CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	² Total pages filed: 27
3 CANDIDATE / OFFICEHOLDER NAME	ms/mrs/mr Mr.	FIRST Darren	мі Т.	OFFICE USE ONLY
HAME	піскиаме Тгау	Payne	SUFFIX	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;		CITY; STATE; ZIP CODE Lubbock TX 79423	APR 2 8 2022 OFFICE OF THE CITY SECRETARY LUBBOCK, TEXAS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	Ms/MRs/MR Mr.	FIRST Matthew	мі D .	Receipt # Amount \$ Date Processed
· · · · · · · · ·	Matt	Powell	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS			Lubbock,	TX 79423
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before e	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
	3 /	/ 29 / 22	THROUGH 4	/ 27 / 22
11 ELECTION	ELECTION DAY Month Day 5 / 7	Year Primary ✓ 22 ■ Genera	Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	1)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITUR	ES MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
OOMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		70.40
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME	
		COMMITTEE CAMPAIGN TI	REASURER ADDRESS	,
	1		NDACE 2	
		60 10	PAGE 2	

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) **Darren Tray Payne** 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** \$ 28,604.76 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ TOTALS \$ 80,745.76 **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 31,805.68 **BALANCE** OF REPORTING PERIOD **OUTSTANDING** 6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE **LOAN TOTALS** 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) Afficavit STEPHANIE ALYCE THIEL Notary ID #128768038 My Commission Expires WP/SEADctober 13, 2023 this the 20th day of April Sworn to and subscribed before me by __ To certify which, witness my hand and seal of office Jeonanie 1 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration _____, and my date of birth is ____ My name is My address is ___

(street)

_____, County, State of _____, on the ___

(city)

(state)

Signature of Candidate/Officeholder (Declarant)

(month)

(zip code)

(country)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FII Darr	nmiss	ion Filers)				
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	28,604.76		
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	4. SCHEDULE E: LOANS					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

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	s form.		1 Total pages Schedule A1: 13
2 FILER NAME Darren Tra	ay Payne				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor James O. & Stephanie C	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
03/30/2022	6 Contributor address;	City;	State;	Zip Code	100.00
	P.O. Box 817	Lubboc	k TX	79408	100.00
8 Principal occu	pation / Job title (See Instructions)	7	9 Emplo	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$)
กลเลกเลกลล	Dr. Monte & Laura Mo	onroe			
03/30/2022	Contributor address;	City;	State;	Zip Code	50.00
19		Lubboc	k TX	79416	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				tions)	
Date	Full name of contributor	out-of-state PAG	C (ID#:		Amount of contribution (\$)
03/30/2022	Scott & Mary Ann Sco	ott			
03/30/2022	Contributor address;	City; State; Zip Code			500.00
		Lubboc	k TX	79424	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
00/00/0000	Otilia R. & Charles V. Go	nzales			- 0.00
03/30/2022	Contributor address;	City;	State;	Zip Code	50.00
		Houston	TX 7	7035-2624	
Principal occur	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
				·····	
ñ					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

ii the reques	ted information is not applicable, DO NOT include this page in the	герогс.				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 13				
2 FILER NAME Darren Tra	ay Payne	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Adam J. & Kristi L. Walker	7 Amount of contribution (\$)				
03/30/2022	6 Contributor address; City; State; Zip Code Lubbock TX 79424-6836	50.00				
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instruct	lions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
03/31/2022	HOMEPAC of Texas, Texas Association of Builders Contributor address; City; State; Zip Code Austin TX 78701	2,000.00				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
03/31/2022	Thelma Banduch Contributor address; City; State; Zip Code P.O. Box 4183 McAllen TX 78502	50.00				
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)				
04/01/2022	Eboney D. Cobb Contributor address; City; State; Zip Code Fort Worth TX 76123-4614	50.00				
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

ii tile reques	ted information is not applicable, DO NOT inc	clude this page in the i	героп.
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 13	
2 FILER NAME Darren Tr	ay Payne		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Robert K. Gjertsen Jr. & Carol E. Bar	(ID#:) ton	7 Amount of contribution (\$)
04/01/2022	6 Contributor address; City; Austin	State; Zip Code TX 78750	50.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC E. Stephen Lee	(ID#:)	Amount of contribution (\$)
04/02/2022	Contributor address; City;	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
04/03/2022	Dr. William Dean & Peggy Dear Contributor address; City; Lubbock, TX	State; Zip Code	200.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Gilbert Arredondo	(ID#:)	Amount of contribution (\$)
04/03/2022	Contributor address; City;	State; Zip Code	515.38
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	lions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.							
The	Instruction Guide explains how to	1 Total pages Schedule A1: 13					
2 FILER NAME Darren Tra	ay Payne				3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Rick C. Boyd	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)		
04/03/2022	6 Contributor address;	city;	State;	Zip Code 79423	500.00		
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruct	lions)		
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)		
04/04/2022	Jared Robertson				$F \cap \cap \cap \cap$		
0-10-12022	Contributor address;	City;	State;		500.00		
		Lubbocl	ΚTX	79415			
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
04/04/2022	Roger & Donita Clark				400 00		
01/01/2022	Contributor address;	City;	State;	,	100.00		
		Lubbock	(TX	79424			
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)		
04/04/2022	Linda Middleton				F00 00		
0 1/0 1/2022	Contributor address;	City;	,	Zip Code	500.00		
		Lubboo	ck TX	79424			
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)		
	8						
L							

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

if the reques	ted information is not applicable	e, DU NUT INC	iuae th	is page in the	герогт.
The	Instruction Guide explains how to	complete this f	form.	. 20 1	1 Total pages Schedule A1: 13
2 FILER NAME Darren Tra	ay Payne				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor William C. & Meredith Pir	out-of-state PAC (ID#:)	7 Amount of contribution (\$)
04/05/2022	6 Contributor address;	city; Amarillo		Zip Code 79121	50.00
8 Principal occu	pation / Job title (See Instructions)		E mpl	oyer (See Instruc	tions)
Date	Full name of contributor C.J. Marquette	out-of-state PAC (ID#:		Amount of contribution (\$)
04/05/2022		City;	State;		500.00
Principal occup	ation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor Carl H. Isett	out-of-state PAC (ID#:		Amount of contribution (\$)
04/05/2022		City;	State;	Zip Code 79413	250.00
Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)
Date	Full name of contributor Joshua & Terisa Clark	out-of-state PAC ((ID#:		Amount of contribution (\$)
04/05/2022	Contributor address;	city;	State;	Zip Code 79423	1,000.00
Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)
	ATTACHADDITIO				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 13		
2 FILER NAME Darren Tra	ay Payne			15	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Greg Garrett	out-of-state PAC			7 Amount of contribution (\$)		
04/05/2022	6 Contributor address;	city;	State;	Zip Code	100.00		
8 Principal occu	pation / Job title (See Instructions)		9 Empl	loyer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
04/05/2022	Contributor address;	City;	State;	Zip Code	1,000.00		
Principal occupation / Job title (See Instructions) Lubbock TX 79413 Employer (See Instructions)					tions)		
Date	Full name of contributor	out-of-state PAC	(iD#:		Amount of contribution (\$)		
04/05/2022	Ronnie Keister			77.0.1.	500.00		
	Contributor address;	Lubbock	State;	·	300.00		
Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)		
04/05/2022	Matthew Crow Contributor address;	City;	State;	Zip Code	100.00		
		Lubbock	TX	79401	100.00		
Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 13
2 FILER NAME Darren Tra	ay Payne				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Mark Funderburk	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
04/05/2022	6 Contributor address;	City;	State;	Zip Code	1,000.00
		Lubboc	KIX	79424	
8 Principal occu	pation / Job title (See Instructions)		9 Emp	loyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/05/2022	Richard Sutton				105 00
	Contributor address;	City;	State;	Zip Code	105.00
		Lubboc	KIX	79416	
Principal occup	eation / Job title (See Instructions)		Empl	loyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/05/2022	Prosperity West Texa	200000			
	Contributor address;	City;	State;	Zip Code	2,000.00
		Lubbocl	(IX 	79424	
Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	itions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
04/06/2022	Scott T & Susan S Cherr	у			050.00
04/00/2022	Contributor address;	City;		Zip Code	250.00
		Lubbock	TX 79	423-3974	
Principal occur	pation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)
_					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to c	omplete this 1	iorm.		1 Total pages Schedule A1: 13
2 FILER NAME Darren Tra	ay Payne				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Clay & Kristyn Enger)	7 Amount of contribution (\$)
04/06/2022		city; Lubbock	State;	Zip Code 79423	257.94
8 Principal occu	pation / Job title (See Instructions)			oyer (See Instructi	ons)
Date	Full name of contributor	out-of-state PAC (ID#:		Amount of contribution (\$)
04/08/2022	David & Ronda Rendor Contributor address; Cro	n city; osbytor		Zip Code 79322	500.00
Principal occup	ation / Job title (See Instructions)		Emplo	oyer (See Instructi	ons)
Date		out-of-state PAC (ID#:)	Amount of contribution (\$)
04/08/2022		city; Garden d	State;	Zlp Code X 79758	103.48
Principal occup	nation / Job title (See Instructions)		Emple	oyer (See Instructi	ons)
Date	Full name of contributor John Key	out-of-state PAC ((ID#:		Amount of contribution (\$)
04/08/2022	Contributor address;	city; Lubbock		Zip Code 79382	250.00
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

if the requested information is not applicable, bo NoT include this page in the report.					
The	Instruction Guide explains how to	1 Total pages Schedule A1: 13			
2 FILER NAME Darren Tra	ay Payne				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Rendon, Ronnie	out-of-state PAC (ID#:		7 Amount of contribution (\$)
04/08/2022	6 Contributor address;	city; Ralls T	State; X 79 3	Zip Code 357-3233	500.00
8 Principal occu	pation / Job title (See Instructions)	!	9 Empl	loyer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC ((ID#:)	Amount of contribution (\$)
04/12/2022	Contributor address;	city; Lubbock		Zip Code 79423	250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor Robert C. II & Della M	out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/13/2022	Contributor address;	City; State; Zip Code Lubbock TX 79424			77.74
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
04/13/2022	Michael & Lauren Uryasz Contributor address;	city;		Zip Code 79424	100.00
Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)
		<u> </u>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 13		
2 FILER NAME Darren Tra	ay Payne				3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Dr. William Dean & Pegg	out-of-state PAC y Dean	(ID#:		7 Amount of contribution (\$)		
04/15/2022	6 Contributor address;	city;		Zip Code 79424	100.00		
8 Principal occup	pation / Job title (See Instructions)			oloyer (See Instruc	tions)		
Date	Full name of contributor Mr. and Mrs. Brent St	out-of-state PAC	(ID#:		Amount of contribution (\$)		
04/15/2022	Contributor address;	City;		Zip Code 79423	2,000.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Date	Full name of contributor		(ID#:		Amount of contribution (\$)		
04/15/2022	Mr. and Mrs. R.L. Jor	• • • • • • • • • • • • • • • • • • • •		Zip Code 79415	300.00		
Principal occup	eation / Job title (See Instructions)		Emp	oloyer (See Instruc	letions)		
Date	Full name of contributor Jim & Amy Cox	out-of-state PAC	(ID#:		Amount of contribution (\$)		
04/16/2022	Contributor address;	City;	State;	Zip Code 79424	515.38		
Principal occupation / Job title (See Instructions) Employer (See Instructions)							

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

	tou morniation to not applicate				
The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1: 13
2 FILER NAME Darren Tra	ay Payne				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Steven Lee Bearden	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
04/19/2022	6 Contributor address;	city; Lubbock	State;	Zip Code 79424	50.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor William J Egert	oul-of-state PAC	(ID#:)	Amount of contribution (\$)
04/19/2022	Contributor address;	city;	State;		2,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)		
Date	Full name of contributor Jimmy F. & Joyce Z.	out-of-state PAC	(ID#:		Amount of contribution (\$)
04/20/2022	Contributor address;	city; Lubbock		Zip Code 79413	25.00
Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)
Date	Full name of contributor Lubbock Chamber of C	out-of-state PAC			Amount of contribution (\$)
04/20/2022	Contributor address;	City;	State;	Zip Code TX 79401	5,000.00
Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

		s, DO NOT include this page in the	
The	Instruction Guide explains how to	complete this form.	1 Total pages Schedule A1: 13
2 FILER NAME Darren Tra	ay Payne		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Jon & Sarah Skelton	out-of-state PAC (ID#:)	7 Amount of contribution (\$)
04/23/2022	6 Contributor address;	City; State; Zip Code Lubbock TX 79416	2,000.00
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor Jim & Amy Cox	out-of-state PAC (ID#:)	Amount of contribution (\$)
04/23/2022	Contributor address;	City; State; Zip Code Lubbock TX 79424	50.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Jennifer Smith	out-of-state PAC (ID#:)	Amount of contribution (\$)
04/24/2022	Contributor address;	City; State; Zip Code Lubbock TX 79407	103.48
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Tony & Sheryl Gonzales	out-of-state PAC (ID#:)	Amount of contribution (\$)
04/25/2022	Contributor address;	City; State; Zip Code Lubbock TX 79410	1,030.26
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the reques	ted information is not applicable	e, DO NOT ind	lude thi	is page in the I	report.
The	Instruction Guide explains how to	complete this	form.		1 Total pages Schedule A1: 13
2 FILER NAME Darren Tra	ay Payne				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Lubbock Apartment Asso	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
04/25/2022	6 Contributor address;	city; Lubbocl	State;	Zip Code 79423	750.00
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruct	ions)
Date	Full name of contributor Gabriel & Patricia Vite	out-of-state PAC	(ID#:		Amount of contribution (\$)
04/26/2022	Contributor address;	City;	State;	Zip Code 79413	500.00
Principal occup	eation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	4)
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occup	 pation / Job title (See Instructions)		Empl	loyer (See Instruct	tions)
		i i			
	ATTACH ADDITIO	ONAL CODIES	SE TUIC C	CHEDIII E AS AI	EEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAMI	E		3 Filer ID (Ethics Co	ommission Filers)		
Darren Ti	ray Payne					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
5 Date	Mike Stevens			9 In-kind contribution description political survey		
04/07/2022	7 Contributor address; City; State;	2,500.00	political cal voy			
	Lubbock TX	79423	Check if travel outsi	I ide of Texas. Complete Schedule T.		
_	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		•	AL)(See Instructions)		
	f Action Printing	Self-Em		1510141.70		
12 Contributors	principal occupation (FOR JUDICIAL)	13 Contribu	Itors job title (FOR JU	JDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>				
				8		
Date	Full name of contributor		Amount of	In-kind contribution		
	Mike Stevens		Contribution \$	description political data		
04/12/2022	Contributor address; City; State;	Zip Code	750.00	report		
	Lubbock TX	79423	Check if travel outsi	ide of Texas. Complete Schedule T.		
_ '	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) of Action Printing	Self-En		AL)(See Instructions)		
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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

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

Credit Card Payment	The instruction Guide explains how to o	omplete this form.			
Total pages Schedule F1:	2 FILER NAME Darren Tray Payne	3 F	iler ID (Ethics	Commission Filers)	
1 Date	5 Payee name	alada e			
03/29/2022	Republican National Hispanic Assem				
\$ Amount (\$)	7 Payee address;	City;	State;	Zip Code	
500.00	1775 Eye Street NW, Suite 1150	Washington	DC	20006	
В	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Purchased Dinner	Table @	Mayoral Forun	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living	expense	
• Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
03/29/2022	Snead Strategies (March campaign o	consulting)			
Amount (\$)	Payee address;	City;	State;	Zip Code	
5,000.00	1500 Broadway, Suite 1412	Lubbock	TX	79401	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising/Consulting Expense March Media/Political Consulting				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
03/29/2022	Lehnen Consulting (political consulti	ng)			
Amount (\$)	Payee address;	City;	State;	Zip Code	
6,000.00	9702 Wayne Avenue	Lubbock	TX	79424	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Consulting Expense	Political Consultin	g/Campai	gn Managing	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living	g expense	
				Office held	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office field	

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

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

Credit Card Payment	The instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Darren Tray Payne		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·		
04/01/2022	Altice Advertising			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
5,111.69	6013 63rd Street	Lubbock	TX	79424
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertising	J	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/01/2022	KCBD			
Amount (\$)	Payee address;	City;	State;	Zip Code
12,711.75	5600 Avenue A	Lubbock	TX	79404
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertising	9	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	,	Office held
Date	Payee name			
04/01/2022	KLBK			
Amount (\$)	Payee address;	City;	State;	Zip Code
700.00	7403 University Avenue	Lubbock	TX	79423
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertising		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.		
1 Total pages Schedule F1: 9	2 FILER NAME Darren Tray Payne		3 Filer ID (Ethio	s Commission Filers)
4 Date	5 Payee name			
04/01/2022	KAMC	, n	*	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,015.75	7403 University Avenue	Lubbock	TX	79423
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertising	1	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
04/08/2022	KAMC			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,015.75	7403 University Avenue	Lubbock	TX	79423
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertising	9	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	21,000,000,000	Office held
Date	Payee name			
04/08/2022	KLBK			
Amount (\$)	Payee address;	City;	State;	Zip Code
612.00	7403 University Avenue	Lubbock	TX	79423
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertising		
,	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Mernorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Chedit Cast Payriforit	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1: 9	2 FILER NAME Darren Tray Payne		3 Filer ID (Ethic	s Commission File	rs)
4 Date	5 Payee name	····	***		
04/08/2022	Snead Strategies				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
8,550.00	1500 Broadway Avenue	Lubbock	TX	79401	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Ad Design & F	Promotion	ž.	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austli	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
04/08/2022	Action Printing				19
Amount (\$)	Payee address;	City;	State;	Zip Code	
2,024.52	2407 82nd Street	Lubbock	TX	79423	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Doorhangers	& Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name			.: *:	
04/08/2022	Snead Strategies				
Amount (\$)	Payee address;	City;	State;	Zip Code	
5,150.00	1500 Broadway Avenue	Lubbock	TX.	79401	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising/Consulting Expense	April Media/Po	litical Consu	lting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g 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 NEE	DED		

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

Event Expense Fees Food/Beverage Expense Gifl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The instruction Guide explains how to c	omplete this form.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 Total pages Schedule F1:			3 Filer ID (Ethic	s Commission Filers)
4 Date	Darren Tray Payne 5 Payee name		.	
04/08/2022	Townsquare Media			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
	•	-	•	•
4,997.15	4413 82nd Street, Suite #300	Lubbock	TX	79424
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Radio Ads		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/08/2022	Alpha Media			
Amount (\$)	Payee address;	City;	State;	Zip Code
6,000.00	33 Briercroft Office Park	Lubbock	TX	79412
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Radio Ads		
	Check if travel outside of Texas. Complete Schedule T.	Check If Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			APPLA COLONIA
04/12/2022	Latino Magazine			
Amount (\$)	Payee address;	City;	State;	Zip Code
775.00	P.O. Box 6473	Lubbock	TX	79493
	Category (See Categories listed at the top of this schedule)	Description	18	
PURPOSE OF EXPENDITURE	Advertising Expense	Magazine Ad		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	g 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 NEE	DED	

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

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	cs Commission Filers)
9	Darren Tray Payne			
4 Date	5 Payee name			
04/14/2022	Action Printing			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
813.88	2407 82nd Street	Lubbock	TX	79423
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Doorhangers		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livir	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name ਜ	Office sought		Office held
Date	Payee name	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		.
04/18/2022	КАМС			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,015.75	7403 University Avenue	Lubbock	TX	79423
	Category (See Categories listed at the top of this schedule)	Description	*****	
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertising	9	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/18/2022	KLBK			
Amount (\$)	Payee address;	City;	State;	Zip Code
612.00	7403 University Avenue	Lubbock	TX	79423
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertising		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	300 900

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers)	
9	Darren Tray Payne				
Date	5 Payee name				
04/18/2022	Lehnen Consulting				
3 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
1,806.68	9702 Wayne Avenue	Lubbock	TX	79424	
В	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Consulting Expense	Political Consu	ılting/Campa	ign Managing	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name			2	
04/18/2022	Jimmy Castillo/Saint Media				
Amount (\$)	Payee address;	City;	State;	Zip Code	
740.00	9108 Quincy Avenue	Lubbock	TX	79424	
	Category (See Categories listed at the top of this schedule)	Description		* ***	
PURPOSE OF EXPENDITURE	Advertising Expense	Media			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expen		expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
04/20/2022	Robert Pratt/Perstruo Texas, Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
390.00	P.O. Box 5282	Lubbock	TX	79408	
	Category (See Categories listed at the top of this schedule)	Description		······································	
PURPOSE OF EXPENDITURE	Advertising Expense	Radio Ads/Prat	tt on Texas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	

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

	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1: 9	2 FILER NAME Darren Tray Payne		3 Filer ID (Ethic	s Commission Filers	,
4 Date	5 Payee name			~.	
04/21/2022	KAMC				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
1,015.75	7403 University Avenue	Lubbock	TX	79423	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertising			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
04/21/2022	KLBK				
Amount (\$)	Payee address;	City;	State;	Zip Code	
612.00	7403 University Avenue	Lubbock	TX	79423	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertising)		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
04/26/2022	KAMC				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1,015.75	7403 University Avenue	Lubbock	TX	79423	
	Category (See Categories listed at the top of this schedule)	Description		·	
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertising			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g 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 NEE	DED		

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

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.			
1 Total pages Schedule F1: 9	2 FILER NAME Darren Tray Payne		3 Filer ID (Ethics Commission Filers)		
4 Date 04/26/2022	5 Payee name KLBK				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
612.00	7403 University Avenue	Lubbock	TX	79423	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertising			
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH		Office sought		Office held	
Date	Payee name				
04/26/2022	KCBD				
Amount (\$)	Payee address;	City;	State;	Zip Code	
11,560.00	5600 Avenue A	Lubbock	TX	79404	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertising)		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	Voca i			
04/26/2022	Walk by Faith Radio				
Amount (\$)	Payee address;	City;	State;	Zip Code	
200.00	2709 Marshall Street	Lubbock	TX	79415	
· ·	Category (See Categories listed at the top of this schedule)	Description		1.01	
PURPOSE OF EXPENDITURE	Advertising Expense	Radio Interview	v *		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
- · · · · · · · · · · · · · · · · · · ·	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	·	