

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <div style="text-align: right; font-size: 1.5em;">13</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Robert</div>	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">OFFICE USE ONLY</div> <p style="color: blue; font-size: 1.2em;">RECEIVED IN THE OFFICE OF THE CITY CLERK</p> <p style="color: blue; font-size: 1.5em; margin-top: 20px;">APR 26 2024</p>	
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Crawley</div>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">3621 Pottsboro Rd #181 Denison TX 75020</div>		
<input type="checkbox"/> Change of Address			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (903) 814-9300	Date Hand-delivered or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Jared</div>	Receipt #	Amount \$
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Johnson</div>	Date Processed	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">POBox 409</div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION ( ) 903-821-1810	Date Imaged	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <div style="text-align: center; font-size: 1.5em;">4 / 5 / 2024    THROUGH    4 / 26 / 2024</div>		
<b>11 ELECTION</b>	ELECTION DATE	ELECTION TYPE	
	Month Day Year <div style="text-align: center; font-size: 1.5em;">5 / 4 / 2024</div>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.2em;">City Council Place 4</div>	<b>13 OFFICE SOUGHT</b> (if known) <div style="text-align: center; font-size: 1.2em;">MAYOR PLACE 7</div>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input checked="" type="checkbox"/> GENERAL	<div style="text-align: center; font-size: 1.2em;">Denison Forward PAC</div>	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		<div style="text-align: center; font-size: 1.2em;">505 W. Crawford</div>	
	COMMITTEE CAMPAIGN TREASURER NAME		
	<div style="text-align: center; font-size: 1.2em;">Jim Taylor</div>		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	<div style="text-align: center; font-size: 1.2em;">505 W. Crawford</div>		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 514.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,258.70
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,699.89
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,707.49
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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 [REDACTED].  
 My address is [REDACTED], Denison, TX, 75020.  
(street) (city) (state) (zip code) (country)  
 Executed in GRAYSON County, State of TEXAS, on the 26 day of April, 2024.  
(month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14258.70
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1704.60
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11699.89
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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: <b>7</b>
2 FILER NAME <b>Robert Crowley</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-5-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jerry Griffin</b>	7 Amount of contribution (\$) <b>\$200</b>
6 Contributor address; City; State; Zip Code [REDACTED] <b>Leonard TX 75452</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4-5-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Karen Alford</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Denison TX 75021</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-8-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sam Oswald</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Denison TX 75020</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-8-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brett Pierce</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Denison TX 75020</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth McCarthy 6 Contributor address; City; State; Zip Code [REDACTED] Denison TX 75020	7 Amount of contribution (\$) \$ 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlotte Shelton Contributor address; City; State; Zip Code [REDACTED] Denison TX 75021	Amount of contribution (\$) \$ 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhonda Borgne Contributor address; City; State; Zip Code [REDACTED] Denison TX 75020	Amount of contribution (\$) \$ 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Muldrew Contributor address; City; State; Zip Code [REDACTED] Denison TX 75020	Amount of contribution (\$) \$ 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buddy Hemphins 6 Contributor address; City; State; Zip Code [REDACTED] Sherman TX 75091	7 Amount of contribution (\$) \$ 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Roester Contributor address; City; State; Zip Code [REDACTED] Sherman TX 75090	Amount of contribution (\$) \$ 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanna Sellers Contributor address; City; State; Zip Code [REDACTED] Sadler TX 75026	Amount of contribution (\$) \$ 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Canster Contributor address; City; State; Zip Code [REDACTED] Denison TX 75021	Amount of contribution (\$) \$ 1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Smith	7 Amount of contribution (\$)
4-15-24	6 Contributor address; City; State; Zip Code [Redacted] Denison TX 75020	\$100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dino Bendon	Amount of contribution (\$)
4-17-24	Contributor address; City; State; Zip Code [Redacted] Denison TX 75021	\$1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fevisha Bendon	Amount of contribution (\$)
4-1-24	Contributor address; City; State; Zip Code [Redacted] Denison TX 75021	\$1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manmohan Singh	Amount of contribution (\$)
4-15-24	Contributor address; City; State; Zip Code [Redacted] Allen TX 75013	\$2000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
4-18-24	William Munson [REDACTED] Denison TX 75020	\$100
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 (\$)
4-24-24	Steve Cook [REDACTED] Pottsboro TX 75076	\$1000
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 (\$)
4-18-24	Mark Denison [REDACTED] Denison TX 75020	\$500
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 (\$)
4-8-24	Kelly Pool [REDACTED] Dallas TX 75209	\$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tim Foley</i>	7 Amount of contribution (\$) <i>\$1500</i>
<i>4-9-24</i>	6 Contributor address; City; State; Zip Code <i>Wichita Falls TX 76307</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#: _____) <i>Linda Shelton</i>	Amount of contribution (\$)
<i>4-8-24</i>	Contributor address; City; State; Zip Code <i>Denison TX 75020</i>	<i>\$200</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ron Seal</i>	Amount of contribution (\$)
<i>4-8-24</i>	Contributor address; City; State; Zip Code <i>Denison TX 75020</i>	<i>\$250</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Taj Singh</i>	Amount of contribution (\$)
<i>4-8-24</i>	Contributor address; City; State; Zip Code <i>Plano TX 75093</i>	<i>\$1000</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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		3 Filer ID (Ethics Commission Filers)
4 Date 4-12-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Munson 6 Contributor address; City; State; Zip Code [REDACTED] Denison TX 75020	7 Amount of contribution (\$) \$250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-12-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Howle Contributor address; City; State; Zip Code [REDACTED] Whitesboro TX 76273	Amount of contribution (\$) \$1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-12-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gail Utter Contributor address; City; State; Zip Code [REDACTED] Sherman TX 75092	Amount of contribution (\$) \$1000
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)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <span style="font-size: 2em;">1</span>	
2 FILER NAME <span style="font-size: 1.5em;">Robert Crawley</span>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <span style="font-size: 1.5em;">1704.60</span>	
5 Date <span style="font-size: 1.5em;">4-24-24</span>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Denison Forward PAC</span>	8 Amount of Contribution \$ <span style="font-size: 1.5em;">861.80</span>	9 In-kind contribution description <span style="font-size: 1.5em;"><del>861.80</del> MAILER</span>
7 Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">505 W. Crawford Denison TX 75020</span>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <span style="font-size: 1.5em;">N/A</span>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <span style="font-size: 1.5em;">NA</span>	
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#: _____) <span style="font-size: 1.5em;">Denison Forward PAC</span>	Amount of Contribution \$ <span style="font-size: 1.5em;">842.80</span>	In-kind contribution description <span style="font-size: 1.5em;"><del>842.80</del> MAILER</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">505 W. Crawford Denison TX 75020</span>		<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><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>Robert Crawley</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4-10-24</b>	5 Payee name <b>Guyman Brothers Trading</b>
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6 Amount (\$) <b>\$552</b>	7 Payee address; <b>705 W Hanna</b>	City; <b>Denison</b>	State; <b>TX</b>	Zip Code <b>75020</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>T-Shirt Printing</b>
	(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
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Date <b>4-18-24</b>	Payee name <b>Guyman Brothers Trading</b>
------------------------	--

Amount (\$) <b>\$252</b>	Payee address; <b>705 W Hanna</b>	City; <b>Denison</b>	State; <b>TX</b>	Zip Code <b>75020</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>T-Shirt Printing</b>
	<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
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Date <b>4-26-24</b>	Payee name <b>Axiom Strategies</b>
------------------------	---------------------------------------

Amount (\$) <b>\$2,977</b>	Payee address; <b>800 W 47th St.</b>	City; <b>Kansas City</b>	State; <b>MO.</b>	Zip Code <b>64112</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Direct mail</b>
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4-22-24	<b>5</b> Payee name Axiom Strategies
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<b>6</b> Amount (\$) \$4,384	<b>7</b> Payee address; 800 W 47th St.	City; Kansas City MO	State; MO	Zip Code 64112
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Direct mail
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-22-24	Payee name Axiom Strategies
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Amount (\$) \$3,477	Payee address; 800 W 47th St.	City; Kansas City MO	State; MO	Zip Code 64112
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Direct mail
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-8-24	Payee name First United Bank
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Amount (\$) \$30	Payee address; 1400 W main	City; Dwight OK	State; OK	Zip Code 74702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Bank Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED