

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

|   |   |   |  |
|---|---|---|--|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00069496 | <b>2</b> Total pages filed:<br><br>11                            |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Mrs.   | FIRST<br>Latosha Lewis                                      | MI   |
|   | NICKNAME  | LAST<br>Payne   | SUFFIX   |
| <b>OFFICE USE ONLY</b>  |   |   |  |
|   |   |   | Date Received<br><b>ELECTRONICALLY FILED</b><br>01/15/2021       |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>P.O. Box 310507<br><br>Houston, TX 77231  |   | ZIP CODE   |
|   | Date Hand-delivered or Date Postmarked  |   |  |
|   | Receipt #   | Amount  |  |
|   | Date Processed  |   |  |
| Date Imaged   |   |   |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mrs.   | FIRST<br>Samantha   | MI   |
|   | NICKNAME  | LAST<br>Trahan  | SUFFIX   |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>12 Greenway Plz<br>Suite 1100<br>Houston, TX 77046   |   |  |
|   |   |   |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION  |
| (832) 426-7022  |   |   |  |
| <b>8</b> 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)                         |   |  |
| <b>9</b> PERIOD COVERED   | Month   | Day   | Year   |
|   | 07/01/2020  | THROUGH   | 12/31/2020   |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month Day Year<br>03/08/2022   |   | ELECTION TYPE  |
|   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special   |   |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)<br>District Judge District 55 Harris   |   | <b>12</b> OFFICE SOUGHT (if known)<br>District Judge District 55 |
|   |   |   |  |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 11

**13 C / OH NAME** Payne, Latosha Lewis (Mrs.) **14 Filer ID** (Ethics Commission Filers)  
00069496

**15 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.

Additional Pages

|  |   |
|--|---|
| <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | <b>COMMITTEE NAME</b>                       |
|  | <b>COMMITTEE ADDRESS</b>                    |
|  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |
|  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |

|                                |  |    |           |
|--------------------------------|--|----|-----------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 0.00      |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 14.85     |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 1,216.97  |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 15,505.09 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 0.00      |

**17 AFFADAVIT**

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.

Mrs. Latosha Lewis Payne  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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

# SUBTOTALS - JC/OH

|   |   |
|---|---|
| <b>18 FILER NAME</b><br>Payne, Latosha Lewis (Mrs.) | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00069496 |
|---|---|

| <b>20 SCHEDULE SUBTOTALS</b>           |  | <b>SUBTOTAL AMOUNT</b> |
|--|--|------------------------|
| <b>NAME OF SCHEDULE</b>                |  |                        |
| 1. <input checked="" type="checkbox"/> | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                        | \$ 0.00                |
| 2. <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0.00                |
| 3. <input checked="" type="checkbox"/> | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$ 0.00                |
| 4. <input checked="" type="checkbox"/> | SCHEDULE E(J): LOANS (JUDICIAL)  | \$ 0.00                |
| 5. <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 1,216.97            |
| 6. <input checked="" type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0.00                |
| 7. <input checked="" type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$ 0.00                |
| 8. <input checked="" type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0.00                |
| 9. <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$ 0.00                |
| 10. <input type="checkbox"/>           | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                     |
| 11. <input type="checkbox"/>           | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                     |
| 12. <input type="checkbox"/>           | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                     |

# PLEGGED CONTRIBUTIONS (JUDICIAL)

## SCHEDULE B(J)

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule B(J):  
Sch: 1/1 Rpt: 4/11

**2** FILER NAME  
Payne, Latosha Lewis (Mrs.)

**3** Filer ID (Ethics Commission Filers)  
00069496

**4** TOTAL OF UNITEMIZED PLEDGES

**\$** 0.00

**5** Date

**6** Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

**8** Amount of  
pledge (\$)

**9** In-kind description  
(If applicable)

**7** Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

**10** Pledgor's principal occupation

**11** Pledgor's job title

**12** Pledgor's employer/law firm

**13** Law firm of pledgor's spouse (if any)

**14** If pledgor is a child, law firm of parent(s) (if any)

# LOANS (JUDICIAL)

# SCHEDULE E(J)

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule E(J):<br>Sch: 1/1 Rpt: 5/11   |
| <b>2</b> FILER NAME<br>Payne, Latosha Lewis (Mrs.)                         |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069496  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |  | <b>\$</b> 0.00  |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)   |
| <b>6</b> Is lender a financial institution?                                | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate   |
|  |  | <b>11</b> Maturity Date   |
| <b>12</b> Lender's Principal Occupation                                    |  | <b>13</b> Lender's Job Title  |
| <b>14</b> Lender's Employer/Law Firm                                       |  | <b>15</b> Law Firm of lender's spouse (if any)  |
| <b>16</b> If lender is child, law firm of parent(s) (if any)               |  |   |
| <b>17</b> Description of Collateral<br><input type="checkbox"/> None       |  | <b>18</b> Check if personal funds were deposited into political account<br>(See Instructions)<br><input type="checkbox"/> |
| <b>19</b> GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | <b>20</b> Name of guarantor  | <b>22</b> Amount Guaranteed (\$)  |
|  | <b>21</b> Guarantor address; City; State; Zip Code                             |   |
| <b>23</b> Guarantor's Principal Occupation                                 |  | <b>24</b> Guarantor's Job Title   |
| <b>25</b> Guarantor's Employer/Law Firm                                    |  | <b>26</b> Law Firm of guarantor's spouse (if any)   |
| <b>27</b> If guarantor is child, law firm of parent(s) (if any)            |  |   |
|  |  |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/6 Rpt: 6/11             | <b>2</b> FILER NAME<br>Payne, Latosha Lewis (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069496  |
| <b>4</b> Date<br>12/21/2020   | <b>5</b> Payee name<br>1&1 Internet Inc.   |   |
| <b>6</b> Amount (\$)<br>\$12.90                                     | <b>7</b> Payee address; City; State; Zip Code<br>701 Lee Road<br>Suite 300<br>Chesterbrook, TX 19087 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website and email account |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/02/2020  | Payee name<br>1&1 Internet Inc.  |   |
| Amount (\$)<br>\$6.45   | Payee address; City; State; Zip Code<br>701 Lee Road Suite 300<br>Chesterbrook, TX 19087             |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website and email account |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/02/2020  | Payee name<br>1&1 Internet Inc.  |   |
| Amount (\$)<br>\$132.86   | Payee address; City; State; Zip Code<br>701 Lee Road Suite 300<br>Chesterbrook, TX 19087             |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website and email account |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### 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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/6 Rpt: 7/11             | <b>2</b> FILER NAME<br>Payne, Latosha Lewis (Mrs.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069496  |
| <b>4</b> Date<br>09/21/2020   | <b>5</b> Payee name<br>1&1 Internet Inc.  |   |
| <b>6</b> Amount (\$)<br>\$28.10                                     | <b>7</b> Payee address; City; State; Zip Code<br>701 Lee Road Suite 300<br><br>Chesterbrook, TX 19087 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website and email account |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>08/04/2020  | Payee name<br>1&1 Internet Inc.   |   |
| Amount (\$)<br>\$6.46   | Payee address; City; State; Zip Code<br>701 Lee Road Suite 300<br><br>Chesterbrook, TX 19087          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website and email account |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>07/02/2020  | Payee name<br>1&1 Internet Inc.   |   |
| Amount (\$)<br>\$6.36   | Payee address; City; State; Zip Code<br>701 Lee Road Suite 300<br><br>Chesterbrook, TX 19087          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website and email account |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/6 Rpt: 8/11      | <b>2</b> FILER NAME<br>Payne, Latosha Lewis (Mrs.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069496  |
| <b>4</b> Date<br>10/23/2020                                  | <b>5</b> Payee name<br>BNB facemask   |   |
| <b>6</b> Amount (\$)<br>\$108.14                             | <b>7</b> Payee address; City; State; Zip Code<br>964 Risa Rd<br>Apt. 31<br>Lafayette, CA 94549-3423       |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Clear masks for jurors and witnesses for jury trials during COVID |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/23/2020   | Payee name<br>Clear Mask, LLC   |   |
| Amount (\$)<br>\$72.53                                       | Payee address; City; State; Zip Code<br>8701 W. 47th St.<br><br>McCook, IL 60525                          |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Clear mask for jurors and witnesses for jury trials during COVID  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>12/08/2020   | Payee name<br>Constant Contact  |   |
| Amount (\$)<br>\$45.57                                       | Payee address; City; State; Zip Code<br>1601 Trapelo Road, Suite 329<br><br>Waltham, MA 02451             |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newsletter  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|          |  |  |  |               |   |
|----------|--|--|--|---------------|---|
| <b>1</b> | Total pages Schedule F1:<br>Sch: 4/6 Rpt: 9/11 | <b>2</b>   | FILER NAME<br>Payne, Latosha Lewis (Mrs.)  | <b>3</b>      | Filer ID (Ethics Commission Filers)<br>00069496 |
| <b>4</b> | Date<br>11/09/2020                             | <b>5</b>   | Payee name<br>Constant Contact   |               |   |
| <b>6</b> | Amount (\$)<br>\$45.57                         | <b>7</b>   | Payee address; City; State; Zip Code<br>1601 Trapelo Road, Suite 329<br><br>Waltham, MA 02451  |               |   |
| <b>8</b> | <b>PURPOSE OF EXPENDITURE</b>                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newsletter |               |   |
| <b>9</b> |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name  | Office sought | Office held                                     |
|          | Date<br>10/08/2020                             |  | Payee name<br>Constant Contact   |               |   |
|          | Amount (\$)<br>\$45.57                         |  | Payee address; City; State; Zip Code<br>1601 Trapelo Road, Suite 329<br><br>Waltham, MA 02451  |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newsletter |               |   |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name  | Office sought | Office held                                     |
|          | Date<br>09/08/2020                             |  | Payee name<br>Constant Contact   |               |   |
|          | Amount (\$)<br>\$45.57                         |  | Payee address; City; State; Zip Code<br>1601 Trapelo Road, Suite 329<br><br>Waltham, MA 02451  |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newsletter |               |   |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name  | Office sought | Office held                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/6 Rpt: 10/11            | <b>2</b> FILER NAME<br>Payne, Latosha Lewis (Mrs.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069496  |
| <b>4</b> Date<br>08/10/2020   | <b>5</b> Payee name<br>Constant Contact   |   |
| <b>6</b> Amount (\$)<br>\$45.57                                     | <b>7</b> Payee address; City; State; Zip Code<br>1601 Trapelo Road, Suite 329<br><br>Waltham, MA 02451    |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newsletter    |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>07/08/2020  | Payee name<br>Constant Contact  |   |
| Amount (\$)<br>\$45.57  | Payee address; City; State; Zip Code<br>1601 Trapelo Road, Suite 329<br><br>Waltham, MA 02451             |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newsletter    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/20/2020  | Payee name<br>Judicial Shop   |   |
| Amount (\$)<br>\$94.90  | Payee address; City; State; Zip Code<br>1865 Summit Avenue<br>Suite 609<br>Plano, TX 75074                |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Judicial Robe |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/6 Rpt: 11/11 | <b>2</b> FILER NAME<br>Payne, Latosha Lewis (Mrs.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00069496 |
|--|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>11/04/2020 | <b>5</b> Payee name<br>Sam's Club #4769 |
|-----------------------------|---|

|                                  |   |
|----------------------------------|---|
| <b>6</b> Amount (\$)<br>\$312.00 | <b>7</b> Payee address; City; State; Zip Code<br>5310 S Rice Ave<br><br>Houston, TX 77081 |
|----------------------------------|---|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Water, Snacks for Voters at Election Day Polls |
|---------------------------------|--|--|

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

|                    |  |
|--------------------|--|
| Date<br>07/15/2020 | Payee name<br>United States Postal Service |
|--------------------|--|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$148.00 | Payee address; City; State; Zip Code<br>11805 Chimney Rock<br><br>Houston, TX 77035 |
|-------------------------|---|

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

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

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|