

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 MR	FIRST ROY	MI A
	NICKNAME	LAST PAYNE	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: PO Box 725	APT / SUITE #:	CITY: Refugio TX STATE: ZIP CODE 78377
	<input type="checkbox"/> Change of Address		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 319-1537	EXTENSION
	Date Hand-Delivered or Date Posted: AMERIKO		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST ROY	MI A
	NICKNAME	LAST PAYNE	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): PO Box 725	APT / SUITE #:	CITY: Refugio TX STATE: ZIP CODE 78377
	Date Processed		
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 319 1537	EXTENSION
	Date Imaged		
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 11 / 18 / 2023 THROUGH 12 / 31 / 2023		
11 ELECTION	ELECTION DATE Month Day Year 03 / 05 / 2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any) County Commissioner		13 OFFICE SOUGHT (if known) County Commissioner
14 NOTICE FROM POLITICAL COMMITTEE(S) <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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

RECEIVED

JAN 12 2024

ELECTIONS ADMINISTRATOR
REFUGIO COUNTY, TEXAS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Ray A. Payne</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>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2014.09</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</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.

Ray A. Payne

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 Ray A. Payne, and my date of birth is 02-04-1959

My address is PO Box 725 (street), Refugio (city), TX (state), 78377 (zip code), Refugio (country)

Executed in Refugio County, State of TEXAS, on the 8th day of JANUARY, 2024 (month) (year)

Ray A. Payne
Signature of Candidate/Officeholder (Declarant)

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 | 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 G: 2	2 FILER NAME BOY A PAYNE		3 Filer ID (Ethics Commission Filers)	
4 Date 11-11-23	5 Payee name REPUBLICAN PARTY CHAIRMAN			
6 Amount (\$) 750 <small>Reimbursement from political contributions intended</small>	7 Payee address: 606 Oak Street	City: DEPTO	State: TX	Zip Code 78777
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Fees	
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
9 <small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name	Office sought	Office held	
Date 12-26-23 1-08-24	Payee name ARROW Display Signs			
Amount (\$) 889.82 <small>Reimbursement from political contributions intended</small>	Payee address: 1343 S. STAPLES	City: Corpus Christi	State: TX	Zip Code 78404
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description SIGNS	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
<small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name BOY A PAYNE	Office sought Commissioner	Office held Commissioner	
Date 12-27-23 1-08-24	Payee name DEWITT PITH & SONS			
Amount (\$) 342.69 <small>Reimbursement from political contributions intended</small>	Payee address: PO Box 487 102 WEST STREET	City: YOAKUM	State: TX	Zip Code 77955
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description CARDS & PENS	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
<small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name BOY A Payne	Office sought Commissioner	Office held Commissioner	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G	2 FILER NAME <i>Ray Payne</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-28-23</i>	5 Payee name <i>Dexter Linder</i>	
6 Amount (\$) <i>21.53</i> <small>Reimbursement from political contributions intended</small>	7 Payee address; <i>706 S ALAMO</i>	City; State; Zip Code <i>Refugio TX 78377</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ALBERT. GUY EXPENSE</i>	(b) Description <i>2:2 tie</i>
	(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
Date <i>10-23/11-27-24</i>	Payee name <i>Refugio County</i>	
Amount (\$) <i>10.05</i> <small>Reimbursement from political contributions intended</small>	Payee address; <i>808 COMMERCE</i>	City; State; Zip Code <i>Refugio TX 78377</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>COPIES</i>
	(c) <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
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Arrow Display Signs

1343 S. Staples
Corpus Christi, TX 78404 US
+1 3618841332
ryan@arrowdisplaysigns.com/kathy@arrowdisplaysigns.com
www.arrowdisplaysigns.com



INVOICE

BILL TO
Roy Payne

SHIP TO
Roy Payne

INVOICE # 7242
DATE 01/05/2024
DUE DATE 02/04/2024
TERMS Net 30

TRACKING NO.
30198

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
Coroplast Signs	18 x 24 CORO SINGLE FACE CAMPAIGN SIGNS	12	14.75	177.00T

ATTENTION: DUE TO RISING COSTS OF MATERIALS PRICES
MAY CHANGE FROM ORDER TO ORDER.

SUBTOTAL	177.00
TAX	14.60
TOTAL	191.60
BALANCE DUE	\$191.60

pd cash # 1.5.24

Arrow Display Signs

1343 S. Staples
Corpus Christi, TX 78404 US
+1 3618841332
ryan@arrowdisplaysigns.com/kathy@arrowdisplaysigns.com
www.arrowdisplaysigns.com



INVOICE

BILL TO
Roy Payne

SHIP TO
Roy Payne

INVOICE # 7194
DATE 12/26/2023
DUE DATE 01/25/2024
TERMS Net 30

TRACKING NO.
30126

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
Coroplast Signs	4 x 4 CORO SINGLE FACE	12	35.00	420.00T
Coroplast Signs	18 X 24 SINGLE FACE	25	9.00	225.00T

ATTENTION: DUE TO RISING COSTS OF MATERIALS PRICE
MAY CHANGE FROM ORDER TO ORDER.

GRAND TOTAL	645.00
TAX	53.22
TOTAL	698.22
PAYMENT	698.22
BALANCE DUE	\$0.00

PAID



INVOICE

DEWITT POTH & SON
 P.O. BOX 487
 102 WEST STREET
 YOAKUM TX 77995

Yoakum: (800) 242-0162
 Goliad: (866) 400-1568

INVOICE NUMBER	740339-0
INVOICE DATE	12/27/23
ACCOUNT NUMBER	1
DEPT NUMBER	

BILLTO ADDRESS		SHIPTO ADDRESS			
CASH 102 WEST ST YOAKUM TX 77995		CASH 102 WEST ST YOAKUM TX 77995			
CUSTOMER PURCHASE ORDER	SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKE
	HOUSE ACCOUNT		1000	COD	220

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
PRINTING	DPS	*** RE-ELECT COMMISSIONER ROY PAYNE REFUGIO COUNTY PCT. 1-1A *** PRINTING ***		1	1		275.00	.00
PRINTING	BCT	300 DART PENS WHITE PEN WITH RED TRIM RED IMPRINT JOB 29920 *** BUSINESS CARDS - 500 *** 500 BUSINESS CARDS 16PT MATTE CARDSTOCK FULL COLOR JOB 29919 ***		1		1	45.00	45.00

OK
12/29/2023

_____ DPS CHECKIN _____ DPS DELIVERY **Subtotal** 45.00
Tax 3.71

_____ Customer Signature / Date _____

Thank you for your order!



INVOICE

DEWITT POTH & SON
 P.O. BOX 487
 102 WEST STREET
 YOAKUM TX 77995

Yoakum: (800) 242-0162
 Goliad: (866) 400-1568

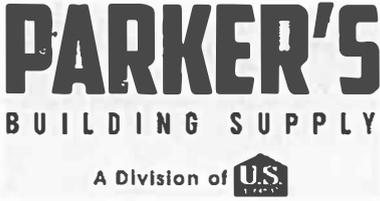
INVOICE NUMBER	740339-1
INVOICE DATE	01/08/24
ACCOUNT NUMBER	1
DEPT NUMBER	

BILL TO ADDRESS		SHIP TO ADDRESS			
CASH 102 WEST ST YOAKUM TX 77995		CASH 102 WEST ST YOAKUM TX 77995			
CUSTOMER PURCHASE ORDER	SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKE
	HOUSE ACCOUNT		1000	COD	220

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
PRINTING	DPS	*** RE-ELECT COMMISSIONER ROY PAYNE REFUGIO COUNTY PCT. 1-1A *** PRINTING *** 300 DART PENS WHITE PEN WITH RED TRIM RED IMPRINT JOB 29920 ***		1		1	275.00	275.0

*OK
1/9/24*

<input type="checkbox"/> DPS CHECKIN	<input type="checkbox"/> DPS DELIVERY	Subtotal	275.0
		Tax	22.6
_____ Customer Signature / Date _____			
Thank you for your order!			297.6



Parkers Building Supply
 706 S ALAMO ST
 REFUGIO, TX 78377-2102
 361-526-2144

Quick Sale Order

Order No 26707245
Order Date 12/28/2023
Branch 027010 - PK - Refugio
Customer PKT11166
Contact Name
Contact Number
Plot Ref
Delivery On 12/28/2023
Taken By Bryce Santa
Sales Rep HOUSE ACCOUNT

Invoice Address
 Roy Payne
 P.O. BOX 725
 REFUGIO, TX, 78377-

Delivery Address
 Roy Payne
 P.O. BOX 725
 REFUGIO, TX, 78377-



Special Instructions	Notes

Line	Product Code	Description	Qty/UOM	BO/UOM	Price/UOM	Total
1	TOC14542	TOOL CITY 14542 7.9" 50 LB RELEASABLE SD ZIP TIE NATURAL 100CT	1 PACK	0 PACK	19.89 PACK	19.89

Customer _____
Date _____

Payment Method	Amount Received
Cash - Refugio	\$21.53
Tender	\$50.00
Change	\$28.47
Payment Date	12/28/2023
Amount Outstanding	\$0.00

Total Weight	0.00 lbs
Total Volume	0.00 bf
Total Amount	\$19.89
Sales Tax 8.25%	\$1.64
Order Total	\$21.53

This document is subject to and governed by Parkers Building Supply's Terms and Conditions, which are available for review at <https://uslbm.com/termsandconditionsofsales> (the "Terms and Conditions"), and the Terms and Conditions are incorporated by reference into this document. The Terms and Conditions are subject to change, with the updated versions being available at the foregoing link, and you agree and intend to be bound by the Terms and Conditions. If you cannot access the link or prefer to receive the Terms and Conditions in another format, please contact assist@uslbm.com.

RECEIPT

Date 11-11-23

Receipt # 002

Amount \$750⁰⁰

CK# 1068

Description Candidate Filing Fee

Received From Roy Payne

Received by Jeff Steele

Title Refugio County Chair



REFUGIO COUNTY

018245

Date 12/14/2023

Received of

Roy Payne

Dollars

\$ 40¢

maps-Pet 101A

Signed

C. Brewer



REFUGIO COUNTY

020892

Date 10-23-2023

Received of

Roy Payne

Dollars

- Three and 30/100

\$ 3.30

Copies (33)

Signed

C. Henderson



REFUGIO COUNTY

018243

Date 10/19/23

Received of

Roy Payne

Dollars

\$ 1.25

Petition in view
(5) copies

Signed

C. Brewer



REFUGIO COUNTY

018244

Date

10/23/23

Received of

Dollars



REFUGIO COUNTY

018244

Date

11/17/23
003
11/01/23

Received of

Ray Dwyne

Dollars

\$

5' \$5.10
11/01/23

Signed

LEWIS