFIX                               |
| Mr. Duane G. Crocker   |   |   |                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;   | APT / SUITE #;  | CITY; STATE; ZIP CODE                |
|  | P.O. Box 2661<br>Victoria, Tx. 77902  |   |                                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION                            |
|  | (361) 676-2737  |   |                                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST   | MI                                   |
|  | NICKNAME  | LAST  | SUFFIX                               |
| Mr. Jeffroy S. Warner  |   |   |                                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);  |   | APT / SUITE #; CITY; STATE; ZIP CODE |
|  | 304 Chama Dr.<br>Victoria, Tx. 77904  |   |                                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION                            |
|  | (361) 572-4245  |   |                                      |
| 9 REPORT TYPE  | <input checked="" 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 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                                 |
|  | 8 / 14 / 21   |   | THROUGH 1 / 15 / 22                  |
| 11 ELECTION  | ELECTION DATE   |   | ELECTION TYPE                        |
|  | Month   | Day   | Year                                 |
| 8 / 21 / 21  |   | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                      |
| 12 OFFICE  | OFFICE HELD (if any)  |   | 13 OFFICE SOUGHT (if known)          |
|  | Victoria City Council, Dist. 3  |   |                                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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  |                                      |

**OFFICE USE ONLY**

Date Received  
**RECEIVED 1-27-22**  
**City Secretary**

Date Hand delivered or Date Postmarked  
**3:13pm**  
**1-27-22**

Receipt #      Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                         |   |  |
|-------------------------|---|--|
| 15 C/OH NAME            |   | 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) | \$                                     |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$                                     |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 5,057.49                            |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 3,741.88                            |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 1,000                               |

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:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Duane G. Crocker this the 27<sup>th</sup> day of January,

20 22, to certify which, witness my hand and seal of office.



CONNIE VIVIAN  
ID #5467988  
My Commission Expires  
December 02, 2025

*[Handwritten Signature]*  
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)

# 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<br><b>Duane G. Crocker</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---|---------------------------------------|

|                          |  |
|--------------------------|--|
| 4 Date<br><b>8-19-21</b> | 5 Payee name<br><b>Dreamers and Walkers Consulting</b> |
|--------------------------|--|

|                                     |   |
|-------------------------------------|---|
| 6 Amount (\$)<br><b>\$ 3,200.00</b> | 7 Payee address; City; State; Zip Code<br><b>622 Bermuda Pl<br/>Corpus Christi, TX. 78411</b> |
|-------------------------------------|---|

|                          |   |   |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Printing/Advertising</b> | (b) Description   |
|                          | (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 | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                        |                                    |
|------------------------|------------------------------------|
| Date<br><b>8-21-21</b> | Payee name<br><b>Aero Crafters</b> |
|------------------------|------------------------------------|

|                                   |  |
|-----------------------------------|--|
| Amount (\$)<br><b>\$ 1,324.62</b> | Payee address; City; State; Zip Code<br><b>309 Crestwood Dr.<br/>Victoria, TX. 77901</b> |
|-----------------------------------|--|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | 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<br><b>9-6-21</b> | Payee name<br><b>Victoria Country Club</b> |
|-----------------------|--|

|                                 |  |
|---------------------------------|--|
| Amount (\$)<br><b>\$ 532.87</b> | Payee address; City; State; Zip Code<br><b>14 Spring Creek Rd. Victoria TX 77904</b> |
|---------------------------------|--|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | 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