

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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Duane G.	<div style="text-align: center; border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="text-align: center; border: 1px solid black; padding: 5px;">Date Received <u>JAN 16 2024</u> RECEIVED City Secretary</div> <div style="text-align: center; border: 1px solid black; padding: 5px; font-size: 1.2em;">4:23 PM </div> <div style="text-align: center; border: 1px solid black; padding: 5px;">Date Hand-delivered or Date Postmarked JAN 16 2024 </div> <div style="text-align: center; border: 1px solid black; padding: 5px;">Receipt # Amount \$</div> <div style="text-align: center; border: 1px solid black; padding: 5px;">Date Processed</div> <div style="text-align: center; border: 1px solid black; padding: 5px;">Date Imaged</div>			
	NICKNAME LAST SUFFIX Crocker				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 2661, Victoria, Texas 77902				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 935-0585				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Monica				
	NICKNAME LAST SUFFIX Crocker				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 306 Vista Cove, Victoria, Texas 77904				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 935-3720				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 4 / 23 THROUGH 1 / 16 / 24				
11 ELECTION	ELECTION DATE Month Day Year 2 / 3 / 24		ELECTION TYPE Primary Runoff Other Description General <input checked="" type="checkbox"/> Special		
	12 OFFICE OFFICE HELD (if any) Victoria City Council, Dist. 3		13 OFFICE SOUGHT (if known) Mayor-City of Victoria		
14 NOTICE FROM POLITICAL COMMITTEE(S) 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			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

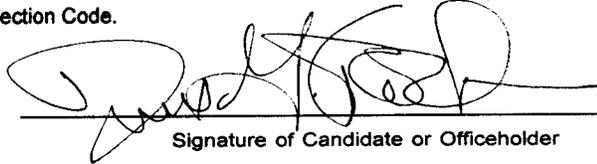
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Duane G. Crocker		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,900.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,982.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19,279.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

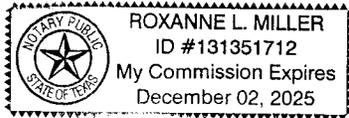
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

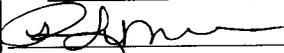
Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Duane G. Crocker this the 16th day of January, 2024, to certify which, witness my hand and seal of office.



Roxanne L. Miller

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Duane G. Crocker		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,900.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 5,982.47
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

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: 4
2 FILER NAME Duane G. Crocker		3 Filer ID (Ethics Commission Filers)
4 Date 01/08/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Phil & Geri Schroeder 6 Contributor address; City; State; Zip Code 6112 Country Club Drive, Victoria, Texas 77904	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions)
Date 01/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Joe & Cathy Whitley Contributor address; City; State; Zip Code 108 Woodcreek Circle, Victoria, Texas 77904	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Jack & Sharon Lee Contributor address; City; State; Zip Code 510 Charleston, Victoria, Texas 77904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Ron & Linda Seerden Contributor address; City; State; Zip Code 811 Champions Row, Victoria, Texas 77904	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		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: 4
2 FILER NAME Duane G. Crocker		3 Filer ID (Ethics Commission Filers)
4 Date 01/08/2024	5 Full name of contributor out-of-state PAC (ID#: _____) David & Fran Edwards 6 Contributor address; City; State; Zip Code 116 Summit View, Victoria, Texas 77904	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Banking		9 Employer (See Instructions)
Date 01/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Karen Meacham Contributor address; City; State; Zip Code 1406 N. Glass, Victoria, Texas 77901	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions)
Date 01/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Steve Meacham Contributor address; City; State; Zip Code 1406 N. Glass, Victoria, Texas 77901	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions)
Date 01/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Torin & Melissa Bales Contributor address; City; State; Zip Code P.O. Box 106, Victoria, Texas 77902	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Business Owner		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: 4
2 FILER NAME Duane G. Crocker		3 Filer ID (Ethics Commission Filers)
4 Date 01/09/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Casey & Annie Cullen 6 Contributor address; City; State; Zip Code 17 Spring Creek Road, Victoria, Texas 77904	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 01/10/2024	Full name of contributor out-of-state PAC (ID#: _____) Karen Murray Contributor address; City; State; Zip Code 6044 Country Club Club Drive, Victoria, Texas 77904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Victoria Veterinary Clinic, PLLC Contributor address; City; State; Zip Code 3902 Houston Hwy, Victoria, Texas 77901	Amount of contribution (\$) 700.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions)
Date 01/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Christa N. Donoghue Contributor address; City; State; Zip Code 303 Pasadena, Victoria, Texas 77904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		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: 4
2 FILER NAME Duane G. Crocker		3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Erich & Vanessa Heinold 6 Contributor address; City; State; Zip Code 101 Turtle Rock Drive, Victoria, Texas 77904	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Casey & Sabrina Roth Contributor address; City; State; Zip Code 6039 Country Club, Victoria, Texas 77904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 01/16/2024	Full name of contributor out-of-state PAC (ID#: _____) Mr. Warren & Dr. Autum Lind Heilker Contributor address; City; State; Zip Code 102 Spokane, Victoria, Texas 77904	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Business Owner/Optometrst		Employer (See Instructions)
Date 01/16/2024	Full name of contributor out-of-state PAC (ID#: _____) Donald & Betty Jo Elder Contributor address; City; State; Zip Code 5606 N. Navarro, Ste 200, Victoria, Texas 77904	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Duane G. Crocker	3 Filer ID (Ethics Commission Filers)
--	---	--

4 Date 01/09/2024	5 Payee name Blume & Flour
-----------------------------	--------------------------------------

6 Amount (\$) 153.53	7 Payee address; 206 N. Liberty, Victoria, Texas 77901	City;	State;	Zip Code
---------------------------------------	--	-------	--------	----------

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

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

Date 01/09/2024	Payee name Lamar Advertising Company
--------------------	---

Amount (\$) 1,675.00	Payee address; 4507 N. Main Victoria, Texas 77904	City;	State;	Zip Code
-------------------------	--	-------	--------	----------

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

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

Date 01/11/2024	Payee name The UPS Store #6666
--------------------	-----------------------------------

Amount (\$) 2,002.94	Payee address; 1708 N. Navarro Street, Victoria, Texas 77905	City;	State;	Zip Code
-------------------------	---	-------	--------	----------

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | 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: 2	2 FILER NAME Duane G. Crocker	3 Filer ID (Ethics Commission Filers)
--	---	--

4 Date 01/12/2024	5 Payee name United States Postal Service
-----------------------------	---

6 Amount (\$) 66.00	7 Payee address; 312 S. Main Street, Victoria, Texas 77901	City;	State;	Zip Code
-----------------------------------	--	-------	--------	----------

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

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

Date 01/15/2024	Payee name Victoria Advocate
--------------------	---------------------------------

Amount (\$) 2,085.00	Payee address; P.O. Box 1518, Victoria, Texas 77902	City;	State;	Zip Code
-------------------------	--	-------	--------	----------

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

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

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED