

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) 00087904 | 2 Total pages filed: 19 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Brian M. | MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/16/2024 |
| | NICKNAME | LAST Cromeens | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 119 North Esplanade Street Cuero, TX 77954 | | ZIP CODE | Date Hand-delivered or Date Postmarked |
| | | | Receipt # | Amount |
| | | | Date Processed | |
| | | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs. | FIRST Maggie J. | MI | |
| | NICKNAME | LAST Cromeens | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 119 North Esplanade Street Cuero, TX 77954 | | | |
| | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (210) | PHONE NUMBER 355-8865 | EXTENSION | |
| 8 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) | | | |
| 9 PERIOD COVERED | Month Day Year 07/01/2023 | THROUGH | | Month Day Year 12/31/2023 |
| 10 ELECTION | ELECTION DATE Month Day Year 03/05/2024 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |
| | | | | |
| 11 OFFICE | OFFICE HELD (if any) None | | 12 OFFICE SOUGHT (if known) District Attorney District 24TH | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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| | |
|--|---|
| 13 C / OH NAME Cromeens, Brian M. (Mr.) | 14 Filer ID (Ethics Commission Filers) 00087904 |
|--|---|

| | | |
|---|--|---|
| 15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | |
| | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/> |

| | | | |
|--------------------------------|---|----|-----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 8,120.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 8,611.56 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 24,508.44 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 25,000.00 |

17 AFFIDAVIT

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.

Mr. Brian M. Cromeens

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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| | | |
|--|---|---|
| 18 FILER NAME Cromeens, Brian M. (Mr.) | | 19 Filer ID (Ethics Commission Filers) 00087904 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 8,120.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 25,000.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 8,611.56 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/19 |
| 2 FILER NAME Cromeens, Brian M. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00087904 |
| 4 Date 09/25/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burwell, Paddy (Mr.) 6 Contributor address; City; State; Zip Code Westoff, TX 77994 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Self |
| Date 09/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecilia Hedrick d/b/a Be. Contributor address; City; State; Zip Code Cuero, TX 77954 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/11/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cromeens, Maggie Contributor address; City; State; Zip Code Cuero, TX 77954 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gohmert, Lindy (Ms.) Contributor address; City; State; Zip Code Cuero, TX 77954 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gossett, Sarah (Mrs.) Contributor address; City; State; Zip Code Cuero, TX 77954 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) A Special Stitch |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/19 |
| 2 FILER NAME Cromeens, Brian M. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00087904 |
| 4 Date 09/27/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hedrick, James B. (Mr.) | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Cuero, TX 77954 | | |
| 8 Principal occupation / Job title (See Instructions) Manager | | 9 Employer (See Instructions) South Texas Electrical Cooperative |
| Date 09/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holm, Brendan (Mr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Victoria, TX 77904 | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Cullen Law Firm |
| Date 09/11/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Hill PC | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78216 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangel, John (Mr.) | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Cuero, TX 77954 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Self |
| Date 11/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Denise | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Cuero, TX 77954 | | |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) McMahan Services |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/19 |
| 2 FILER NAME Cromeens, Brian M. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00087904 |
| 4 Date 12/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicksic, Torrence <hr/> 6 Contributor address; City; State; Zip Code Stuart, FL 34997-5800 | 7 Amount of Contribution (\$) \$3,000.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Self |
| Date 11/07/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philipy-Dollins, Mary Jane (Ms.) <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Nurse | | Employer (See Instructions) Unemployed |
| Date 10/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritthaler, Walter (Mr.) <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45237 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Self |
| Date 09/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thibodeaux, Diana (Mrs.) <hr/> Contributor address; City; State; Zip Code Cuero, TX 77954 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Paralegal | | Employer (See Instructions) Kenneth M. Odom, Attorney at Law |
| Date 12/07/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villafranca, Neftali (Mr.) <hr/> Contributor address; City; State; Zip Code Victoria, TX 77901 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Villafranca & Villafranca, P.C. |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/19 |
| 2 FILER NAME Cromeens, Brian M. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00087904 |
| 4 Date 10/03/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Benjamin (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78729 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Self |

LOANS

SCHEDULE E

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 8/19 |
| 2 FILER NAME Cromeens, Brian M. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00087904 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 08/26/2023 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Cromeens, Brian | 9 Loan Amount (\$) \$25,000.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code Cuero, TX 77954 | 10 Interest Rate 0 |
| | | 11 Maturity Date 01/01/2028 |
| 12 Principal occupation / Job title (See Instructions) Attorney | | 13 Employer (See Instructions) Self |
| 14 Description of Collateral <input checked="" type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | |
| | 18 Guarantor address; City; State; Zip Code | |
| 19 Amount Guaranteed (\$) | | |
| 20 Principal occupation | | 21 Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 1/11 Rpt: 9/19 | 2 FILER NAME Cromeens, Brian M. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00087904 |
| 4 Date 10/13/2023 | 5 Payee name A Special Stitch | |
| 6 Amount (\$) \$184.15 | 7 Payee address; City; State; Zip Code 106 East Main Cuero, TX 77954 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 CAMPAIGN SHIRTS |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/16/2023 | Payee name Abuelita's | |
| Amount (\$) \$95.30 | Payee address; City; State; Zip Code 440 North Mehnert Street Yorktown, TX 78164 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Yorktown Coffee Event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/11/2023 | Payee name Agave Jalisco | |
| Amount (\$) \$181.86 | Payee address; City; State; Zip Code 951 West Main Street Yorktown, TX 78164 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Yorktown Coffee Event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 2/11 Rpt: 10/19 | 2 FILER NAME Cromeens, Brian M. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00087904 |
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| | |
|-----------------------------|------------------------------------|
| 4 Date 09/11/2023 | 5 Payee name Anedot Inc. |
|-----------------------------|------------------------------------|

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| 6 Amount (\$) \$1.10 | 7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cromeens/Transaction fee |
|---------------------------------|---|--|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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| Date 09/11/2023 | Payee name Anedot Inc. |
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| Amount (\$) \$4.30 | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Holm/Processing Fee |
|-------------------------------|---|---|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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| Date 09/25/2023 | Payee name Anedot Inc. |
|--------------------|---------------------------|

| | |
|------------------------|--|
| Amount (\$) \$40.30 | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 |
|------------------------|--|

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|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gossett/Filing Fee |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 3/11 Rpt: 11/19 | 2 FILER NAME Cromeens, Brian M. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00087904 |
| 4 Date 09/28/2023 | 5 Payee name Anedot Inc. | |
| 6 Amount (\$) \$4.30 | 7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Williams/Processing Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/20/2023 | Payee name Anedot Inc. | |
| Amount (\$) \$4.30 | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ritthaller/Processing Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/03/2023 | Payee name Anedot Inc. | |
| Amount (\$) \$40.30 | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Philipy-Dollins/Processing Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 4/11 Rpt: 12/19 | 2 FILER NAME Cromeens, Brian M. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00087904 |
| 4 Date 12/15/2023 | 5 Payee name Bahnhof Cafe | |
| 6 Amount (\$) \$240.00 | 7 Payee address; City; State; Zip Code 213 West Main Street Cuero, TX 77954 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 Lunch Event/Sign Distribution Party |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/11/2023 | Payee name Building Brands Marketing | |
| Amount (\$) \$1,221.97 | Payee address; City; State; Zip Code 120 S Main St Victoria, TX 77901 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 Website Creation/Creation of Social Media Page |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/05/2023 | Payee name Building Brands Marketing | |
| Amount (\$) \$29.00 | Payee address; City; State; Zip Code 120 S Main St Victoria, TX 77901 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 5/11 Rpt: 13/19 | 2 FILER NAME Cromeens, Brian M. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00087904 |
| 4 Date 09/25/2023 | 5 Payee name Chisholm Trail Heritage Museum | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 302 North Esplanade Street Cuero, TX 77954 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 Kick-off event/Venue rental |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/26/2023 | Payee name Cuero Pecan House | |
| Amount (\$) \$243.56 | Payee address; City; State; Zip Code 104 W South Railroad St Cuero, TX 77954 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 KICK OFF FOOD |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/08/2023 | Payee name Deborah's Kitchen Table | |
| Amount (\$) \$165.00 | Payee address; City; State; Zip Code 244 S Commercial St Goliad, TX 77963 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Goliad Coffee Event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 6/11 Rpt: 14/19 | 2 FILER NAME Cromeens, Brian M. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00087904 |
| 4 Date 09/20/2023 | 5 Payee name Dukate, Jean (Mr.) | |
| 6 Amount (\$) \$50.00 | 7 Payee address; City; State; Zip Code 4601 Brookwoods Houston, TX 77902 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 Sign Graphic Design/Email Mailer Preparation |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/19/2023 | Payee name Dukate, Jean (Mr.) | |
| Amount (\$) \$60.00 | Payee address; City; State; Zip Code 4601 Brookwoods Houston, TX 77902 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Campaign Emails |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/25/2023 | Payee name Exibix, Inc. | |
| Amount (\$) \$43.30 | Payee address; City; State; Zip Code 1908 N. Esplanade Cuero, TX 77954 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 Banner |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 7/11 Rpt: 15/19 | 2 FILER NAME Cromeens, Brian M. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00087904 |
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| 4 Date 10/12/2023 | 5 Payee name Exibix, Inc. |
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| 6 Amount (\$) \$70.36 | 7 Payee address; City; State; Zip Code 1908 N. Esplanade Cuero, TX 77954 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 Vehicle MAGNET SIGNS |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 10/11/2023 | Payee name H & H Cafe & Bakery Inc |
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| Amount (\$) \$37.16 | Payee address; City; State; Zip Code 719 Lott Street Yoakum, TX 77995 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 COFFEE Event |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 12/13/2023 | Payee name H & H Cafe & Bakery Inc |
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| Amount (\$) \$190.00 | Payee address; City; State; Zip Code 719 Lott Street Yoakum, TX 77995 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Yoakum Coffee Event |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|----------|--|--|--|---------------|---|
| 1 | Total pages Schedule F1: Sch: 8/11 Rpt: 16/19 | 2 | FILER NAME Cromeens, Brian M. (Mr.) | 3 | Filer ID (Ethics Commission Filers) 00087904 |
| 4 | Date 12/07/2023 | 5 | Payee name Houston Sign Company | | |
| 6 | Amount (\$) \$2,209.28 | 7 | Payee address; City; State; Zip Code 5801 Chimney Rock Road Houston, TX 77081 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 Campaign Signs | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 12/28/2023 | | Payee name Houston Sign Company | | |
| | Amount (\$) \$500.00 | | Payee address; City; State; Zip Code 5801 Chimney Rock Rd Houston, TX 77081 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 Campaign Signs | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 10/06/2023 | | Payee name La Ribera | | |
| | Amount (\$) \$30.03 | | Payee address; City; State; Zip Code 428 N. Alamo Street Refugio, TX 78377 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 COFFEE Event | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 9/11 Rpt: 17/19 | 2 FILER NAME Cromeens, Brian M. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00087904 |
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| 4 Date 09/26/2023 | 5 Payee name McAlister Sweet Shop |
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| 6 Amount (\$) \$105.00 | 7 Payee address; City; State; Zip Code 201 N Hunt St Cuero, TX 77954 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 Kick-off Cookies |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 10/20/2023 | Payee name Patrick Fortner d/b/a F2 Consulting |
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| Amount (\$) \$625.00 | Payee address; City; State; Zip Code 8308 Evelina Trail Austin, TX 78237 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 Social Media Management |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 10/30/2023 | Payee name Patrick Fortner d/b/a F2 Consulting |
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| Amount (\$) \$125.00 | Payee address; City; State; Zip Code 8308 Evelina Trail Austin, TX 78237 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 Social Media Management |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 10/11 Rpt: 18/19 | 2 FILER NAME Cromeens, Brian M. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00087904 |
| 4 Date 11/21/2023 | 5 Payee name Republican Party of Texas | |
| 6 Amount (\$) \$1,250.00 | 7 Payee address; City; State; Zip Code 211 East 7th Street Suite No. 620 Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FILING FEE |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/25/2023 | Payee name Standard Printing | |
| Amount (\$) \$95.26 | Payee address; City; State; Zip Code 111 E Church St Cuero, TX 77954 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 CAMPAIGN CARDS |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/11/2023 | Payee name Standard Printing | |
| Amount (\$) \$6.90 | Payee address; City; State; Zip Code 111 E Church St Cuero, TX 77954 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 CAMPAIGN Cards |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 11/11 Rpt: 19/19 | 2 FILER NAME Cromeens, Brian M. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00087904 |
| 4 Date 11/10/2023 | 5 Payee name Standard Printing | |
| 6 Amount (\$) \$95.26 | 7 Payee address; City; State; Zip Code 111 E Church St Cuero, TX 77954 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 CAMPAIGN CARDS |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2023 | Payee name The UPS Store | |
| Amount (\$) \$37.16 | Payee address; City; State; Zip Code 8806 North Navarro Street Victoria, TX 77904 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) SHIPPING 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 Filing Fee Mailing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/05/2023 | Payee name Wanda's Restaurant | |
| Amount (\$) \$126.41 | Payee address; City; State; Zip Code 352 W Pearl St Goliad, TX 77963 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) 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 COFFEE Event |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |