CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1					
The C/OH Instruction G	uide explains how to comple	te this form.	iler ID (Ethics Commission File	2 Total pages file	7
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR RO	FIRST	MI K	OFFICE	JSE ONLY
100		rist, an	SUFFIX		EIVED 9:13
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		PT / SUITE #; CITY;	STATE; ZIP CODE	4 OFFICE OF THE	2 9 2022 AM CITY SECRETARY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE	NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR MR	FIRST	E	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX	PLEASE); APT / SUITE #;	CITY;	STATE:	ZIP CODE
TREASURER ADDRESS	OMEET MEDICES (NOT 8 BOX	, <u>, , , , , , , , , , , , , , , , , , </u>	Lubbock	TX	79416
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE	NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before election	Runoff Exceeded Modifie	15th day after treasurer appropriate (Officeholder d	pointment
44 555125		•	Reporting Limit		(1110)
10 PERIOD COVERED	4 / 01	Year 22	FHROUGH 4	nth Day Year 28/20	
11 ELECTION	ELECTION DATE Month Day Year	Primary	ELECTION To Descript		
·	5/7/22	General	Special		
12 OFFICE	OFFICE HELD (If any) Cty Council Man	D:st#5	13 OFFICE SOUGHT (if I	(nown)	7.0.
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'S OR 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.				
JOINNATI TEE(3)	committee type Committee name Kandy Christian Campaign				
Additional Pages	GENERAL	EE ADDRESS	Lubbock	x 79424	
	SPECIFIC COMMITT	EE CAMPAIGN TREASURE	R NAME		
	СОММІТТ	EE CAMPAIGN TREASURE	Lubbock	TX 79416	
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	dy Christian	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)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,415,73		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$3,415,73 \$2,704.29		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 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	<i>r</i> :		
(1) Affidavit	Jerri West Durham My Commission Expires 10/23/2022 10 No. 124372703			
NOTARY STAMP/SEA	V. Cu	28 day of Apric		
20 2027 to certify	which, witness my hand and seal of office. Jerry Durham			
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath		
(2) Unsworn Declarati	OR			
(2) Onsworn Deciarati	VII			
	, and my date of birth is	•		
My address is				
Executed in	(city) (street) (city) (street) (city) (street) (city) (street) (month	state) (zip code) (country) , 20 (year)		
	Signature of Candid	date/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
Randy Christian		,
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$3,415,73
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ 892,15
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

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/Politica Credit Card Payment		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)	
Credit Card Payment	The Instruction Guide	explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER WAME AND Chris	stan	3 Filer ID (Ethics Commission Filers)	
4 Date 4 5 m	5 Payen name HARTS FIELD	DESIGN		
6 Amount (\$) 2, 139,02	7 Payee address; 6812 Wagne Ave	Lubbook	State; Zip Code 179424	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to ADV2RTISING IN	1600 00 10 10	See 11 pages WAS NOT USED OND 1. 4/21/22 \$ 1,015.39	
al .	(c) Check if travel outside of Texas. Co	omplete Schedule T. Check if Aus	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date /27/22	Randy Christia	an		
#654.15	Pavee address: 11.	kubback city: 7	State; Zip Code 79424	
PURPOSE OF EXPENDITURE	Reimb for Personal Townsquare Media	Description		
	Check if travel outside of Texas. Co	emplete Schedule T. Check if Aus	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
1 / 15/22	City Dank			
4500	Payee address: 5060	Libback	State; Zip Code TX 79408	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	Description BANK CI CHECKING	range for Campaign Acct.	
7	Check if travel outside of Texas. Co	mplete Schedule T. Check if Aust	lin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

it the requested into	ormation is not applicable, DO NOT in	nclude this page in the repo	ort.
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel In District Fravel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILERNAME LANGE Christ	ian	Filer ID (Ethics Commission Filers)
4 Data 114/22	Kandy Christian		
6 Amount (\$) .	7 Pavee address:	Lybback	State: Zip Code 1 79424
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Reimbursement for F Election Expense	Double T Radio Stap	Invoice for
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Austin, 7	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
A 1.4/22	Townsqure Media	-KFYO	
Amount (\$) \$1,144,95	Payee address; PD Box 301650	DATTAS	State; Zip Code 7x 75303
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so ADVERT: Sing Expanse	RALIO SPO	· 's
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austin, 1	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
H118 /22	Payee name KRFF		
Amount (\$)	Payee address: MARTIN Lvt	ther King Lubboa	K State; Zip Code 174 79404
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so ADVERTISTNE EXPEN		Ś
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austin, 1	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EXPENDITURE CATE	GORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILERMAME LA CAGSTO	210	3 Filer ID (Ethics Commission Filers)	
4 Date 4/2)/22	5 Payee name HARTS FIELD DESCH)		
6 Amount (6) (\$1,015.39)	7 Payee address; 6012 Wayne Are Suite A	LubbedCity;	State: Zip Code Ty 19424	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	schedule) (b) Description Portion Plus 14	P INV 220333	
	(c) Check if travel outside of Texas. Complete Schedule T. 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			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this:	schedule) Description		
Automorphis	Check if travel outside of Texas. Complete S	Schedule T. Check if Aust	tin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 a	schedule) Description		
	Check if travel outside of Texas. Complete S	chedule T. Check if Aust	tin, TX, officeholder living expense	
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 NE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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
Candidata/Officeholder/Political Committee

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)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) Christian Date 7 Payee address; 9800 University Ave Lubbock TX Zip Code .38-Reimbursement from political contributions intended (b) Description Air time Spots (a) Category (See Categories listed at the top of this schedule) **PURPOSE** ADVERTISING OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Toursquare Media Payee address; 4413 82~4 Lubback Tx political contributions 5+# 300 Category (See Categories listed at the top of this schedule) Air time Spots PURPOSE ADVERTISTNG EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED