

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081583	2 Total pages filed: 6		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST James A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/17/2023	
	NICKNAME Jim	LAST Payne	SUFFIX Jr.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 259 Wulf Creek Drive Center, TX 75935		ZIP CODE	Date Hand-delivered or Date Postmarked	
				Receipt # Amount	
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Brenda J.	MI		
	NICKNAME Jill	LAST Payne	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 259 Wulf Creek Drive Center, TX 75935				
7 CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUMBER 554-2678	EXTENSION		
8 REPORT TYPE	<input 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 checked="" 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)				
9 PERIOD COVERED	Month Day Year 01/01/2023		THROUGH	Month Day Year 06/30/2023	
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) District Judge (Multi-county) District 273 Sabine, Shelby, ...		12 OFFICE SOUGHT (if known)		

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 6

13 C / OH NAME Payne Jr., James A. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00081583

15 NOTICE FROM POLITICAL COMMITTEE(S)
 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	12,331.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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.

The Honorable James A. Payne Jr.

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

18 FILER NAME Payne Jr., James A. (The Honorable)		19 Filer ID 00081583	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 2,068.09
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/3 Rpt: 4/6	2 FILER NAME Payne Jr., James A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081583
4 Date 06/13/2023	5 Payee name Hemphill Flower Shop	
6 Amount (\$) 67.37	7 Payee Address; City; State; Zip 201 Starr Street Hemphill, TX 75948	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) MEMORIAL EXPENSE
Date 03/17/2023	Payee name Hughes Florist	
Amount (\$) 74.69	Payee Address; City; State; Zip 321 Shelbyville Street Center, TX 75935	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) MEMORIAL EXPENSE
Date 01/12/2023	Payee name Hughes Florist	
Amount (\$) 68.20	Payee Address; City; State; Zip 321 Shelbyville Street Center, TX 75935	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) MEMORIAL EXPENSE
Date 02/03/2023	Payee name Hughes Florist	
Amount (\$) 138.56	Payee Address; City; State; Zip 321 Shelbyville Street Center, TX 75935	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) MEMORIAL EXPENSE

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/3 Rpt: 5/6	2 FILER NAME Payne Jr., James A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081583
4 Date 02/08/2023	5 Payee name LIGHT AND CHAMPION	
6 Amount (\$) 30.00	7 Payee Address; City; State; Zip 137 SAN AUGUSTINE STREET CENTER, TX 75935	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) NEWSPAPER SUBSCRIPTION
Date 04/28/2023	Payee name SAN AUGUSTINE TRIBUNE	
Amount (\$) 25.00	Payee Address; City; State; Zip 807 E. COLUMBIA STREET SAN AUGUSTINE, TX 75972	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) SUBSCRIPTION	(b) Description (See instructions regarding type of information required.) NEWSPAPER SUBSCRIPTION
Date 03/31/2023	Payee name SAN AUGUSTINE TRIBUNE	
Amount (\$) 25.00	Payee Address; City; State; Zip 807 E. COLUMBIA STREET SAN AUGUSTINE, TX 75972	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) NEWSPAPER SUBSCRIPTION
Date 04/07/2023	Payee name SHELBY COUNTY CHAMBER	
Amount (\$) 75.00	Payee Address; City; State; Zip 100 COURTHOUSE SQUARE Center, TX 75935	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) 2023 CHAMBER OF COMMERCE MEMBERSHIP DUES

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/3 Rpt: 6/6	2 FILER NAME Payne Jr., James A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081583
4 Date 01/24/2023	5 Payee name SHELBY COUNTY CHAMBER	
6 Amount (\$) 75.00	7 Payee Address; City; State; Zip 100 COURTHOUSE SQUARE Center, TX 75935	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) 2022 CHAMBER OF COMMERCE MEMBERSHIP DUES
Date 04/28/2023	Payee name State Bar of Texas	
Amount (\$) 240.00	Payee Address; City; State; Zip 1414 Colorado Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) STATE BAR DUES
Date 01/18/2023	Payee name Texas Department of Criminal Justice	
Amount (\$) 1,167.00	Payee Address; City; State; Zip P.O. Box 4015 Huntsville, TX 77342	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Expense	(b) Description (See instructions regarding type of information required.) Office furniture
Date 05/24/2023	Payee name Walmart Supercenter	
Amount (\$) 82.27	Payee Address; City; State; Zip 765 Hurst Street Center, TX 75935	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) OFFICE EXPENSE	(b) Description (See instructions regarding type of information required.) SMALL OFFICE PRINTER