CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00087904	sion Filers)	2 Total pages	filed: 19
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER	Mr.	Brian M.			OFFICE	USE ONLY
NAME	1111.	Bhan M.			Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	01/16/2024	
		Cromeens		0011.00		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	119 North Esplanade Stree	et				
ADDRESS					Receipt #	Amount
Change of Address	Cuero, TX 77954					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Maggie J.				
	NICKNAME			SUFFIX		
	NICKNAME	LAST		SUFFIX		
		Cromeens				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	ST	TATE; ZIP CODE
TREASURER ADDRESS	119 North Esplanade Stree	et				
(Residence or Business)	Cuero, TX 77954					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER	(210) 355-8865					
PHONE	(210) 333-0003					
8 REPORT TYPE	X January 15	30th day before		Runoff	1 15th day after a	ampaign treasurer
	X January 15	Sour day belore		Kulloli		fficeholder only)
	July 15	8th day before	election	Exceeded modified	Final Report (A	ttach C/OH-FR)
		_		reporting limit	1	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TF	IROUGH	12/31/2023		
	07/01/2023			12/31/2023)	
		i				
10 ELECTION	ELECTION DATE					
	Month Day Year	XP	rimary	Runoff	Other	
	03/05/2024	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	None			District Attorney [
	None				5151161 24111	
	GO TO PAGE 2					
Forms provided by Te	xas Ethics Commission	www.et	hics.state.tx.us	6	Ve	rsion V3.5.1.0bfcfb67

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2** 2 of 19

FROM	candidate / officeholder.	olitical contributions accepted or political expenditur These expenditures may have been made without th		nmittees to support the
		officeholders are required to report this information	only if they receive notion	older's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS))	\$ 8,120.00
EXPENDITURE TOTALS				\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES			\$ 8,611.56
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	ST DAY OF THE	\$ 24,508.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS O TING PERIOD	OF THE LAST DAY	\$ 25,000.00
17 AFFIDAVIT				-
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.		
		Mr. Bri	ian M. Cromeens	
		Signature of C	Candidate or Officehold	er
AFFIX NOTA	ARY STAMP / SEAL ABO	DVE		
Sworn to and subscr	ibed before me, by the sa	id	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of office.		
Signature of office	-	Printed name of officer administering www.ethics.state.tx.us		administering oath Version V3.5.1.0bfcfb67

SU	BT	OTALS - C/OH	C		FORM C/OH SHEET PG 3 3 of 19
18 FILE		иЕ s, Brian M. (Mr.)	19 Filer ID 00087904	(Ethics (Commission Filers)
		E SUBTOTALS SCHEDULE		SU	BTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,120.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	Х	SCHEDULE E: LOANS		\$	25,000.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	8,611.56
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINES	S OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	S RETURNED	\$	

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	2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)	
	Cromeens, E	omeens, Brian M. (Mr.)				00087904	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/25/2023	Burwell, Paddy (Mr.)					\$100.00
		6 Contributor address; City; State; Zip Code			1		
		Westoff, TX 77994					
8		pation / Job title (See Instructions))	9 Employer (See Instructions	5)		
	Retired			Self			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/27/2023	Cecilia Hedrick d/b/a Be.					\$250.00
		Contributor address; City; Sta	ate; Zip Code		1		
		Cuero, TX 77954					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/11/2023	Cromeens, Maggie					\$20.00
		Contributor address; City; Sta					
		Output TV 77054					
⊢	<u> </u>	Cuero, TX 77954			Ĺ		
	Principal occu Director	pation / Job title (See Instructions))	Employer (See Instructions		vration	
	Director			Cuero Development Co	ipc		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/27/2023	Gohmert, Lindy (Ms.)					\$100.00
		Contributor address; City; Sta	ate; Zip Code				
		Cuero, TX 77954					
L	Drinoinal agou	pation / Job title (See Instructions)	A	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions,)	Employer (See Instructions	5)		
╘					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	#1 000 00
	09/27/2023	Gossett, Sarah (Mrs.)					\$1,000.00
		Contributor address; City; Sta	ate; Zip Code				
		Cuero, TX 77954					
⊢	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u> </u> ເ)		
	Owner		,	A Special Stitch	~)		
⊢	201						

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruct	ion Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/19	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Cromeens, Bri	an M. (Mr.)		00087904
4 Date 5	Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
09/27/2023	Hedrick, James B. (Mr.)		\$250.00
6	Contributor address; City; State; Zip Code		
	Cuero, TX 77954		
8 Principal occupa	tion / Job title (See Instructions)	9 Employer (See Instructions	s)
Manager		South Texas Electrical C	Cooperative
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/13/2023	Holm, Brendan (Mr.)		\$100.00
	Victoria, TX 77904		
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructions	5)
Attorney		Cullen Law Firm	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/11/2023	Justin Hill PC		\$1,000.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78216		
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructions	s)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/27/2023	Mangel, John (Mr.)		\$50.00
	Contributor address; City; State; Zip Code		
	Cuero, TX 77954		
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/03/2023	McMahan, Denise		\$500.00
	Contributor address; City; State; Zip Code		
	Cuero, TX 77954		
	tion / Job title (See Instructions)	Employer (See Instructions	
Owner		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	E			Filer ID (Ethics Commissio	on Filers)
	Cromeens, E	Brian M. (Mr.)			00087904	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/15/2023	Nicksic, Torrence				\$3,000.00
		6 Contributor address; City; State; Zip Code		1		
		Stuart, FL 34997-5800				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Self			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/07/2023	Philipy-Dollins, Mary Jane (Ms.)				\$1,000.00
		Contributor address; City; State; Zip Code		ł		
		Driftwood, TX 78619				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse		Unemployed			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/04/2023	Ritthaler, Walter (Mr.)				\$100.00
		Contributor address; City; State; Zip Code		ł		
		Cincinnati, OH 45237				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Self			
⊢	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/27/2023	Thibodeaux, Diana (Mrs.)	/		/ who are of 2 = 1 = 1 = 1 = 1 = 1 = 1 = 1	\$50.00
	00,2.,	Contributor address; City; State; Zip Code		ł		+
		כטוונווטענטו מעטופיז, כונץ, זומוב, בוף כסמכ				
		Cuero, TX 77954				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Paralegal		Kenneth M. Odom, Atto		ey at Law	
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Г	Amount of Contribution (\$)	
	12/07/2023	Villafranca, Neftali (Mr.)	/		Allount of Contribution (*)	\$500.00
	12/01/2020			ł		4000.00
		Contributor address; City; State; Zip Code				
		Victoria, TX 77901				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Attorney		Villafranca & Villafranca		.C.	
┝				.,		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/19
2	FILER NAME Cromeens, E	Brian M. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087904
4	Date 10/03/2023	 5 Full name of contributor out-of-state PAC (ID#: Williams, Benjamin (Mr.) 6 Contributor address; City; State; Zip Code 	7 Amount of Contribution (\$) \$100.00	
8	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)	9 Employer (See Instructions))
	Attorney		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 7 Name of lender out-of-state PAC (ID#: 08/26/2023 Cromeens, Brian) 9 Loan Amount (\$) \$25,000.00
6 Is lender a financial institution? No 8 Lender address; City; State; Zip Code	10 Interest Rate 0 11 Maturity Date
Cuero, TX 77954	01/01/2028
12 Principal occupation / Job title (See Instructions) 13 Employer (See Self Attorney Self	e Instructions)
14 Description of Collateral 15 Check if person X None X	nal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)
X not applicable 18 Guarantor address; City; State; Zip Code	
20 Principal occupation 21 Employer (See	e Instructions)

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Office Ove Polling Ex Expense Printing Ex	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	ILER NAME			3 Filer ID (Ethics Commission Filers)	
	Sch: 1/11 Rpt: 9/19	Cromeens, Brian M. (Mr.)			00087904	
4	Date	Payee name		•		
	10/13/2023	A Special Stitch				
6	Amount (\$)	Payee address; City;	State; Zip Co	de		
	\$184.15	L06 East Main				
		Cuero, TX 77954				
8	PURPOSE	Category (See Categories listed at the	e top of this schedule)	(b) Description		
	OF EXPENDITURE	Solicitation/Fundraising Expe	ense		outside of Texas. Complete Schedule T. TX, officeholder living expense	
				CAMPAIGN S		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sou	ght	Office held	
	Date	Payee name				
	10/16/2023	Abuelita's				
	Amount (\$)	Payee address; City;	State; Zip Co	de		
	\$95.30	140 North Mehnert Street				
		Yorktown, TX 78164				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the Food/Beverage Expense	e top of this schedule)		butside of Texas. Complete Schedule T. TX, officeholder living expense fee Event	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sou	ght	Office held	
	Date	Payee name				
	12/11/2023	Agave Jalisco				
	Amount (\$)	Payee address; City;	State; Zip Co	de		
	\$181.86	951 West Main Street	•			
		Yorktown, TX 78164				
	PURPOSE OF	Category (See Categories listed at the	e top of this schedule)	(b) Description	nutside of Towas, Complete Saturbits T	
	EXPENDITURE	Food/Beverage Expense			outside of Texas. Complete Schedule T. TX, officeholder living expense	
				Yorktown Cof		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sou	ght	Office held	

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 2/11 Rpt: 10/19	Cromeens, Brian M. (Mr.)	00087904			
4	Date 09/11/2023	Payee name Anedot Inc.				
6	Amount (\$) \$1.10	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense INSACTION fee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	09/11/2023	Anedot Inc.				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$4.30	1340 Poydras Street				
		Suite 1770				
		New Orleans, LA 70112				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ing Fee			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	09/25/2023	Anedot Inc.				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$40.30	1340 Poydras Street				
		Suite 1770				
		New Orleans, LA 70112				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Exp Fees Food/Beve Gift/Awarc nmittee Legal Sen	Event Expense Loan Repayment/Reimbursement					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 3/11 Rpt: 11/19		Cromeens, Brian M. (Mr.) 00087904								
4	Date	5	Payee name								
	09/28/2023		Anedot Inc.								
6	Amount (\$)	7	Payee address;	City; State;	Zip Co	de					
	\$4.30		1340 Poydras Stre	et							
			Suite 1770								
			New Orleans, LA 7	0112							
8	PURPOSE					(b) Description					
°	OF	(a)		ies listed at the top of this sch	edule)	(b) Description	outsi	de of Texas. Com	nlete Schedule T		
	EXPENDITURE		Accounting/Bankin	y				officeholder living			
						Williams/Pro	ces	sing Fee			
								•			
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH							Office he	ld		
	Date		Payee name								
	10/20/2023		Anedot Inc.								
	Amount (\$)	Amount (\$) Payee address; City; State; Zip Code									
	\$4.30		1340 Poydras Stre		p 00						
	φ4.00		-	Cl							
			Suite 1770								
			New Orleans, LA 7	0112							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categor Accounting/Bankin	ies listed at the top of this scho g	edule)		, TX,	de of Texas. Comp officeholder living SSING Fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholde	r name C	Office sou	ght		Office he	ld		
	Date		Payee name								
	11/03/2023		Anedot Inc.								
	Amount (\$)		Payee address;	City; State;	Zip Co	de					
	\$40.30		1340 Poydras Stre	-	2.0 00						
	φ+0.00		Suite 1770								
			New Orleans, LA 7	0112							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categor Accounting/Bankin	ies listed at the top of this scho g	edule)		, TX,	de of Texas. Comp officeholder living Processing Fe	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholde	r name C	Office sou	ght		Office he	ld		

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F C mmittee L	Event Expense Fees Food/Beverage Expe Sift/Awards/Memoria Legal Services The Instruction C	nse Is Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	aymen rhead bense pense (ages/	t/Reimbursement /Rental Expense Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/11 Rpt: 12/19			Brian M. (Mr.)						00087904		
4	Date	5	Payee name									
	12/15/2023		Bahnhof Caf	e								
6	Amount (\$)	7	Payee address	s; City;	State;	; Zip Co	de					
	\$240.00		213 West Ma	ain Street								
			Cuero, TX 7	7954								
8	PURPOSE			e Categories listed at	the test of this coh	ار با م	(b)	Description				
	OF		Event Expen		the top of this sur	ieauie)	(,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder living	expense	
								Lunch Event/	'Sig	n Distributio	n Party	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	09/11/2023		Building Brai	nds Marketing								
	Amount (\$)	⊢	Payee address	s; City;	State;	; Zip Co	de					
\$1,221.97 120 S Main St												
			Victoria, TX	77901						_		
	PURPOSE	(a)	Category (See	e Categories listed at	the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Advertising E	Expense						de of Texas. Com		
										X, officeholder living expense on/Creation of Social Media Page		
								WEDSILE CIED	tio	Il/Citation o	1 SUcial Mieula r aye	
	Complete ONLY if direct		Candidate/Offic	aboldor namo		Office sou	ught Office held					
	expenditure to benefit C/OF		Janunaio, Omo			שיים שיים שיים שיים שיים שיים שיים שיים	yn			Onice ne		
		—										
	Date		Payee name	ada Markating								
	12/05/2023		-	nds Marketing								
	Amount (\$)		Payee address		State;	; Zip Co	de					
	\$29.00		120 S Main S	St								
			Victoria, TX	77901								
	PURPOSE	(a)	Category (See	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees							de of Texas. Com		
								Website Host		officeholder living	expense	
									ung	FEE		
	Complete ONIL V if direct	Ľ	Candidate/Offic	abaldar nama			abt			Office he		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januluale/Offic	enolder name	(Office sou	gnt			Office ne	210	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhaed/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gitf/Awards/Memorials Expense Printing Expense Travel Out of District							
	1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Comm								
 *									
	Sch: 5/11 Rpt: 13/19	Cromeens, Brian M. (Mr.) 00087904							
4	Date	5 Payee name							
	09/25/2023	Chisholm Trail Heritage Museum							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
_	\$500.00	302 North Esplanade Street							
	\$500.00								
		Cuero, TX 77954							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
		Event Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Kick-off event/Venue rental							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
-	Data								
	Date	Payee name							
	09/26/2023 Cuero Pecan House								
	Amount (\$) Payee address; City; State; Zip Code								
	\$243.56 104 W South Railroad St								
		Cuero, TX 77954							
	DUDDOCE								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.							
		KICK OFF FOOD							
L	Operation ONUNC for the st								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	11/08/2023	Deborah's Kitchen Table							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$165.00	244 S Commercial St							
	Φ105.00								
		Goliad, TX 77963							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Goliad Coffee Event							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Fees Office Overhead/Rental Expense Tr. Food/Beverage Expense Polling Expense Tr. - Gitt/Awards/Memorials Expense Printing Expense Tr.					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	F1: 2 FILER NAME 3 Filer ID (Ethics Cor								Ethics Commission Filer	s)		
	Sch: 6/11 Rpt: 14/19		Cromeens, Brian M. (Mr.) 00087904										
4	Date	5	Payee name										
	09/20/2023		Dukate, Jean (Mr.)										
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	le						
	\$50.00		4601 Brook	woods									
			Houston, T	X 77902									
8	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	edule)	(b) Desc	ription					
	OF EXPENDITURE		Advertising	Expense						de of Texas. Co			
										officeholder liv		iler Preperation	
							Sigh	Graphic	De	sign/Emai			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	iceholder name	C	Dffice sou	ht			Office	held		
	Date		Payee name										
	10/19/2023		Dukate, Jea										
_	Amount (\$) Payee address; City; State; Zip Code												
	\$60.00 \$601 Brookwoods												
	\$00.00		4001 DIOON	woods									
			Houston, T	X 77902									
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	edule)	(b) Desc	ription					
	OF EXPENDITURE		Solicitation/	Fundraising E	xpense					de of Texas. Co			
	-									officeholder liv	ing ex	pense	
							Cam	ipaign Er	nai	5			
	Complete ONLY if direct			ceholder name	(Office sour	ht			Office	held		
	expenditure to benefit C/OI		candidate/On				, inc			Office	neiu		
⊢	Date		Payee name										-
	09/25/2023		Exibix, Inc.										
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	le						_
	\$43.30		1908 N. Es			,p							
			Cuero, TX 7	77954									
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	edule)	(b) Desc	ription					
	OF EXPENDITURE		Advertising	Expense						de of Texas. Co			
									, TX,	officeholder liv	ing ex	pense	
							Banr	Iel					
	Complete ONLY if direct	L	Candidata/Offi	ceholder name		Office sou	ht			Office	hold		
	expenditure to benefit C/OI		Januluale/UII	cenoider name	(Sout	n IL			Once	neiu		

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transp Food/Beverage Expense Polling Expense Travel y - Gift/Awards/Memorials Expense Printing Expense Travel					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 7/11 Rpt: 15/19		Cromeens, Brian M. (Mr.)					00087904			
4	Date	5	Payee name								
	10/12/2023		Exibix, Inc.								
6	Amount (\$)	7	Payee address; City; S	State; Zip C	ode						
	\$70.36		1908 N. Esplanade	·							
			Cuero, TX 77954								
8	PURPOSE	<u> </u>			(b)	Description					
ľ	OF		Category (See Categories listed at the top of the Advertising Expense	his schedule)			outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense			
						Vehicle MAG	NE	TSIGNS			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught	t		Office held			
	Date		Payee name								
	10/11/2023		H & H Cafe & Bakery Inc								
	Amount (\$)		Payee address; City; S	State; Zip C	ode						
	\$37.16		719 Lott Street								
			Yoakum, TX 77995								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of t Event Expense	nis schedule)	(b)		, TX,	de of Texas. Complete Schedule T. , officeholder living expense			
)	0.00							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	Office so	ugni	[Office held			
	Date		Payee name								
	12/13/2023		H & H Cafe & Bakery Inc								
	Amount (\$)		Payee address; City; S	State; Zip C	ode						
	\$190.00		719 Lott Street								
			Yoakum, TX 77995								
	PURPOSE	(a)	Category (See Categories listed at the top of t	nis schedule)	(b)) Description					
	OF EXPENDITURE		Food/Beverage Expense	·			, TX,	de of Texas. Complete Schedule T. officeholder living expense Event			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught	i		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	nmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services	ense als Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAM	E	Filer ID	(Ethics Commission Filers)					
	Sch: 8/11 Rpt: 16/19		Cromeens, Brian M. (Mr.) 00087904								
4	Date	5	Payee name	•							
	12/07/2023		Houston Si	gn Company							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$2,209.28		5801 Chim	ney Rock Roa	d						
			Houston, T	X 77081							
8	PURPOSE	(a)	Category (s	See Categories listed a	at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Advertising		·	ŕ			ide of Texas. Com		
									, officeholder living	j expense	
							Campaign Si	yns	5		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held								eld			
	Date		Payee name)							
	12/28/2023		Houston Si	gn Company							
	Amount (\$)		Payee addre	ess; City;	State;	; Zip Co	de				
	\$500.00		5801 Chim	ney Rock Rd							
			Houston, T	X 77081							
	PURPOSE OF EXPENDITURE	(a)	Category (S Advertising	ee Categories listed a	at the top of this sch	edule)		, TX	ide of Texas. Com , officeholder living S		
	Complete ONIL V if direct		Condidate/Of	iachaldar nama			. ht		Office by		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januluale/On	ïceholder name	(Office sou	JUL		Office he	eiu	
	Date		Payee name	<u> </u>							
	10/06/2023		La Ribera								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	1e				
	\$30.03		428 N. Ala	-	otato,	, <u>Lip</u> 00					
	+00.00										
			Refugio, T								
	PURPOSE OF	(a)		See Categories listed a	at the top of this sch	edule)	(b) Description	Outei	ide of Texas. Com	nlete Schedule T	
	EXPENDITURE		Event Expe	ense				, тх	, officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ïceholder name	C	Office sou	yht		Office he	eld	

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
_										
1	Total pages Schedule F1:									
	Sch: 9/11 Rpt: 17/19	Cromeens, Brian M. (Mr.) 00087904								
4	Date	5 Payee name								
	09/26/2023	McAlister Sweet Shop								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
ľ	\$105.00	201 N Hunt St								
	\$105.00									
		Cuero, TX 77954								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		Kick-off Cookies								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
Ĵ	expenditure to benefit C/OI									
	Date	Payee name								
	10/20/2023	Patrick Fortner d/b/a F2 Consulting								
_										
	Amount (\$)	Payee address; City; State; Zip Code								
	\$625.00	8308 Evelina Trail								
		Austin, TX 78237								
	PURPOSE									
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		Social Media Management								
		Coola modia managomonia								
	Operation ONITY if all an at	Or a bidete (Office helder menne Office council)								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	10/30/2023	Patrick Fortner d/b/a F2 Consulting								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$125.00	8308 Evelina Trail								
	\$125.00	osuo Evenna Itan								
		Austin, TX 78237								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		Social Media Management								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/Oł									

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr - Gift/Awards/Memorials Expense Printing Expense Tr					Travel in District Travel Out of Distric	pment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID (E	Ethics Commission Filers)
	Sch: 10/11 Rpt: 18/19		Cromeens, Bria	n M. (Mr.)					00087904	
4	Date	5	Payee name							
	11/21/2023		Republican Part	y of Texas						
6	Amount (\$)	7	Payee address;	City;	State; Zip	Code				
	\$1,250.00		211 East 7th Str	eet						
			Suite No. 620							
			Austin, TX 7870	1						
8	PURPOSE	(a)	<u> </u>			(b) Description			
ľ	OF	(~)	Fees	egories listed at the top of	this schedule)	(outsi	de of Texas. Complet	te Schedule T.
	EXPENDITURE		1005				Check if Austin	ı, ТХ,	officeholder living ex	pense
							FILING FEE			
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held									
	Date		Payee name							
	09/25/2023		Standard Printin	g						
	Amount (\$)		Payee address;	City;	State; Zip	Code				
	\$95.26 111 E Church St									
			Cuero, TX 7795	4						
	PURPOSE	(a)	Category (See Cate	egories listed at the top of	this schedule)	(b) Description			
	OF EXPENDITURE		Advertising Exp	ense					de of Texas. Complet	
	-								officeholder living ex	pense
							CAMPAIGN	CA	203	
	Complete ONIL V if direct		Condidate/Officabe	dar nome	Office	ough	•		Office hold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	uer name	Office s	ougn	L		Office held	
_										
	Date 10/11/2023		Payee name Stondard Drintin	a						
			Standard Printin	-		<u> </u>				
	Amount (\$)		Payee address;	City;	State; Zip	Code				
	\$6.90		111 E Church S	[
			Cuero, TX 7795	4						
	PURPOSE	(a)	Category (See Cate	egories listed at the top of	this schedule)	(b	Description			
	OF EXPENDITURE		Printing Expense	9					de of Texas. Complet	
									officeholder living ex	pense
								Jai	us	
	Complete ONLY if direct	Ļ	Candidate/Officeho	der namo	Office		ł		Office held	
	expenditure to benefit C/OF		zanuluale/Ulliceno	uer name	Office s	ouyn	L		Unice held	

EXPENDITURE CATEGORIES FOR BOX 8(a)												
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services			Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAM	Ξ				3	Filer ID	(Ethics Commission Filers)		
	Sch: 11/11 Rpt: 19/19		Cromeens,	Brian M. (N	/Ir.)				00087904			
4	Date	5	Payee name									
	11/10/2023		Standard Printing									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code									
	\$95.26		111 E Church St									
			Cuero, TX 77954									
8	PURPOSE	(a)	Category (S	ee Categories lis	ted at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Advertising Expense						eck if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense								expense		
		CAMPAIGN CARDS										
_	Complete ONU V if direct Condidate/Officebolder name Office sourcht Office bold									bld		
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
	Date		Payee name									
11/21/2023 The UPS Store												
	Amount (\$) Payee address; City; State; Zip Code											
	\$37.16 8806 North Navarro Street											
		Victoria, TX 77904										
PURPOSE OF			(a) Category (See Categories listed at the top of this schedule) (b) Description									
EXPENDITURE			SHIPPING	EXPENSE				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
					Filing Fee Mailing							
							g		.9			
	Complete ONLY if direct		Candidate/Off	iceholder na	me (Jffice sou	ght		Office he	eld		
	expenditure to benefit C/OI	Н					-					
⊢	Date		Payee name									
	10/05/2023		Wanda's Restaurant									
	Amount (\$)		Payee address; City; State; Zip Code									
	\$126.41		352 W Pearl St									
	Goliad, TX 77963											
						(b) Description						
OF EXPENDITURE			Event Expe		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Check if Austin, TX, officeholder liv							onicenoider living	rexpense				
-	Complete ONLY if direct	L	Candidate/Off	iceholder na	me (Office sou	ght		Office he	eld		
expenditure to benefit C/OH												