

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **23**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. Robert
NICKNAME LAST SUFFIX
Crawley

OFFICE USE ONLY

Date Received

RECEIVED IN THE OFFICE
OF THE CITY CLERK

APR - 4 2024

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3621 Pottsboro Rd. #181
Denison, TX 75020

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(903) 814-9300

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr. Jared D.
NICKNAME LAST SUFFIX
Johnson

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 409 Denison, TX 75021

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(903) 821-1810

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
01 / 17 / 2024 THROUGH 04 / 04 / 2024

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
05 / 04 / 2024 General Special

12 OFFICE

OFFICE HELD (if any)

Council At-L

13 OFFICE SOUGHT (if known)

Mayor

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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.

Additional Pages

COMMITTEE TYPE COMMITTEE NAME
 GENERAL
 SPECIFIC
COMMITTEE ADDRESS
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 <i>Robert Crawley</i> | | 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) | \$ 5,333.70 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 43,313.70 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 31,723.89 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 11,434.81 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

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.

Robert Crawley
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

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

OR

(2) Unsworn Declaration

My name is Robert Crawley, and my date of birth is _____

My address is _____, Denison, TX, 75020, USA.
(street) (city) (state) (zip code) (country)

Executed in Grayson County, State of Texas, on the 4th day of April, 2024.
(month) (year)

Robert Crawley
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

ROBERT CRAWLEY

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|-----------------------------------------------------------------------------------------------------------------|--------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 43,313.70 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 2,500.00 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 2,483.96 |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

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:

19

2 FILER NAME

Robert Crowley

3 Filer ID (Ethics Commission Filers)

4 Date

1-25-24

5 Full name of contributor

out-of-state PAC (ID#: _____)

Audrey Crawford

7 Amount of contribution (\$)

100

6 Contributor address;

City;

State;

Zip Code

Denison TX 75020

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-30-24

Full name of contributor

out-of-state PAC (ID#: _____)

Gina Little

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

Pottsboro Dent TX 75069

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-30-24

Full name of contributor

out-of-state PAC (ID#: _____)

Mark Thompson

Amount of contribution (\$)

500

Contributor address;

City;

State;

Zip Code

Fairview TX 75069

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-30-24

Full name of contributor

out-of-state PAC (ID#: _____)

Thomas Conner

Amount of contribution (\$)

250

Contributor address;

City;

State;

Zip Code

Houston TX 77019

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.

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 Robert Crawley 3 Filer ID (Ethics Commission Filers)

| | | |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 4 Date <u>1-31-24</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dorothy Henstee</u> | 7 Amount of contribution (\$) <u>100</u> |
| 6 Contributor address; City; State; Zip Code [Redacted] <u>Denison TX 75020</u> | | |

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

| | | |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Date <u>2-5-24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joe Piazza</u> | Amount of contribution (\$) <u>250</u> |
| Contributor address; City; State; Zip Code [Redacted] <u>Denison TX 75020</u> | | |

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

| | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Date <u>2-20-24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lori Munson</u> | Amount of contribution (\$) <u>250</u> |
| Contributor address; City; State; Zip Code [Redacted] <u>Round Rock TX 78681</u> | | |

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

| | | |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Date <u>3-1-24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brad Douglass</u> | Amount of contribution (\$) <u>1000</u> |
| Contributor address; City; State; Zip Code [Redacted] <u>Sherman TX 75092</u> | | |

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.

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 <i>Robert Crowley</i> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------------|---------------------------------------|

| | | |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 4 Date <i>3.5.24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bena Douglass</i> | 7 Amount of contribution (\$) <i>1000</i> |
| 6 Contributor address; City; State; Zip Code <i>[Redacted] Sherman TX 75092</i> | | |

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

| | | |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Date <i>3.8.24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brent Mahana</i> | Amount of contribution (\$) <i>100</i> |
| Contributor address; City; State; Zip Code <i>[Redacted] Denison TX 75020</i> | | |

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

| | | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Date <i>3.8.24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Piazza</i> | Amount of contribution (\$) <i>500</i> |
| Contributor address; City; State; Zip Code <i>[Redacted] Denison TX 75021</i> | | |

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

| | | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------|
| Date <i>3.8.24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Meara</i> | Amount of contribution (\$) <i>500</i> |
| Contributor address; City; State; Zip Code <i>[Redacted] Dallas TX 75214</i> | | |

| | |
|-----------------------------------------------------|-----------------------------|
| 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.

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 Robert Crowley 3 Filer ID (Ethics Commission Filers)

| | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 4 Date <u>3.8.24</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kelly Cannell</u> | 7 Amount of contribution (\$) <u>1000</u> |
| 6 Contributor address; City; State; Zip Code [Redacted] <u>McKinney TX 75072</u> | | |

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

| | | |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Date <u>3.9.24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sonya Allison</u> | Amount of contribution (\$) <u>1000</u> |
| Contributor address; City; State; Zip Code [Redacted] <u>Denison TX 75020</u> | | |

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

| | | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Date <u>3.10.24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>William Watkins</u> | Amount of contribution (\$) <u>250</u> |
| Contributor address; City; State; Zip Code [Redacted] <u>Dallas TX 75209</u> | | |

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

| | | |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lanny Youree</u> | Amount of contribution (\$) <u>250</u> |
| Contributor address; City; State; Zip Code [Redacted] <u>Denison TX 75020</u> | | |

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.

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 Robert Crowley 3 Filer ID (Ethics Commission Filers)

| | | |
|--------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 4 Date <u>3-11-24</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ross Stoddard</u> | 7 Amount of contribution (\$) <u>100</u> |
| | 6 Contributor address; City; State; Zip Code [REDACTED] <u>Coppell TX 75019</u> | |

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

| | | |
|------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Date <u>3-18-24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Russell Bates</u> | Amount of contribution (\$) <u>1000</u> |
| | Contributor address; City; State; Zip Code [REDACTED] <u>Norman OK 73072</u> | |

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

| | | |
|------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Date <u>3-19-24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Reger Butts</u> | Amount of contribution (\$) <u>250</u> |
| | Contributor address; City; State; Zip Code [REDACTED] <u>Denison TX 75020</u> | |

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

| | | |
|------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Date <u>3-20-24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Matthew Markham</u> | Amount of contribution (\$) <u>1000</u> |
| | Contributor address; City; State; Zip Code [REDACTED] <u>Sherman TX 75092</u> | |

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.

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 Robert Crawley 3 Filer ID (Ethics Commission Filers)

| | | |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 4 Date <u>3.20.24</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jordan Holzboog</u> | 7 Amount of contribution (\$) <u>250</u> |
| 6 Contributor address; City; State; Zip Code [REDACTED] <u>Denison TX 75021</u> | | |

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

| | | |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Date <u>3.21.24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>William Retz</u> | Amount of contribution (\$) <u>100</u> |
| Contributor address; City; State; Zip Code [REDACTED] <u>Denison TX 75020</u> | | |

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

| | | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------|
| Date <u>3.26.24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ryan Hall</u> | Amount of contribution (\$) <u>100</u> |
| Contributor address; City; State; Zip Code [REDACTED] <u>Denison TX 75020</u> | | |

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

| | | |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Date <u>3.27.24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rex Beddick</u> | Amount of contribution (\$) <u>200</u> |
| Contributor address; City; State; Zip Code [REDACTED] <u>Pottsboro TX 75076</u> | | |

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.

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 Robert Crowley 3 Filer ID (Ethics Commission Filers)

| | | |
|--------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 4 Date <u>1-17-24</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Eric Myers</u> | 7 Amount of contribution (\$) <u>200</u> |
| | 6 Contributor address; City; State; Zip Code [Redacted] <u>Denison TX 75020</u> | |

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

| | | |
|------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Date <u>1-18-24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dr. Henry Scott</u> | Amount of contribution (\$) <u>200</u> |
| | Contributor address; City; State; Zip Code [Redacted] <u>Denison TX 75021</u> | |

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

| | | |
|------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Date <u>1-25-24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Richard Brian Robnett</u> | Amount of contribution (\$) <u>5,000</u> |
| | Contributor address; City; State; Zip Code [Redacted] <u>Denison TX 75021</u> | |

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

| | | |
|------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------|
| Date <u>1-31-24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tom Akins</u> | Amount of contribution (\$) <u>300</u> |
| | Contributor address; City; State; Zip Code [Redacted] <u>Denison TX 75021</u> | |

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.

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 *Robert Crawley* 3 Filer ID (Ethics Commission Filers)

| | | |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 4 Date <i>2-5-24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don J Day</i> | 7 Amount of contribution (\$) <i>1000</i> |
| 6 Contributor address; City; State; Zip Code [Redacted] <i>Mckinney, TX 75069</i> | | |

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

| | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Date <i>2-7-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Cook</i> | Amount of contribution (\$) <i>1000</i> |
| Contributor address; City; State; Zip Code [Redacted] <i>Pottsboro TX 75706</i> | | |

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

| | | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Date <i>2-9-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pen Seal</i> | Amount of contribution (\$) <i>300</i> |
| Contributor address; City; State; Zip Code [Redacted] <i>Denison TX 75020</i> | | |

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.

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 <i>Robert Crawley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3-8-24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Todd Thompson</i> | 7 Amount of contribution (\$) <i>505</i> |
| 6 Contributor address; City; State; Zip Code [Redacted] <i>Pottsboro TX 75076</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>2-20-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Bayless Jr.</i> | Amount of contribution (\$) <i>200</i> |
| Contributor address; City; State; Zip Code [Redacted] <i>Denison TX 75021</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>2-20-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeff Christie</i> | Amount of contribution (\$) <i>200</i> |
| Contributor address; City; State; Zip Code [Redacted] <i>Denison TX 75020</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>2-12-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Pool</i> | Amount of contribution (\$) <i>500</i> |
| Contributor address; City; State; Zip Code [Redacted] <i>Denison TX 75020</i> | | |
| Principal occupation / Job title (See Instructions) | | 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 <i>Robert Crawley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2-22-24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John HO</i> | 7 Amount of contribution (\$) <i>500</i> |
| 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <i>Fairview, TX 75069</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>2-19-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Brown</i> | Amount of contribution (\$) <i>500</i> |
| Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <i>Sherman TX 75090</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>2-20-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Shields</i> | Amount of contribution (\$) <i>500</i> |
| Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <i>Sherman TX 74090</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>2-23-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hunter Richmond</i> | Amount of contribution (\$) <i>1000</i> |
| Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <i>Denison TX 75020</i> | | |
| 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.

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 Robert Crawley | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2-16-24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kira Hempleins | 7 Amount of contribution (\$) 1250 |
| 6 Contributor address; City; State; Zip Code [Redacted] Denison TX 75020 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 2-20-24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Piazza | Amount of contribution (\$) 1500 |
| Contributor address; City; State; Zip Code [Redacted] Denison TX 75021 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2-28-24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Nix | Amount of contribution (\$) 350 |
| Contributor address; City; State; Zip Code [Redacted] Palm Beach FL 33480 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3-12-24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Nix | Amount of contribution (\$) 500 |
| Contributor address; City; State; Zip Code [Redacted] Sherman TX 75090 | | |
| 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.

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 <i>Robert Crawley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3-13-24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles R. Phelps</i> | 7 Amount of contribution (\$) <i>500</i> |
| | 6 Contributor address; City; State; Zip Code [Redacted] <i>Denison TX 75020</i> | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>3-13-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Bullard</i> | Amount of contribution (\$) <i>1000</i> |
| | Contributor address; City; State; Zip Code [Redacted] <i>Denison TX 75020</i> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-19-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Art Arthur</i> | Amount of contribution (\$) <i>250</i> |
| | Contributor address; City; State; Zip Code [Redacted] <i>Denison TX 75021</i> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-19-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Bennie</i> | Amount of contribution (\$) <i>250</i> |
| | Contributor address; City; State; Zip Code [Redacted] <i>Bells TX 75414</i> | |
| Principal occupation / Job title (See Instructions) | | 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 <i>Robert Crawley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2-22-24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. C.M. Beatty</i> | 7 Amount of contribution (\$) <i>200</i> |
| 6 Contributor address; City; State; Zip Code [REDACTED] <i>Denison TX 75020</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>3-19-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Bradley</i> | Amount of contribution (\$) <i>200</i> |
| Contributor address; City; State; Zip Code [REDACTED] <i>Denison TX 75020</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-19-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Timothy Brumit</i> | Amount of contribution (\$) <i>200</i> |
| Contributor address; City; State; Zip Code [REDACTED] <i>Olga WA 98279</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-19-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stanley Simmons</i> | Amount of contribution (\$) <i>200</i> |
| Contributor address; City; State; Zip Code [REDACTED] <i>Denison TX 75020</i> | | |
| Principal occupation / Job title (See Instructions) | | 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 <i>Robert Crowley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3-19-24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Denison</i> | 7 Amount of contribution (\$) <i>500</i> |
| 6 Contributor address; City; State; Zip Code [Redacted] <i>Denison TX 75020</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>3-10-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert K Pool</i> | Amount of contribution (\$) <i>300</i> |
| Contributor address; City; State; Zip Code [Redacted] <i>Denison TX 75020</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-19-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Woody</i> | Amount of contribution (\$) <i>500</i> |
| Contributor address; City; State; Zip Code [Redacted] <i>Denison TX 75020</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-18-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larry Landrum</i> | Amount of contribution (\$) <i>200</i> |
| Contributor address; City; State; Zip Code [Redacted] <i>Denison TX 75020</i> | | |
| Principal occupation / Job title (See Instructions) | | 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 <i>Robert Crawley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3-19-24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Vilbig</i> 6 Contributor address; City; State; Zip Code [REDACTED] <i>Coppell TX 75019</i> | 7 Amount of contribution (\$) <i>200</i> |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>3-19-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. Donald Skerton</i> Contributor address; City; State; Zip Code [REDACTED] <i>Denison TX 75020</i> | Amount of contribution (\$) <i>125</i> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-20-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. Mandeep Singh</i> Contributor address; City; State; Zip Code [REDACTED] <i>Denison TX 75020</i> | Amount of contribution (\$) <i>1000</i> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-20-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deborah Ramsey</i> Contributor address; City; State; Zip Code [REDACTED] <i>Denison TX 75021</i> | Amount of contribution (\$) <i>2500</i> |
| Principal occupation / Job title (See Instructions) | | 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 <i>Robert Crawley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3-20-24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brad Sylvester</i> | 7 Amount of contribution (\$) <i>150</i> |
| 6 Contributor address; City; State; Zip Code [REDACTED] <i>Denison TX 75020</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>3-20-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brett Evans</i> | Amount of contribution (\$) <i>300</i> |
| Contributor address; City; State; Zip Code [REDACTED] <i>Denison TX 75020</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-28-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thelma Wilson</i> | Amount of contribution (\$) <i>150</i> |
| Contributor address; City; State; Zip Code [REDACTED] <i>Allen TX 75013</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-20-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chad E. Cruce</i> | Amount of contribution (\$) <i>250</i> |
| Contributor address; City; State; Zip Code [REDACTED] <i>Denison TX 75021</i> | | |
| Principal occupation / Job title (See Instructions) | | 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 <i>Robert Crowley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3-20-24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeffery Nunn</i> 6 Contributor address; City; State; Zip Code [REDACTED] <i>Sherman TX 75092</i> | 7 Amount of contribution (\$) <i>250</i> |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>3-20-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill Kennedy</i> Contributor address; City; State; Zip Code [REDACTED] <i>Denison TX 75020</i> | Amount of contribution (\$) <i>1000</i> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-21-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Srinivas Reddy</i> Contributor address; City; State; Zip Code [REDACTED] <i>Denison TX 75020</i> | Amount of contribution (\$) <i>500</i> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-24-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Herriage</i> Contributor address; City; State; Zip Code [REDACTED] <i>Denison TX 75020</i> | Amount of contribution (\$) <i>300</i> |
| Principal occupation / Job title (See Instructions) | | 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 <i>Robert Crawley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3-20-24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas Barnett</i> | 7 Amount of contribution (\$) <i>200</i> |
| 6 Contributor address; City; State; Zip Code [REDACTED] <i>Sherman TX 75092</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>3-19-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William B Munson</i> | Amount of contribution (\$) <i>100</i> |
| Contributor address; City; State; Zip Code [REDACTED] <i>Denison TX 75020</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>3-20-24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William B. Munson</i> | Amount of contribution (\$) <i>100</i> |
| Contributor address; City; State; Zip Code [REDACTED] <i>Denison TX 75020</i> | | |
| 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.

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 <i>Robert Crowley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4-1-24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FourEC, LLC</i> | 7 Amount of contribution (\$) <i>1000</i> |
| | 6 Contributor address; City; State; Zip Code <i>[REDACTED] Lamesa TX 79331</i> | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u> | |
| 2 FILER NAME <u>Robert Crawley</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <u>2500</u> | |
| 5 Date | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joshua and Amber Holley</u> | 8 Amount of Contribution \$ <u>2,500</u> | 9 In-kind contribution description <u>Mixer</u> |
| 7 Contributor address; City; State; Zip Code [REDACTED] <u>Denison TX 75020</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Contractor</u> | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>Self</u> | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | Employer (FOR NON-JUDICIAL)(See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| <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> | | | |

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 | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Credit Card Payment | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------|--------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 4 | 2 FILER NAME Robert Crawley | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|--------------------------------|---------------------------------------|

| | |
|------------------|----------------------------------|
| 4 Date 2-6-24 | 5 Payee name Axiom strategies |
|------------------|----------------------------------|

| | |
|-----------------------------|---------------------------------------------------------------------------------------|
| 6 Amount (\$) \$4,850.00 | 7 Payee address; City; State; Zip Code 800 w 47th st. Ste 200 Kansascity MO. 64112 |
|-----------------------------|---------------------------------------------------------------------------------------|

| | | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising expense | (b) Description Yard signs |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|-------------------------------------------------------|-------------------------------------------------|------------------------|-----------------------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Robert Crawley | Office sought Mayor | Office held City Council |
|-------------------------------------------------------|-------------------------------------------------|------------------------|-----------------------------|

| | |
|----------------|---------------------------------------|
| Date 2-8-24 | Payee name Bluestone creatives LLC |
|----------------|---------------------------------------|

| | |
|---------------------------|-----------------------------------------------------------------------------|
| Amount (\$) \$1,675.46 | Payee address; City; State; Zip Code 405 Steepcreek Dr. Bedford TX 76021 |
|---------------------------|-----------------------------------------------------------------------------|

| | | |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Website |
| | <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 Robert Crawley | Office sought Mayor | Office held City Council |
|-----------------------------------------------------|-------------------------------------------------|------------------------|-----------------------------|

| | |
|------------------|----------------------------------------|
| Date 3-1-2024 | Payee name Lindmark Billboards FMEI |
|------------------|----------------------------------------|

| | |
|-----------------------|-----------------------------------------------------------------------|
| Amount (\$) 590.28 | Payee address; City; State; Zip Code PO BOX 646015 Dallas TX 75264 |
|-----------------------|-----------------------------------------------------------------------|

| | | |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising expense | Description Billboard |
| | <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 Robert Crawley | Office sought Mayor | Office held City Council |
|-----------------------------------------------------|-------------------------------------------------|------------------------|-----------------------------|

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
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: 3 | | 2 FILER NAME Robert Crawley | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | | 5 Payee name | | | |
| 6 Amount (\$) | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date | Payee name | | | | |
| 3-11-24 | Cheap Yard Signs | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| 986.92 | 11525 A Stonehollow Dr. Austin TX 78758 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | Advertising | | Yard Signs | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date | Payee name | | | | |
| 3-11-24 | First Graphic Services | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| 1497.04 | 229 Garvon St. Garland, TX 75040 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | Advertising | | 4x4 Campaign Signs | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: | | 2 FILER NAME Robert Crawley | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 3-14-24 | | 5 Payee name Choctaw Print Services | | | |
| 6 Amount (\$) 1071.33 | | 7 Payee address; 2712 Enterprise Blvd. Durant OK 74701 City: State: Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising expense | | (b) Description | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Robert Crawley | | Office sought Mayor | Office held City Council |
| Date 3-14-24 | | Payee name Choctaw Print Services | | | |
| Amount (\$) 100.13 | | Payee address; 2712 Enterprise Blvd. Durant OK 74701 City: State: Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising expense | | 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 Robert Crawley | | Office sought Mayor | Office held City Council |
| Date 3-21-24 | | Payee name Rustico Restaurant | | | |
| Amount (\$) 2992.73 | | Payee address; 506 w Chestnut St. Denison TX 75021 City: State: Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage | | Description Mixer | | |
| | <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 Robert Crawley | | Office sought Mayor | Office held City Council |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Credit Card Payment | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME <i>Robert Crowley</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4-2-21</i> | 5 Payee name <i>Axiom</i> | |
| 6 Amount (\$) <i>4891⁰⁰</i> | 7 Payee address; City; State; Zip Code <i>800 w 47th st. Kansas city Mo 64112</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising</i> | (b) Description <i>Direct mail</i> |
| | (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 <i>Robert Crowley</i> | Office sought <i>Mayor</i> |
| | | Office held <i>City Council</i> |
| Date <i>4-3-21</i> | Payee name <i>Vanguard</i> | |
| Amount (\$) <i>5725⁰⁰</i> | Payee address; City; State; Zip Code <i>1001 Congress Austin TX 78701</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising</i> | Description <i>Consulting</i> |
| | <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 <i>Robert Crowley</i> | Office sought <i>Mayor</i> |
| | | Office held <i>City Council</i> |
| 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------------------|---------------------------------------|----------------------------------------------|
| 1 Total pages Schedule F4: 1 | 2 FILER NAME Robert Crawley | 3 Filer ID (Ethics Commission Filers) |
|----------------------------------------|---------------------------------------|----------------------------------------------|

| | |
|--------------------------------------------------------------------|------------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 2483.96 |
|--------------------------------------------------------------------|------------|

| | |
|-------------------------|-----------------------------------------------|
| 5 Date 3-8-24 | 6 Payee name First Graphic Services |
|-------------------------|-----------------------------------------------|

| | | | | |
|---------------------------------|-----------------------------------------------------------|-------|--------|----------|
| 7 Amount (\$) 1497.04 | 8 Payee address; 229 Garvonst. Garland TX 75040 | City; | State; | Zip Code |
|---------------------------------|-----------------------------------------------------------|-------|--------|----------|

| | | |
|------------------------------|-----------------------------------------------|----------------------------------------|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|------------------------------|-----------------------------------------------|----------------------------------------|

| | | |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising expense | (b) Description Yard signs |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|------------------------------------------------------------------|-------------------------------------------------|------------------------|-----------------------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Robert Crawley | Office sought Mayor | Office held City Council |
|------------------------------------------------------------------|-------------------------------------------------|------------------------|-----------------------------|

| | |
|-----------------|--------------------------------|
| Date 3-14-24 | Payee name Cheap Lawn Signs |
|-----------------|--------------------------------|

| | | | | |
|-----------------------|-----------------------------------------------------------|-------|--------|----------|
| Amount (\$) 986.92 | Payee address; 11525 A Stonehollow Dr. Austin TX 78758 | City; | State; | Zip Code |
|-----------------------|-----------------------------------------------------------|-------|--------|----------|

| | | |
|----------------------------|-----------------------------------------------|----------------------------------------|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|----------------------------|-----------------------------------------------|----------------------------------------|

| | | |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising expense | Description Yard signs |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|-----------------------------------------------------|-------------------------------------------------|------------------------|-----------------------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Robert Crawley | Office sought Mayor | Office held City Council |
|-----------------------------------------------------|-------------------------------------------------|------------------------|-----------------------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED