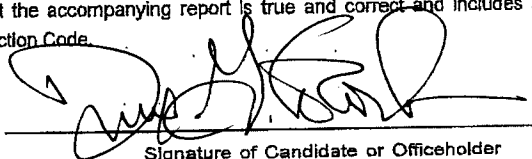


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

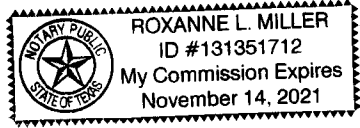
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,275.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,459.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

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 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 2nd day of June

20 21, to certify which, witness my hand and seal of office.

Roxanne L. Miller 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)

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Duane G. Crocker		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,000.00
5 Date of loan 5-7-21	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Duane G. Crocker	9 Loan Amount (\$) \$1,000.00
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code P.O. Box 2661 Victoria, Tx. 77902	10 Interest rate 0
		11 Maturity date NA
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Self
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 Duane Crocker	3 Filer ID (Ethics Commission Filers)
4 Date 5-14-21	5 Payee name UPS Store	
6 Amount (\$) \$1,048.94	7 Payee address; City; State; Zip Code 8806 N. Navarro St., Ste. 600 Victoria, TX. 77904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs
	(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	Office sought Office held

Date 5-24-21	Payee name UPS Store	
Amount (\$) \$216.51	Payee address; City; State; Zip Code 8806 N. Navarro St., Ste. 600 Victoria, TX. 77904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Envelopes, Color Copies
	<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	Office sought Office held

Date 5-25-21	Payee name USPS	
Amount (\$) \$275.00	Payee address; City; State; Zip Code 2804 Sam Houston Dr. Victoria, TX. 77904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Stamps
	<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	Office sought Office held

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 Duane Crocker	3 Filer ID (Ethics Commission Filers)
4 Date 5-28-21	5 Payee name UPS Store	
6 Amount (\$) \$ 687.14	7 Payee address; City; State; Zip Code 8806 N. Navarro St. Victoria, TX. 77904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Yard signs
	(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		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	Office held
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 ONLY if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	Office held
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 ONLY if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	Office held
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 ONLY if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	Office held
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 ONLY if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME Duane G. Crocker	3 Filer ID (Ethics Commission Filers)
4 Date 5-23-21	5 Payee name Tractor Supply Co.	
6 Amount (\$) \$114.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 9304 North Navarro St. Victoria, Tx. 77904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description T-posts, cable ties, T-post driver
	(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	Office sought / Office held

Date 5-25-21	Payee name UPS Store	
Amount (\$) \$116.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1708 N. Navarro St. Victoria, Tx. 77901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description yard signs
	<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	Office sought / Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 ONLY 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: 5
2 FILER NAME Duane G. Crocker		3 Filer ID (Ethics Commission Filers)
4 Date 5-14-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary M. Middleton	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 6003 C Country Club Dr. Victoria, TX. 77904		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 5-14-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary or B.J. Middleton	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 6003 C Country Club Dr. Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 5-14-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald R. Pozzi	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 6012 B Country Club Dr. Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 5-19-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Friemel	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 91 Post Oak Rd. Inez, Tx. 77968		
Principal occupation / Job title (See Instructions) Banking		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:
2 FILER NAME Duane G. Crocker		3 Filer ID (Ethics Commission Filers)
4 Date 5-28-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert P Houston	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 30 Meadow View Victoria, TX. 77904		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 6-1-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffroy S. Warner	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 201 Tracy Lane Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)
Date 6-1-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary W. Mueller	Amount of contribution (\$) \$ 75.00
Contributor address; City; State; Zip Code 371 Kelly Dr. Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 6-1-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marvin & Kathy Patterson	Amount of contribution (\$) \$ 300.00
Contributor address; City; State; Zip Code 55 Dernal Dr. Victoria, TX. 77905		
Principal occupation / Job title (See Instructions) retired		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:

2 FILER NAME

Duane G. Crocker

3 Filer ID (Ethics Commission Filers)

4 Date

6-2-21

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

Barry or Tammy Hartman

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code

305 CreekrIDGE Dr.
Victoria, TX. 77904

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

6-2-21

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

June Stone

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

107 Ridge view
Victoria, TX. 77904

Principal occupation / Job title (See Instructions)

Oil & GAS

Employer (See Instructions)

Date

6-2-21

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

Randy & Becky Pilsner

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

23802 US Hwy. 77 N.
Yoakum, TX. 77995

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

6-2-21

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

Sammy & Chelsy Williams

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

308 S. Liberty
Victoria, TX. 77901

Principal occupation / Job title (See Instructions)

Veterinarian

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:
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2 FILER NAME Duane G. Crocker	3 Filer ID (Ethics Commission Filers)
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4 Date 6-2-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clara "Cally" Coleman Framme	7 Amount of contribution (\$) \$ 350.00
6 Contributor address; City; State; Zip Code P.O. Box 2171 Victoria, TX. 77902		

8 Principal occupation / Job title (See Instructions) Executive Management	9 Employer (See Instructions)
--	-------------------------------

Date 6-2-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen ; Lajuana Roth	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 6118 Country Club Dr. Victoria, TX. 77904		

Principal occupation / Job title (See Instructions) Developer	Employer (See Instructions)
---	-----------------------------

Date 6-2-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly ; Patricia Park	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 404 Kelly Dr. Victoria, TX. 77904		

Principal occupation / Job title (See Instructions) Banker	Employer (See Instructions)
--	-----------------------------

Date 6-2-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale Hunt	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 204 Willow Way Victoria, TX. 77904		

Principal occupation / Job title (See Instructions) CPA	Employer (See Instructions)
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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:
2 FILER NAME Duane G. Crocker		3 Filer ID (Ethics Commission Filers)
4 Date 6-2-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baltic Enterprises LLC	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 4002 N. Main St., Ste 400 Victoria, TX. 77901		
8 Principal occupation / Job title (See Instructions) Self-employed / Real Estate Development		9 Employer (See Instructions)
Date 6-2-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John D. Handley ; Melody Handley	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 801 N. Washington St. Victoria, TX. 77901		
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions)
Date 6-2-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny Vivian Photography	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 121 S. Main Victoria, Tx. 77901		
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions)
Date 6-2-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Stofor	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 2408 N. Wheeler Victoria, TX. 77901		
Principal occupation / Job title (See Instructions) Attorney		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.		