

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:

7

OFFICE USE ONLY

Date Received

RECEIVED

MAY 02 2022

8:00 AM

OFFICE OF THE CITY SECRETARY
LUBBOCK, TEXAS

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MARK

W.

NICKNAME

LAST

SUFFIX

McBRAYER

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

LUBBOCK, TX 79410

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

[REDACTED]

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

MARK

W.

NICKNAME

LAST

SUFFIX

McBRAYER

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

LUBBOCK, TX 79410

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

[REDACTED]

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

3 / 29 / 22

THROUGH

Month Day Year

4 / 29 / 22

11 ELECTION

ELECTION DATE

Month Day Year

5 / 7 / 22

Primary

Runoff

ELECTION TYPE

Other Description

General

Special

MUNICIPAL

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

LUBBOCK CITY COUNCIL DIST. 3

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>MARK W. MCBRAYER</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,100.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>158.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5,442.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 MARK W. MCBRAYER, and my date of birth is 10/10/1952.
My address is 3010 25TH, LUBBOCK, TX, 79410, LUBBOCK
(street) (city) (state) (zip code) (country)

Executed in LUBBOCK County, State of TEXAS, on the 29 day of APRIL, 2022.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME MARK W. McBRAYER		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,100 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 158 ⁰⁰
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: 3
2 FILER NAME MARK W. McBRAYER		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAULA M. BANKS	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code [REDACTED] ROUND ROCK, TX 78681		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-13-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES + STEPHANIE COLLINS	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code P.O. BOX 817 LUBBOCK, TX 79408		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-13-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DR. MONTE + LAURA MONROE	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] LUBBOCK, TX 79416		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-13-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAM + KRISTI WALKER	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] LUBBOCK, TX 79424		
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: 3
2 FILER NAME MARK W. McBRAYER		3 Filer ID (Ethics Commission Filers)
4 Date 4-13-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH WANG	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77055		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4-13-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LESLIE SCHKADE	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] CONROE, TX 77384		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4-13-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALISON + JOHN CALLISON	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] FT. WORTH, TX 76123		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4-13-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KYLE DICKSON	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] AUSTIN, TX 78704		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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:

3

2 FILER NAME

MARK W. MCBRAYER

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

YOLANDA HUMPHREY

7 Amount of contribution (\$)

50.00

6 Contributor address: City: State: Zip Code

MISSOURI CITY, TX 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

4-13-22

ALAN HENRY

Amount of contribution (\$)

500.00

Contributor address: City: State: Zip Code

LOBBECK, TX 79410

Principal occupation / Job title (See Instructions)

INSURANCE

Employer (See Instructions)

SELF

Date

Full name of contributor

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

4-13-22

PAUL & SUSIE STELL

Amount of contribution (\$)

1,000.00

Contributor address: City: State: Zip Code

LOBBECK, TX 79424

Principal occupation / Job title (See Instructions)

PROPERTY MGMT

Employer (See Instructions)

SELF -

Date

Full name of contributor

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

RON & KATHY VICK

Amount of contribution (\$)

100.00

Contributor address: City: State: Zip Code

LOBBECK, TX 79410

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 1	2 FILER NAME MARK W. MCBRAYER	3 Filer ID (Ethics Commission Filers)
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4 Date 2.3.22	5 Payee name CITY OF LUBBOCK
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6 Amount (\$) 100.00	7 Payee address; LUBBOCK TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description FILING FEE
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-27-22	Payee name U.S. POSTAL SERVICE
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Amount (\$) 58.00	Payee address; LUBBOCK, TX 79413
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	Description POSTAGE
	<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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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