

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filter ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Duane	MI G.
	NICKNAME	LAST Crocker	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE
	P.O. Box 2661 Victoria, Tx. 77902		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	676-2737	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jeffrey	MI S.
	NICKNAME Jeff	LAST Warner	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	304 Chama Dr. Victoria, Tx. 77904		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	572-4245	
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	THROUGH	Month Day Year
	6 / 03 / 2021		6 / 24 / 2021
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
	7 / 3 / 2021		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		City Council, District 3	
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 Duane G. Crocker 16 Filer ID (Ethics Commission Filers)

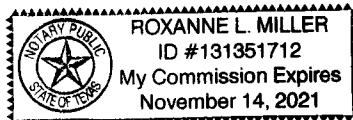
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,149
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,780.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,088.28
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.

[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 25th day of June, 2021, to certify which, witness my hand and seal of office.

[Signature] 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)

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 6-3-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phil or Geri Schroeder	7 Amount of contribution (\$) \$ 50.00
6 Contributor address; City; State; Zip Code 6004 Country Club Dr. Victoria, Tx. 77904		
8 Principal occupation / Job title (See Instructions) Construction Business Owner/Banker		9 Employer (See Instructions)
Date 6-3-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim West	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code P.O. Box 5026 Victoria, Tx. 77903		
Principal occupation / Job title (See Instructions) Oil & Gas Industry		Employer (See Instructions)
Date 6-3-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erich or Sandra Heindold	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 101 Turtle Rock Drive Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 6-3-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Meacham	Amount of contribution (\$) \$ 150.00
Contributor address; City; State; Zip Code 1406 N. Glass Victoria, Tx. 77901		
Principal occupation / Job title (See Instructions) Financial Advisor		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: 14
2 FILER NAME Duane G. Crocker		3 Filer ID (Ethics Commission Filers)
4 Date 6-3-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon R. New	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code P.O. Box 1247 Victoria, Tx. 77902		
8 Principal occupation / Job title (See Instructions) Petroleum Marketing		9 Employer (See Instructions)
Date 6-3-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David or Paula Robinson	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code P.O. Box 2425 Victoria, Tx. 77902		
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions)
Date 6-3-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christa N. Donoghue	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code P.O. Box 3190 Victoria, Tx. 77903		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 6-3-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron S. Muegge	Amount of contribution (\$) \$ 300.00
Contributor address; City; State; Zip Code 203 Masters Dr. Victoria, Tx. 77904		
Principal occupation / Job title (See Instructions) Dentist		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 6-4-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfred A. Kopecky, M.D.	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 112 Hollywood Blvd. Victoria, TX. 77904		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 6-4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston P. Sterne, DDS	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2506 E. Mockingbird Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 6-4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy F. Janssen	Amount of contribution (\$) \$499.00
Contributor address; City; State; Zip Code 6121 Country Club Dr. Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Oil & Gas Business Owner		Employer (See Instructions)
Date 6-4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trey & Molly Rauschhaupt, III	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6028 Country Club Dr. Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Rancher		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 6-4-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick A. Cullen	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code P.O. Box 2938 Victoria, Tx. 77902		

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

Date 6-4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanie Bauer	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 104 Tampa Dr. Victoria, Tx. 77904		

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

Date 6-4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Morris Roberts	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 301 Champions Row Victoria, Tx. 77904		

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

Date 6-4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Swearingen; Dixie	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 203 Leisure Lane Victoria, Tx. 77904		

Principal occupation / Job title (See Instructions) Realtor	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

6-4-21

5 Full name of contributor

Cindy Burris

out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

305 Leisure Ln.
Victoria, TX. 77904

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

6-4-21

Full name of contributor

James S. Kiening, III

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

606 Champions Row
Victoria, TX. 77904

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Business Owner - Pest Exterminator

Employer (See Instructions)

Date

6-4-21

Full name of contributor

Bruce^{& Vicki} M. Bauknight, M.D.

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

6123 Country Club Dr.
Victoria, TX. 77904

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Date

6-4-21

Full name of contributor

John E. Zacek

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

46 Bonbaw Rd.
Inez, TX. 77968

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Exec. Banking Mgmt.

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 6-4-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey & Sabrina Roth	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 6039 Country Club Victoria, TX. 77904		
8 Principal occupation / Job title (See Instructions) Construction		9 Employer (See Instructions)
Date 6-4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William R. Blanchard	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 408 Tampa Rd. Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 6-4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles & Krista Meisner	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 102 Pebble Brook Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Reactor		Employer (See Instructions)
Date 6-4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael & Audra Garvel	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 83 Shannon Valley Dr. Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Electrical Contractor		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 6-9-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole Easley Cole ; Sciba, LLC	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 302 W. Forrest St. Victoria, Tx. 77901		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 6-9-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George ; Debra Boorzalis	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 810 Champions Row Victoria, Tx. 77904		
Principal occupation / Job title (See Instructions) OPHTHALMOLOGIST		Employer (See Instructions)
Date 6-9-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. ; Mrs. Paul Guthrie	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 35 Meadowview Victoria, Tx. 77904		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 6-9-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George or Connie Filley	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 214 S. Main St. Victoria, Tx. 77902-8121		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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 6-9-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela Pozzi	7 Amount of contribution (\$) \$ 50.00
6 Contributor address; City; State; Zip Code 203 Lamorak St. Victoria, TX. 77904		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 6-9-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron & Linda Seerden	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 811 Champions Row Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 6-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel & Spencer Klotzman	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 2301 N. Wheeler St. Victoria, TX. 77901		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 6-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajesh Panchal	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 6603 NE Zac Lertz Pkwy. Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Hotel Industry		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 6-10-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Teinert	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 5107 John Stockbauer Dr. Victoria, TX. 77904		
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions)
Date 6-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard & Cathy Marek	Amount of contribution (\$) \$ 150.00
Contributor address; City; State; Zip Code 119 Newport Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Attorney / Accountant		Employer (See Instructions)
Date 6-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall & Pamela Price	Amount of contribution (\$) \$ 400.00
Contributor address; City; State; Zip Code 329 Park Lane Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Banking		Employer (See Instructions)
Date 6-11-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim & Jennifer Hartman	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 310 CreekrIDGE Dr. Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Communications		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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 6-11-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton Redman	7 Amount of contribution (\$) \$ 40.00
6 Contributor address; City; State; Zip Code 5506 Country Club Dr. #3 Victoria, TX. 77904		
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions)
Date 6-15-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrace Enterprises, LLC	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 4002 N. Main #400 Victoria, TX. 77901		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)
Date 6-15-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troy Tucker	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 6038 Country Club Dr. Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Oil & Gas Executive		Employer (See Instructions)
Date 6-15-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernan Tejera & Denise M'Cue	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code P.O. Box 2449 Victoria, TX. 77902		
Principal occupation / Job title (See Instructions) Real Estate		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 6-15-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Schurtz ; Mary Jane Shurtz	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 404 Woodway Dr. Victoria, TX. 77904		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 6-16-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byron & Naomi Cumberland	Amount of contribution (\$) \$ 2,500.00
Contributor address; City; State; Zip Code 1807 E. Warren Ave. Victoria, TX. 77901		
Principal occupation / Job title (See Instructions) B Internet Service Provider		Employer (See Instructions)
Date 6-16-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas & Tami Burdge	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 101 Willow Way Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Business Owner / Industrial Cleaning		Employer (See Instructions)
Date 6-21-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe or Cathy Whitley	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 108 Woodcreek Cir Victoria, TX. 77904 - 1153		
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 6-21-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth or Betty Vickers 6 Contributor address; City; State; Zip Code 6105 Country Club Dr. Victoria, TX. 77904	7 Amount of contribution (\$) \$ 150.00
8 Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions)
Date 6-21-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike & Anna Rippamonti Contributor address; City; State; Zip Code 202 Banbury Ln. Victoria, TX. 77904	Amount of contribution (\$) \$ 300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 6-21-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarin & Melissa Bales Contributor address; City; State; Zip Code P.O. Box 106 Victoria, TX. 77902	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions)
Date 6-21-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis D' Connor Howitt Contributor address; City; State; Zip Code P.O. Box 400 Victoria, TX. 77902	Amount of contribution (\$) \$ 1,000.00
Principal occupation / Job title (See Instructions) Rancher & Oil & Gas Interest		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 6-22-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn : Claire Hallett	7 Amount of contribution (\$) \$ 60.00
6 Contributor address; City; State; Zip Code 310 Woodridge Victoria, TX. 77904		
8 Principal occupation / Job title (See Instructions) Police Office - The State Police		9 Employer (See Instructions)
Date 6-22-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byron Burris	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 115 Medical Drive, Ste. 100 Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Healthcare Management		Employer (See Instructions)
Date 6-22-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori Burris	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 115 Medical Drive, Ste. 100... Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Healthcare Management		Employer (See Instructions)
Date 6-22-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quint Burris	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 115 Medical Drive, Ste. 100 Victoria, TX. 77904		
Principal occupation / Job title (See Instructions) Healthcare Management		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 6-24-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnie Galvan	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 4611 E. Airline Rd., Ste 300 Victoria, Tx. 77904.		
8 Principal occupation / Job title (See Instructions) Engineer		9 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)
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)
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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 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 Duane Crocker	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------------------------------	---------------------------------------

4 Date 6-4-21	5 Payee name Lamar Advertising
-------------------------	--

6 Amount (\$) \$1,500.00	7 Payee address; P.O. Box 96030 Baton Rouge, LA, 70896	City;	State;	Zip Code
------------------------------------	--	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Digital Billboard
	(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 6-4-21	Payee name UPS Store
-----------------------	--------------------------------

Amount (\$) \$405.95	Payee address; 8806 N. Navarro St., Ste 600 Victoria, TX. 77904	City;	State;	Zip Code
--------------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Door Hangers
	<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 6-11-21	Payee name UPS Store
------------------------	--------------------------------

Amount (\$) \$1,162.69	Payee address; 8806 N. Navarro St., Ste 600 Victoria, Tx. 77904	City;	State;	Zip Code
----------------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising / Postage Printing Expense	Description Flyers : Signs
	<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

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	Solidation/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		3 Filer ID (Ethics Commission Filers)	
4 Date 6-11-21		5 Payee name Watermark Creative Ideas			
6 Amount (\$) \$649.50		7 Payee address; City; State; Zip Code 9201 US Hwy. 59N Victoria, Tx. 77905			
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 6-15-21		Payee name Victoria Advocate			
Amount (\$) \$1990.00		Payee address; City; State; Zip Code 101 W. Goodwin Ave. Ste. 1200 Victoria, Tx. 77901			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Printing : Digital		
	<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 (\$)		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

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 6.12.21	5 Payee name Tractor Supply	
6 Amount (\$) 72.57 <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
	(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	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 <u>ONLY</u> 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 <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