### CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM JCOR-C/OH

| _ | Eller ID (Elle           | in Organization Filams)                                    | O T-t-1                                 |  |   |  |                          |
|---|--------------------------|--|---|--|---|--|--------------------------|
| 1 | Filer ID (Eth 00069496   | ics Commission Filers)                                     | 2 Total pages filed: 23                 |  |   |  | USE ONLY                 |
|   |                          | ING (MDC (MD   |   |  |   | Date Received                            |                          |
| 3 | CANDIDATE / OFFICEHOLDER | MS / MRS / MR  | FIRST                                   |  | MI  | ELECTRONIC                               | ALLY FILED               |
|   | NAME                     | The Honorable  | Latosha Lewis                           |  |   | 08/03/2023                               |                          |
|   |                          | NICKNAME   | LAST                                    |  | SUFFIX  |  |                          |
|   |                          |  | Payne —                                 |  |   | Date Hand-delivered o                    | r Date Postmarked        |
| 4 | ORIGINAL<br>REPORT TYPE  | January 15   | Runoff                                  | Ш ,  | specify)  |  |                          |
|   |                          | X July 15  | Exceeded modified                       |  |   | Receipt #                                | Amount                   |
|   |                          | 30th day before election                                   | 15th day after camp appointment (office |  |   | Date Processed                           |                          |
|   |                          | 8th day before election                                    | Final Report (Attach                    | n C/OH-FR)   |   | Date 1 10003300                          |                          |
| 5 | ORIGINAL PERIOD          | Month Day Yea  | ar                                      | Month Day  | Year  | Date Imaged                              |                          |
|   | COVERED                  | 01/01/2023   | THROUGH                                 | 06/30/2023   |   |  |                          |
| 6 | EXPLANATION OF C         | CORRECTION   |   |  |   | -  |                          |
|   |                          | hecks from the banks, I up<br>onnection with this correcti |   |  |   | uesting a waiver o                       | reduction of any         |
| 7 | AFFIDAVIT                |  | and                                     | ear, or affirm, under p<br>correct.<br>ck the box next to an   | , , , ,   |  | d report is true         |
|   |                          |  | X                                       | Semiannual report<br>was made in good f<br>misrepresent the inf  | aith and without  |  |                          |
|   |                          |  | X                                       | Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in g | the 14th busines<br>riginally filed is in<br>at any error or om | ss day after the da<br>accurate or incom | te I learned<br>olete. I |
|   |                          |  |   |  |   |  |                          |
|   |                          |  |   |  |   | na Lewis Payne                           |                          |
|   | AEEIV NOTADV CT          | AMD / SEAL ABOVE   | _                                       |  | onorable Latosh<br>ure of Candidate                             |  |                          |
|   | AFFIX NOTARY ST          | AMP / SEAL ABOVE   | _                                       |  |   |  |                          |
|   | Sworn to and subsc       | AMP / SEAL ABOVE ribed before me, by the sai, 20, to cer   |   | Signat   | ure of Candidate<br>, this th                                   | or Officeholder                          | day                      |
|   | Sworn to and subsc       | ribed before me, by the sai                                | tify which, witness my I                | Signat   | ure of Candidate<br>, this the                                  | or Officeholder                          |                          |

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069496 23 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Latosha Lewis NAME Date Received **ELECTRONICALLY FILED** 08/03/2023 NICKNAME LAST **SUFFIX** Payne CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 310507 MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77231 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST ΜI **TREASURER** Mrs. Samantha NAME NICKNAME LAST **SUFFIX** Trahan **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 12 Greenway Plz **ADDRESS** Suite 1100 (Residence or Business) Houston, TX 77046 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 426-7022 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

**GO TO PAGE 2** 

12 OFFICE SOUGHT (if known)

District Judge District 55

11 OFFICE

OFFICE HELD (if any)

District Judge District 55 Harris

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

3 of 23

| 13 C / OH NAME                                 | Payne, Latosha Lewi              | s (The Honorable)   | <b>14</b> Filer ID 00069496  | (Ethics Commission Filers) |
|--|----------------------------------|---|------------------------------|----------------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | political contributions accepted or political exper<br>These expenditures may have been made with<br>I officeholders are required to report this inform | out the candidate's or offic | eholder's knowledge or     |
| Additional Pages                               | COMMITTEE TYPE                   | COMMITTEE NAME  |                              |                            |
| ш  | GENERAL                          |   |                              |                            |
|  |                                  | COMMITTEE ADDRESS   |                              |                            |
|  | SPECIFIC                         |   |                              |                            |
|  |                                  | COMMITTEE CAMPAIGN TREASURER NAM  | 1E                           |                            |
|  |                                  | COMMITTEE CAMPAIGN TREASURER ADD  | RESS                         |                            |
|  |                                  |   |                              |                            |
| 16 CONTRIBUTION<br>TOTALS                      |                                  | ZED POLITICAL CONTRIBUTIONS(OTHER T<br>ES OF LOANS, OR CONTRIBUTIONS MADE   |                              | \$ 80.00                   |
|  |                                  | ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO  | DANS)                        | <b>\$</b> 21,035.75        |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEM                  | ZED POLITICAL EXPENDITURES  |                              | <b>\$</b> 1,412.46         |
|  | 4. TOTAL POLIT                   | CAL EXPENDITURES  |                              | <b>\$</b> 11,074.73        |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC<br>REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF TH<br>RIOD  | HE LAST DAY OF THE           | \$ 37,749.19               |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIF<br>OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS<br>TING PERIOD   | AS OF THE LAST DAY           | \$ 0.00                    |
| 17 AFFIDAVIT                                   |                                  |   |                              |                            |
|  |                                  | I swear, or affirm, under pe<br>true and correct and includ<br>under Title 15, Election Co  | es all information required  |                            |
|  |                                  | The Hon   | orable Latosha Lewis P       | 'avne                      |
|  |                                  |   | re of Candidate or Officeho  |                            |
| AFFIX NOT                                      | TARY STAMP / SEAL AB             | DVE   |                              |                            |
| Sworn to and subsc                             | ribed before me, by the s        | aid   | , this the                   | day                        |
|  |                                  | ertify which, witness my hand and seal of office  |                              |                            |
|  |                                  |   |                              |                            |
| Signature of office                            | er administering oath            | Printed name of officer administering oatl  | n Title of office            | er administering oath      |

### **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

4 of 23

|  |                             | 4 01 23                    |
|--|-----------------------------|----------------------------|
| 18 FILER NAME Payne, Latosha Lewis (The Honorable)             | <b>19</b> Filer ID 00069496 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE                         | 00009430                    | SUBTOTAL AMOUNT            |
| SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL     | \$ 20,918                   |                            |
| SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIO      | NS                          | <b>\$</b> 117              |
| 3. X SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)           |                             | <b>\$</b> 0                |
| 4. X SCHEDULE E(J): LOANS (JUDICIAL)                           | \$ 0                        |                            |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTR  | <b>\$</b> 11,074            |                            |
| 6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                  | \$ 0                        |                            |
| 7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CON   | ITRIBUTIONS                 | <b>\$</b> 0                |
| 8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD             |                             | <b>\$</b> 0                |
| 9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS    |                             | \$ 0                       |
| 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BL   | JSINESS OF C/OH             | \$                         |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CON  | TRIBUTIONS                  | \$                         |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB | UTIONS RETURNED             | \$                         |

|    | MONET               | ARY POLITICAL  | CONTRIBUTIO            | ONS                             |          | SCHEDULE A(J)1                                    |
|----|---------------------|--|------------------------|---------------------------------|----------|---|
|    | The Instru          | ction Guide explains ho  | w to complete this     | form.                           | 1        | Total pages Schedule A(J)1:<br>Sch: 1/8 Rpt: 5/23 |
| 2  | FILER NAME          |  |                        |                                 | 3        | Filer ID (Ethics Commission Filers)               |
|    | Payne, Lato:        | sha Lewis (The Honorable)  |                        |                                 |          | 00069496  |
| 4  | Date<br>03/08/2023  | <ul><li>5 Full name of contributor<br/>Bates, Shawn</li><li>6 Contributor address; City;</li></ul> | out-of-state PAC (ID#: |                                 | 7        | Amount of Contribution (\$) \$100.00              |
|    |                     | Houston, TX 77010  |                        |                                 |          |   |
| 8  | Contributor's I     | Principal Occupation   |                        | 9 Contributor's Job Title       | <u> </u> |   |
|    | Attorney            |  |                        | Of Counsel                      |          |   |
| 10 | Contributor's       | employer/law firm  |                        | 11 Law firm of contributor's sp | oou      | se (if any)                                       |
|    | Ahmad, Zav          | itsanos & Mensing, P.C.  |                        |                                 |          |   |
| 12 | ! If contributor is | s a child, law firm of parent(s) (if   | any)                   |                                 |          |   |
|    | Date                | Full name of contributor   | out-of-state PAC (ID#: | )                               | T        | Amount of Contribution (\$)                       |
|    | 03/08/2023          | Brantley, Samantha Contributor address; City;  | State; Zip Code        |                                 |          | \$100.00  |
|    |                     | Houston, TX 77002  |                        |                                 |          |   |
|    |                     | Principal Occupation   |                        | Contributor's Job Title         |          |   |
|    | Attorney            |  |                        | Of Counsel                      |          |   |
|    |                     | employer/law firm  |                        | Law firm of contributor's sp    | oou      | se (if any)                                       |
|    |                     | itsanos & Mensing  |                        |                                 |          |   |
|    | If contributor is   | s a child, law firm of parent(s) (if   | any)                   |                                 |          |   |
|    | Date                | Full name of contributor   | out-of-state PAC (ID#: | )                               | T        | Amount of Contribution (\$)                       |
|    | 03/08/2023          | Clubs in Action PAC  |                        |                                 |          | \$588.00  |
|    |                     | Contributor address; City; Houston, TX 77008   | State; Zip Code        |                                 |          |   |
| _  | Contributant        | l .  |                        | Contributorio Joh Titla         | <u> </u> |   |
|    | Contributors        | Principal Occupation   |                        | Contributor's Job Title         |          |   |
|    | Contributor's       | employer/law firm  |                        | Law firm of contributor's sp    | oou      | se (if any)                                       |
|    | If contributor is   | s a child, law firm of parent(s) (if   | any)                   |                                 |          |   |
|    |                     |  |                        |                                 |          |   |

| MONET                       | TARY POLITICAL (  | CONTRIBUTIO             | DNS                             | SCHEDULE A(J)1                                      |
|-----------------------------|---|-------------------------|---------------------------------|---|
| The Instru                  | iction Guide explains how   | v to complete this f    | orm.                            | 1 Total pages Schedule A(J)1:<br>Sch: 2/8 Rpt: 6/23 |
| 2 FILER NAME<br>Payne, Lato | sha Lewis (The Honorable)   |                         |                                 | 3 Filer ID (Ethics Commission Filers) 00069496      |
| 4 Date 03/07/2023           | <ul><li>5 Full name of contributor<br/>Cone PLLC</li><li>6 Contributor address; City; S</li></ul> | out-of-state PAC (ID#:_ |                                 | 7 Amount of Contribution (\$) \$500.00              |
|                             | Houston, TX 77008   |                         |                                 |   |
| 8 Contributor's             | Principal Occupation  |                         | 9 Contributor's Job Title       |   |
| 10 Contributor's            | employer/law firm   |                         | 11 Law firm of contributor's sp | oouse (if any)                                      |
| 12 If contributor           | is a child, law firm of parent(s) (if a   | any)                    |                                 |   |
| Date                        | Full name of contributor  | out-of-state PAC (ID#:_ | )                               | Amount of Contribution (\$)                         |
| 03/07/2023                  | Dobrowski Stafford LLP  Contributor address; City; S  | <u> </u>                |                                 | \$1,000.00  |
|                             | Houston, TX 77007   |                         |                                 |   |
| Contributor's               | Principal Occupation  |                         | Contributor's Job Title         |   |
| Contributor's               | employer/law firm   |                         | Law firm of contributor's sp    | oouse (if any)                                      |
| If contributor              | is a child, law firm of parent(s) (if a   | any)                    |                                 |   |
| Date                        | Full name of contributor  | out-of-state PAC (ID#:_ | )                               | Amount of Contribution (\$)                         |
| 03/08/2023                  | Ford IV, Sammy  | _                       |                                 | \$150.00  |
|                             | Contributor address; City; S houston, TX 77010  | tate; Zip Code          |                                 |   |
| Contributor's               | Principal Occupation  |                         | Contributor's Job Title         |   |
| Attorney                    | Timolpai Godapailon   |                         | Partner                         |   |
|                             | employer/law firm   |                         | Law firm of contributor's sp    | pouse (if any)                                      |
| Ahmad, Zav                  | vitsanos & Mensing, P.C.  |                         |                                 |   |
| If contributor              | is a child, law firm of parent(s) (if a   | any)                    |                                 |   |
|                             |   |                         |                                 |   |

|    | MONET             | ARY POLITICAL  | CONTRIBUTION           | ONS                             |          | SCHEDULE A(J)1                                    |
|----|-------------------|--|------------------------|---------------------------------|----------|---|
|    | The Instru        | ction Guide explains ho  | w to complete this     | form.                           | 1        | Total pages Schedule A(J)1:<br>Sch: 3/8 Rpt: 7/23 |
| 2  | FILER NAME        | sha Lewis (The Honorable)  |                        |                                 | 3        | Filer ID (Ethics Commission Filers) 00069496      |
| 4  | Date 03/08/2023   | <ul> <li>5 Full name of contributor         Garcia, Rogelio</li> <li>6 Contributor address; City;</li> </ul> | out-of-state PAC (ID#: |                                 | 7        | Amount of Contribution (\$) \$500.00              |
|    |                   | Houston, TX 77023  |                        | _                               |          |   |
| 8  |                   | Principal Occupation   |                        | 9 Contributor's Job Title       |          |   |
| L  | Attorney          |  |                        | Owner                           |          |   |
| 10 | Rogelio Gar       | employer/law firm<br>cia Lawyer  |                        | 11 Law firm of contributor's sp | oous     | se (If any)                                       |
| 12 | If contributor is | s a child, law firm of parent(s) (i  | f any)                 | 1                               |          |   |
|    | Date              | Full name of contributor   | out-of-state PAC (ID#: | )                               |          | Amount of Contribution (\$)                       |
|    | 03/07/2023        | Gibbs & Bruns LLP  Contributor address; City;  | State; Zip Code        |                                 |          | \$1,000.00  |
|    |                   | Houston, TX 77002  |                        |                                 |          |   |
|    | Contributor's I   | Principal Occupation   |                        | Contributor's Job Title         |          |   |
|    | Contributor's     | employer/law firm  |                        | Law firm of contributor's sp    | oous     | se (if any)                                       |
|    | If contributor is | s a child, law firm of parent(s) (i  | f any)                 |                                 |          |   |
|    | Date              | Full name of contributor   | out-of-state PAC (ID#: | )                               |          | Amount of Contribution (\$)                       |
|    | 03/07/2023        | Goldberg, Daniel  Contributor address; City;  Houston, TX 77006  | State; Zip Code        |                                 |          | \$100.00  |
|    | Contributor's I   | Principal Occupation   |                        | Contributor's Job Title         | <u> </u> |   |
|    | Attorney          | -ппсіраї Оссираціон  |                        | Attorney                        |          |   |
|    | Contributor's     | employer/law firm  |                        | Law firm of contributor's sp    | oous     | se (if any)                                       |
|    | The Goldber       | g Law Office   |                        |                                 |          |   |
|    | If contributor is | s a child, law firm of parent(s) (i  | f any)                 | 1                               |          |   |
|    |                   |  |                        |                                 |          |   |

|    | MONET               | ARY POLITICAL CONTRI  | BUTIC         | DNS                             |          | SCHEDULE A(J)1                                    |
|----|---------------------|---|---------------|---------------------------------|----------|---|
|    | The Instru          | ction Guide explains how to compl   | ete this f    | orm.                            | 1        | Total pages Schedule A(J)1:<br>Sch: 4/8 Rpt: 8/23 |
| 2  | FILER NAME          |   |               |                                 | 3        | Filer ID (Ethics Commission Filers)               |
|    | Payne, Lato:        | sha Lewis (The Honorable)   |               |                                 |          | 00069496  |
| 4  | Date<br>03/08/2023  | <ul> <li>Full name of contributor  out-of-state  Goolsby, Edward</li> <li>Contributor address; City; State; Zip Code</li> </ul> | e PAC (ID#:_  |                                 | 7        | Amount of Contribution (\$) \$100.00              |
|    |                     | Houston, TX 77010   |               |                                 |          |   |
| 8  | Contributor's I     | I<br>Principal Occupation   |               | 9 Contributor's Job Title       | <u> </u> |   |
|    | Attorney            |   |               | Partner                         |          |   |
| 10 | Contributor's       | employer/law firm   |               | 11 Law firm of contributor's sp | ous      | se (if any)                                       |
|    | Ahmad, Zav          | itsanos & Mensing, P.C.   |               |                                 |          |   |
| 12 | ! If contributor is | s a child, law firm of parent(s) (if any)   |               |                                 |          |   |
|    | Date                | Full name of contributor out-of-stat  | te PAC (ID#:_ | )                               |          | Amount of Contribution (\$)                       |
|    | 03/08/2023          | Greene, Hilary  Contributor address; City; State; Zip Code  |               |                                 |          | \$150.00  |
|    |                     | Houston, TX 77010   |               |                                 |          |   |
|    | Contributor's I     | Principal Occupation  |               | Contributor's Job Title         |          |   |
|    | Attorney            |   |               | Associate                       |          |   |
|    |                     | employer/law firm   |               | Law firm of contributor's sp    | ous      | se (if any)                                       |
|    | Ahmad, Zav          | itsanos & Mensing, P.C.   |               |                                 |          |   |
|    | If contributor is   | s a child, law firm of parent(s) (if any)   |               |                                 |          |   |
|    | Date                | Full name of contributor out-of-stat  | te PAC (ID#:_ | )                               |          | Amount of Contribution (\$)                       |
|    | 03/07/2023          | Hunton Andrews Kurth Texas PAC  |               |                                 |          | \$2,500.00  |
|    |                     | Contributor address; City; State; Zip Code  Houston, TX 77002   | ?             |                                 | •        |   |
| _  | Contributor's I     | Principal Occupation  |               | Contributor's Job Title         | <u> </u> |   |
|    | Contributor 5 i     | Thiopai Occupation  |               | Continuator 3 dos Title         |          |   |
|    | Contributor's 6     | employer/law firm   |               | Law firm of contributor's sp    | oous     | se (if any)                                       |
|    | If contributor is   | s a child, law firm of parent(s) (if any)   |               |                                 |          |   |
|    |                     |   |               |                                 |          |   |

|    | MONET                      | ARY POLITICAL   | CONTRIBUTIO             | ONS                                    |          | SCHEDULE A(J)1                                    |
|----|----------------------------|---|-------------------------|--|----------|---|
|    | The Instru                 | ction Guide explains ho   | w to complete this 1    | form.                                  | 1        | Total pages Schedule A(J)1:<br>Sch: 5/8 Rpt: 9/23 |
| 2  | FILER NAME<br>Payne, Latos | sha Lewis (The Honorable)   |                         |  | 3        | Filer ID (Ethics Commission Filers)<br>00069496   |
| 4  | Date 06/30/2023            | <ul><li>5 Full name of contributor<br/>Leach &amp; Minnick, P.C.</li><li>6 Contributor address; City;</li></ul> | out-of-state PAC (ID#:_ |  | 7        | Amount of Contribution (\$) \$500.00              |
|    |                            | Houston, TX 77009   |                         |  |          |   |
| 8  | Contributor's F            | Principal Occupation  |                         | 9 Contributor's Job Title              |          |   |
| 10 | Contributor's              | employer/law firm   |                         | 11 Law firm of contributor's sp        | oous     | se (if any)                                       |
| 12 | ! If contributor is        | s a child, law firm of parent(s) (i   | f any)                  |  |          |   |
|    | Date<br>03/05/2023         | Full name of contributor McCleod, William Contributor address; City;  | out-of-state PAC (ID#:_ |  |          | Amount of Contribution (\$) \$500.00              |
|    |                            | Houston, TX 77044   |                         | <del>-</del>                           |          |   |
|    |                            | Principal Occupation  |                         | Contributor's Job Title                |          |   |
| L  | Attorney  Contributor's    | employer/law firm   |                         | Attorney  Law firm of contributor's sp | oous     | se (if anv)                                       |
|    |                            | of William D. McCleod   |                         |  |          |   |
|    | If contributor is          | s a child, law firm of parent(s) (i   | f any)                  | 1                                      |          |   |
|    | Date                       | Full name of contributor  | out-of-state PAC (ID#:  | )                                      |          | Amount of Contribution (\$)                       |
|    | 03/08/2023                 | Medina, David  Contributor address; City;  Houston, TX 77002  | State; Zip Code         |  |          | \$100.00  |
|    | Contributor's I            | I<br>Principal Occupation   |                         | Contributor's Job Title                | <u> </u> |   |
|    | Attorney                   |   |                         | Shareholder                            |          |   |
|    | Contributor's              | employer/law firm   |                         | Law firm of contributor's sp           | oous     | se (if any)                                       |
|    | Chamberlair                | n Hrdlicka  |                         |  |          |   |
|    | If contributor is          | s a child, law firm of parent(s) (i   | f any)                  |  |          |   |
|    |                            |   |                         |  |          |   |

|          | MONET               | ARY POLITICAL  | CONTRIBUTION           | ONS                             |      | SCHEDULE A(J)1                                     |
|----------|---------------------|--|------------------------|---------------------------------|------|--|
|          | The Instru          | ction Guide explains ho  | w to complete this     | form.                           | 1    | Total pages Schedule A(J)1:<br>Sch: 6/8 Rpt: 10/23 |
| 2        | FILER NAME          |  |                        |                                 | 3    | Filer ID (Ethics Commission Filers)                |
|          | Payne, Lato:        | sha Lewis (The Honorable)  |                        |                                 |      | 00069496   |
| 4        | Date<br>03/08/2023  | <ul><li>5 Full name of contributor<br/>Moore, Daryl</li><li>6 Contributor address; City;</li></ul>   | out-of-state PAC (ID#: |                                 | 7    | Amount of Contribution (\$) \$500.00               |
|          |                     | Houston, TX 77098  |                        |                                 |      |  |
| 8        | Contributor's I     | rincipal Occupation  |                        | 9 Contributor's Job Title       |      |  |
|          | Attorney            |  |                        | Partner                         |      |  |
| 10       | Contributor's       | employer/law firm  |                        | 11 Law firm of contributor's sp | oous | se (if any)  |
|          | Ahmad, Zav          | vitsanos & Mensing   |                        |                                 |      |  |
| 12       | ! If contributor is | s a child, law firm of parent(s) (if   | any)                   |                                 |      |  |
|          | Date                | Full name of contributor   | out-of-state PAC (ID#: | )                               |      | Amount of Contribution (\$)                        |
|          | 03/08/2023          | Robinson, Jane Langdel<br>Contributor address; City;   |                        |                                 |      | \$500.00   |
|          |                     | Houston, TX 77584  |                        |                                 |      |  |
|          |                     | Principal Occupation   |                        | Contributor's Job Title         |      |  |
|          | Attorney            |  |                        | Partner                         |      |  |
|          |                     | employer/law firm  |                        | Law firm of contributor's sp    | oous | se (if any)  |
|          |                     | itsanos & Mensing  |                        |                                 |      |  |
|          | If contributor is   | s a child, law firm of parent(s) (if   | any)                   |                                 |      |  |
|          | Date                | Full name of contributor   | out-of-state PAC (ID#: | )                               |      | Amount of Contribution (\$)                        |
|          | 05/05/2023          | Rushing, Stephen   |                        |                                 |      | \$100.00   |
|          |                     | Contributor address; City; Significant Contributor Con | State; Zip Code        |                                 |      |  |
| $\vdash$ | Contributor's I     | I<br>Principal Occupation  |                        | Contributor's Job Title         |      |  |
|          | Attorney            |  |                        | Shareholder                     |      |  |
|          |                     | employer/law firm  |                        | Law firm of contributor's sp    | oous | se (if any)  |
|          | Rushing Leg         |  |                        | · ·                             |      |  |
|          |                     | s a child, law firm of parent(s) (if   | any)                   | <u> </u>                        |      |  |
|          |                     |  |                        |                                 |      |  |

|    | MONET                  | ARY POLITICAL (   | CONTRIBUTIO             | DNS                             |          | SCHEDULE A(J)1                                     |
|----|------------------------|---|-------------------------|---------------------------------|----------|--|
|    | The Instru             | ction Guide explains how  | v to complete this f    | form.                           | 1        | Total pages Schedule A(J)1:<br>Sch: 7/8 Rpt: 11/23 |
| 2  | FILER NAME             | sha Lewis (The Honorable)   |                         |                                 | 3        | Filer ID (Ethics Commission Filers) 00069496       |
| 4  | Date 03/08/2023        | <ul> <li>Full name of contributor         Shelby, Timothy     </li> <li>Contributor address; City; S</li> </ul> | out-of-state PAC (ID#:_ | )                               | 7        | Amount of Contribution (\$) \$1,250.00             |
|    |                        | The Woodlands, TX 7738  | 39                      |                                 |          |  |
| 8  |                        | Principal Occupation  |                         | 9 Contributor's Job Title       |          |  |
|    | Attorney               |   |                         | Partner                         |          |  |
| 10 |                        | employer/law firm<br>itsanos & Mensing, P.C.  |                         | 11 Law firm of contributor's sp | ous      | se (if any)  |
| 12 |                        | s a child, law firm of parent(s) (if a  | any)                    | l                               |          |  |
|    | Date                   | Full name of contributor  | out-of-state PAC (ID#:_ | )                               |          | Amount of Contribution (\$)                        |
|    | 03/05/2023             | Shepard, Eulundria  Contributor address; City; S  | tate; Zip Code          |                                 |          | \$100.00   |
|    | O a stalle at a size I | Houston, TX 77019   |                         | Occasionate de Joh Tide         |          |  |
|    | Retired                | Principal Occupation  |                         | Contributor's Job Title None    |          |  |
| _  |                        | employer/law firm   |                         | Law firm of contributor's sp    | 0119     | se (if any)  |
|    | None                   | Simple year in the  |                         | Law min or contributor 5 op     | , ou     | oo (ii aiiy)                                       |
|    | If contributor is      | s a child, law firm of parent(s) (if a  | any)                    |                                 |          |  |
|    | Date                   | Full name of contributor  | out-of-state PAC (ID#:_ | )                               |          | Amount of Contribution (\$)                        |
|    | 03/07/2023             | The Ammons Law Firm L   | LP                      |                                 |          | \$2,500.00   |
|    |                        | Contributor address; City; S<br>Houston, TX 77006   | tate; Zip Code          |                                 |          |  |
|    | Contributor's I        | Principal Occupation  |                         | Contributor's Job Title         | <u> </u> |  |
|    | Contributor's          | employer/law firm   |                         | Law firm of contributor's sp    | ous      | se (if any)  |
|    | If contributor is      | s a child, law firm of parent(s) (if a  | any)                    | 1                               |          |  |
|    |                        |   |                         |                                 |          |  |

|    | MONET                      | ARY POLITICAL CONTRIBUTION  | ONS                             | SCHEDULE A(J)1                                       |
|----|----------------------------|---|---------------------------------|--|
|    | The Instru                 | ction Guide explains how to complete this 1   | form.                           | 1 Total pages Schedule A(J)1:<br>Sch: 8/8 Rpt: 12/23 |
| 2  | FILER NAME<br>Payne, Latos | sha Lewis (The Honorable)   |                                 | 3 Filer ID (Ethics Commission Filers) 00069496       |
| 4  | Date<br>03/08/2023         | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Uddin, Monica</li> <li>Contributor address; City; State; Zip Code</li> <li>Houston, TX 77006</li> </ul> |                                 | 7 Amount of Contribution (\$) \$500.00               |
| 8  | Contributor's I            | Principal Occupation  | 9 Contributor's Job Title       |  |
| Ŭ  | Attorney                   | Thiopar Goodpation  | Partner                         |  |
| 10 |                            | employer/law firm   | 11 Law firm of contributor's sp | ouse (if any)  |
|    | Ahmad, Zav                 | vitsanos & Mensing  |                                 |  |
| 12 | If contributor is          | s a child, law firm of parent(s) (if any)   |                                 |  |
|    | Date                       | Full name of contributor  | )                               | Amount of Contribution (\$)                          |
|    | 06/30/2023                 | Vinson & Elkins Texas Political Action Committee  Contributor address; City; State; Zip Code  Houston, TX 77002   |                                 | \$2,500.00   |
|    | Contributor's I            | Principal Occupation  | Contributor's Job Title         |  |
|    | Continuator 3 i            | Thisipal Occupation   | Continuator 3 dob Title         |  |
|    | Contributor's              | employer/law firm   | Law firm of contributor's sp    | ouse (if any)  |
|    | If contributor is          | s a child, law firm of parent(s) (if any)   | <u> </u>                        |  |
|    | Date                       | Full name of contributor out-of-state PAC (ID#:_  | )                               | Amount of Contribution (\$)                          |
|    | 03/08/2023                 | Zavitsanos, John  Contributor address; City; State; Zip Code  Houston, TX 77024   |                                 | \$5,000.00   |
|    | Contributor's I            | Principal Occupation  | Contributor's Job Title         |  |
|    | Attorney                   |   | Partner                         |  |
|    | Contributor's              | employer/law firm   | Law firm of contributor's sp    | ouse (if any)  |
|    | Ahmad                      |   | Ahmad, Zavitsanos & N           | Mensing  |
|    | If contributor is          | s a child, law firm of parent(s) (if any)   |                                 |  |
|    |                            |   |                                 |  |

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 13/23 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Payne, Latosha Lewis (The Honorable) 00069496 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 03/05/2023 Doyle Dennis LLP \$117.75 in support of the March 5, 7 Contributor address; City; State; Zip Code 2023 event fundraiser Houston, TX 77019 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

| PLEDGED CONTRI                             | BUTIONS (JUDICI          | AL)                      |                                   | SCHED                      | OULE B(J)                 |
|--|--------------------------|--------------------------|-----------------------------------|----------------------------|---------------------------|
| The Instruction Guide                      | e explains how to comple | ete this form.           | 1 Total pages Sc<br>Sch: 1/1 Rpt: |                            |                           |
| 2 FILER NAME Payne, Latosha Lewis (The Hor | norable)                 |                          | <b>3</b> Filer ID ( 00069496      | Ethics Commissi            | on Filers)                |
| 4 TOTAL OF UNITEMIZED PI                   | LEDGES                   |                          |                                   | \$                         | 0.00                      |
| 5 Date 6 Full name of 7 Pledgor Add        | <u> </u>                 |                          | 8 Amount of pledge (\$)           | 9 In-kind<br>I (If ap<br>I | description<br>oplicable) |
| 40 Pladaula principal councilia            |                          | 44 Pladrovic ich title   | Check if travel of                | utside 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 | s spouse (if any)                 |                            |                           |
| 14 If pledgor is a child, law firm of pare | ent(s) (if any)          |                          |                                   |                            |                           |
|  |                          |                          |                                   |                            |                           |

|    | LOANS (J                           | UDICIAL)  |   |   |                   | SCHED                | JLE <b>E</b> (   | J)   |  |  |
|----|------------------------------------|---|---|---|-------------------|----------------------|------------------|------|--|--|
|    | The Instructio                     | on Guide explains how to complete this            | form.   | 1 Total pages Schedule E(J):<br>Sch: 1/1 Rpt: 15/23 |                   |                      |                  |      |  |  |
| 2  | FILER NAME<br>Payne, Latosha       | Lewis (The Honorable)                             |   | 1   | iler ID<br>006949 | (Ethics Comr         | nission File     | ers) |  |  |
| 4  | TOTAL OF UN                        | IITEMIZED LOANS                                   |   | <u> </u>  |                   | \$                   |                  | 0.00 |  |  |
| 5  | Date of loan                       | 7 Name of lender out-of-state P                   | AC (ID#:  |   | )                 | 9 Loan Amo           | unt (\$)         |      |  |  |
| 6  | Is lender a financial institution? | 8 Lender address; City; State;                    | Zip Code  |   |                   |                      | .0 Interest Rate |      |  |  |
|    |                                    |   |   |   |                   | <b>11</b> Maturity D | ate              |      |  |  |
| 12 | 2 Lender's Principal               | Occupation  | 13 Lender's Job Title   |   |                   |                      |                  |      |  |  |
| 14 | 1 Lender's Employer                | r/Law Firm  | 15 Law Firm of lender's spous   | se (if a  | ny)               |                      |                  |      |  |  |
| 16 | If lender is child, la             | aw firm of parent(s) (if any)                     | 1   |   |                   |                      |                  |      |  |  |
| 17 | 7 Description of Coll              | ateral  | 18 Check if personal funds were deposited into political account (See Instructions) |   |                   |                      |                  |      |  |  |
| 19 | GUARANTOR<br>INFORMATION           | 20 Name of guarantor                              |   | uaranteed   | (\$)              |                      |                  |      |  |  |
| 23 | not applicable  not applicable     | 21 Guarantor address; City; State; pal Occupation | Zip Code  24 Guarantor's Job Title  |   |                   |                      |                  |      |  |  |
| 25 | <b>5</b> Guarantor's Emplo         | oyer/Law Firm                                     | 26 Law Firm of guarantor's spouse (if any)  |   |                   |                      |                  |      |  |  |
|    | ·<br>                              |   |   |   |                   |                      |                  |      |  |  |
| 27 | ' If guarantor is child            | d, law firm of parent(s) (if any)                 |   |   |                   |                      |                  |      |  |  |
|    |                                    |   |   |   |                   |                      |                  |      |  |  |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | d Co |                | Food/Beverage Expense<br>Gift/Awards/Memorials Ex<br>Legal Services<br>The Instruction Guid |                  |           | xpens<br>Vages | e<br>/Contract Labor |        | Travel in District<br>Travel Out of Di<br>OTHER (enter a |   |    |
|---|---|------|----------------|---|------------------|-----------|----------------|----------------------|--------|--|---|----|
| 1 | Total pages Schedule F1:  | 2    |                |   |                  |           |                |                      | 3      | Filer ID   | (Ethics Commission Filers)                    |    |
| L | Sch: 1/8 Rpt: 16/23   |      | Payne, Lato    | sha Lewis (The H  | lonorable)       |           |                |                      | L      | 00069496   |   |    |
| 4 | Date  | 5    | Payee name     |   |                  |           |                |                      |        |  |   |    |
|   | 03/24/2023  |      | BB Lemon       |   |                  |           |                |                      |        |  |   |    |
| 6 | Amount (\$)   | 7    | Payee addres   | ss; City;   | State;           | Zip Co    | ode            |                      |        |  |   |    |
|   | \$302.37  |      | 1809 Wash      | ington Avenue   |                  |           |                |                      |        |  |   |    |
|   |   |      |                |   |                  |           |                |                      |        |  |   |    |
|   |   |      | Houston, TX    | K 77007   |                  |           |                |                      |        |  |   |    |
| 8 | PURPOSE   | (a)  | Category (Se   | ee Categories listed at the t   | ton of this sche | dule)     | (b)            | Description          |        |  |   |    |
|   | OF<br>EXPENDITURE   |      |                | age Expense   | юр от и по обще  | au.o,     |                | _ ·                  | outsi  | de of Texas. Con   | nplete Schedule T.                            |    |
|   | EXPENDITORE   |      |                |   |                  |           |                | ш                    | ı, TX, | officeholder living                                      | g expense                                     |    |
|   |   |      |                |   |                  |           |                | Staff lunch          |        |  |   |    |
| Ļ | 0 1, 5, 5, 5, 5   |      | S P            |   |                  |           | <u> </u>       |                      |        |  |   |    |
| 9 | Complete ONLY if direct expenditure to benefit C/O  |      | Candidate/Offi | ceholder name   | 0                | ffice sou | ıght           |                      |        | Office h   | eld   |    |
|   | Date  |      | Payee name     |   |                  |           |                |                      |        |  |   |    |
|   | 02/14/2023  |      | Constant Co    | ontact  |                  |           |                |                      |        |  |   |    |
|   | Amount (\$)   | H    | Payee addres   | ss; City;   | State;           | Zip Co    | ode            |                      |        |  |   | _  |
|   | \$45.57   |      | 1601 Trape     | lo Rd.  |                  |           |                |                      |        |  |   |    |
|   |   |      |                |   |                  |           |                |                      |        |  |   |    |
|   |   |      | Waltham, M     | IA 02451  |                  |           |                |                      |        |  |   |    |
|   | PURPOSE<br>OF   | (a)  |                | ee Categories listed at the t   | top of this sche | edule)    | (b)            | Description          |        |  |   |    |
|   | EXPENDITURE   |      | Advertising    | Expense   |                  |           |                | ш                    |        | de of Texas. Con<br>officeholder livin                   | nplete Schedule T.                            |    |
|   |   |      |                |   |                  |           |                | _                    |        |  | mpaign communictions                          | i. |
|   |   |      |                |   |                  |           |                |                      |        |  |   |    |
|   | Complete ONLY if direct   |      | Candidate/Offi | ceholder name   | 0                | ffice sou | ıght           |                      |        | Office h   | eld   | _  |
|   | expenditure to benefit C/OI   | Н    |                |   |                  |           |                |                      |        |  |   |    |
| H | Date  |      | Payee name     |   |                  |           |                |                      |        |  |   | _  |
|   | 03/14/2023  |      | Constant Co    | ontact  |                  |           |                |                      |        |  |   |    |
|   | Amount (\$)   |      | Payee addres   | ss; City;   | State;           | Zip Co    | ode            |                      |        |  |   |    |
|   | \$45.57   |      | 1601 Trape     |   | ,                | •         |                |                      |        |  |   |    |
|   |   |      | •              |   |                  |           |                |                      |        |  |   |    |
|   |   |      | Waltham, M     | IA 02451  |                  |           |                |                      | _      |  |   |    |
|   | PURPOSE<br>OF   | (a)  | Category (Se   | ee Categories listed at the t   | top of this sche | dule)     | (b)            | Description          |        |  |   |    |
|   | EXPENDITURE   |      | Advertising    | Expense   |                  |           |                | <b></b>              |        |  | nplete Schedule T.                            |    |
|   |   |      |                |   |                  |           |                | _                    |        | officeholder living                                      | <sup>g expense</sup><br>.mpaign communictions |    |
|   |   |      |                |   |                  |           |                |                      | . 5.0  | , and ou   | pang sommamonone                              | •  |
|   | Complete ONLY if direct   |      | Candidate/Offi | ceholder name   | Ω                | ffice sou | l<br>lght      |                      |        | Office h   | eld   |    |
|   | expenditure to benefit C/OI   |      |                |   | J                |           | J              |                      |        | 200 11   |   |    |
|   |   |      |                |   |                  |           |                |                      |        |  |   |    |
|   |   |      |                |   |                  |           |                |                      |        |  |   |    |
|   |   |      |                |   |                  |           |                |                      |        |  |   |    |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

|   | Candidate/Officenoider/Politica<br>Credit Card Payment | The Instruction Guide explains how to complete this form.  |
|---|--|--|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 2/8 Rpt: 17/23                                    | Payne, Latosha Lewis (The Honorable) 00069496  |
| 4 | Date   | 5 Payee name   |
|   | 04/14/2023   | Constant Contact   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$45.57  | 1601 Trapelo Rd.   |
|   |  |  |
|   |  | Waltham, MA 02451  |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
|   |  | Website, newsletter, and campaign communictions.   |
|   |  |  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                            | H  |
|   | Date   | Payee name   |
|   | 05/15/2023   | Constant Contact   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$45.57  | 1601 Trapelo Rd.   |
|   |  |  |
|   |  | Waltham, MA 02451  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
|   |  | Website, newsletter, and campaign communictions.   |
|   |  | and the state of t |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                            | H  |
|   | Date   | Payee name   |
|   | 06/14/2023   | Constant Contact   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$45.57  | 1601 Trapelo Rd.   |
|   |  |  |
|   |  | Waltham, MA 02451  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                      | Advertising Expense  |
|   |  | Check if Austin, TX, officeholder living expense  Website, newsletter, and campaign communictions.   |
|   |  | website, newsietter, and campaign communictions.   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                             |  |
|   |  |  |
|   |  |  |
|   |  |  |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

|   | Candidate/Officenoider/Politica<br>Credit Card Payment | The Instruction Guide explains how to complete this form.   |
|---|--|---|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 3/8 Rpt: 18/23                                    | Payne, Latosha Lewis (The Honorable) 00069496   |
| 4 | Date   | 5 Payee name  |
|   | 01/17/2023   | Constant Contact  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$45.57  | 1601 Trapelo Rd.  |
|   |  |   |
|   |  | Waltham, MA 02451   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense            |
|   |  | Website, newsletter, and campaign communictions.  |
|   |  |   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            | <del>1</del>  |
|   | Date   | Payee name  |
|   | 01/17/2023   | Extra Space Storage   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$51.00  | 2915 Old Spanish Trail  |
|   |  |   |
|   |  | Houston, TX 77021   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  | Storage for campaign supplies.  |
|   |  |   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            | 1   |
|   | Date   | Payee name  |
|   | 02/14/2023   | Extra Space Storage   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$51.00  | 2915 Old Spanish Trail  |
|   |  |   |
|   |  | Houston, TX 77021   |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  | Storage for campaign supplies.  |
|   |  |   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            | 1   |
|   |  |   |
|   |  |   |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

|   | Candidate/Officenoider/Politica<br>Credit Card Payment | The Instruction Guide explains how to complete this form.  |
|---|--|--|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 4/8 Rpt: 19/23                                    | Payne, Latosha Lewis (The Honorable) 00069496  |
| 4 | Date   | 5 Payee name   |
|   | 03/14/2023   | Extra Space Storage  |
| 6 | Amount (\$)<br>\$74.00                                 | 7 Payee address; City; State; Zip Code 2915 Old Spanish Trail  |
|   |  | Houston, TX 77021  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Storage for campaign supplies. |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh    | Candidate/Officeholder name Office sought Office held  |
|   | Date   | Payee name   |
|   | 04/14/2023   | Extra Space Storage  |
|   | Amount (\$)<br>\$74.00                                 | Payee address; City; State; Zip Code<br>2915 Old Spanish Trail   |
|   |  | Houston, TX 77021  |
|   | PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Storage for campaign supplies. |
|   | Complete ONLY if direct expenditure to benefit C/ON    | Candidate/Officeholder name Office sought Office held  |
|   | Date   | Payee name   |
|   | 05/15/2023   | Extra Space Storage  |
|   | Amount (\$)<br>\$74.00                                 | Payee address; City; State; Zip Code<br>2915 Old Spanish Trail   |
|   |  | Houston, TX 77021  |
|   | PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Storage for campaign supplies. |
|   | Complete ONLY if direct expenditure to benefit C/Oh    | Candidate/Officeholder name Office sought Office held  |
|   |  |  |

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

|   | Candidate/Officeholder/Politica<br>Credit Card Payment |          | mmittee          | Legal Services          | ·                    |            | /ages | /Contract Labor  |       | OTHER (enter a     | a category not listed ab | ove)       |
|---|--|----------|------------------|-------------------------|----------------------|------------|-------|------------------|-------|--------------------|--------------------------|------------|
|   |  | _        |                  | The Instruction G       | uide explains r      | low to co  | mpie  | ete tnis form.   | _     |                    |                          |            |
| 1 | Total pages Schedule F1:                               | 2        | FILER NAME       |                         |                      |            |       |                  | 3     | Filer ID           | (Ethics Commiss          | on Filers) |
|   | Sch: 5/8 Rpt: 20/23                                    |          | -                | sha Lewis (The          | e Honorable)         | )          |       |                  |       | 00069496           |                          |            |
| 4 | Date   | 5        | Payee name       |                         |                      |            |       |                  |       |                    |                          |            |
|   | 06/14/2023   |          | Extra Space      | Storage                 |                      |            |       |                  |       |                    |                          |            |
| 6 | Amount (\$)  | 7        | Payee addres     | ss; City;               | State;               | Zip Co     | de    |                  |       |                    |                          |            |
|   | \$74.00  | l        | 2915 Old Sp      | oanish Trail            |                      |            |       |                  |       |                    |                          |            |
|   |  | l        |                  |                         |                      |            |       |                  |       |                    |                          |            |
|   |  |          | Houston, TX      | 〈 77021                 |                      |            |       |                  |       |                    |                          |            |
| 8 | PURPOSE  | (a)      |                  | ee Categories listed at | the ton of this sche | edule)     | (b)   | Description      |       |                    |                          |            |
|   | OF   | ``       |                  | nead/Rental Ex          |                      | oddie)     |       |                  | outsi | de of Texas. Con   | nplete Schedule T.       |            |
|   | EXPENDITURE  | l        | 000 0.0          |                         |                      |            |       | Check if Austin, | , TX, | officeholder livin | g expense                |            |
|   |  | l        |                  |                         |                      |            |       | Storage for ca   | am    | paign suppl        | ies.                     |            |
|   |  |          |                  |                         |                      |            |       |                  |       |                    |                          |            |
| 9 | Complete ONLY if direct                                |          | Candidate/Offic  | ceholder name           | 0                    | office sou | ght   |                  |       | Office h           | eld                      |            |
|   | expenditure to benefit C/O                             | Н        |                  |                         |                      |            |       |                  |       |                    |                          |            |
| Г | Date   |          | Payee name       |                         |                      |            |       |                  |       |                    |                          |            |
|   | 05/01/2023   |          | Houston Lav      | wyers Associat          | ion                  |            |       |                  |       |                    |                          |            |
|   | Amount (\$)  |          | Payee addres     | ss; City;               | State;               | Zip Co     | de    |                  |       |                    |                          |            |
|   | \$1,000.00   | l        | P.O. Box 30      | 00009                   |                      |            |       |                  |       |                    |                          |            |
|   |  | l        |                  |                         |                      |            |       |                  |       |                    |                          |            |
|   |  |          | Houston, TX      | ( 77230                 |                      |            |       |                  |       |                    |                          |            |
|   | DUDDOCE  | (-)      |                  |                         |                      |            | /b\   |                  |       |                    |                          |            |
|   | PURPOSE<br>OF  | (a)      |                  | ee Categories listed at | the top of this sche | edule)     | (a)   | Description      | outo: | do of Toyon Con    | anlata Cahadula T        |            |
|   | EXPENDITURE  | l        | Event Exper      | nse                     |                      |            |       | <b>=</b>         |       | officeholder livin | nplete Schedule T.       |            |
|   |  | l        |                  |                         |                      |            |       | HLA Gala Sp      |       |                    | g expense                |            |
|   |  |          |                  |                         |                      |            |       | TIE/ Could Op    | 0110  | 501                |                          |            |
| _ | Complete ONLY if direct                                | <u> </u> | Candidate/Offi   | ceholder name           | 0                    | office sou | aht   |                  |       | Office h           | eld                      |            |
|   | expenditure to benefit C/O                             |          | Janara actor Onn | oonolaan nama           | Ü                    | 11100 000  | 9     |                  |       | 01110011           | o.u                      |            |
| H | Dete   | _        |                  |                         |                      |            |       |                  |       |                    |                          |            |
|   | Date   |          | Payee name       |                         |                      |            |       |                  |       |                    |                          |            |
|   | 05/19/2023   |          | Jason's Deli     |                         |                      |            |       |                  |       |                    |                          |            |
|   | Amount (\$)  |          | Payee addres     |                         | State;               | Zip Co     | de    |                  |       |                    |                          |            |
|   | \$502.37   |          | 901 McKinn       | ey                      |                      |            |       |                  |       |                    |                          |            |
|   |  |          |                  |                         |                      |            |       |                  |       |                    |                          |            |
|   |  |          | Houston, TX      | < 77002                 |                      |            |       |                  |       |                    |                          |            |
|   | PURPOSE  | (a)      | Category (Se     | ee Categories listed at | the top of this sche | edule)     | (b)   | Description      |       |                    |                          |            |
|   | OF<br>EXPENDITURE                                      | l        |                  | age Expense             |                      |            |       |                  |       |                    | nplete Schedule T.       |            |
|   | LAFENDITORE  | l        |                  |                         |                      |            |       |                  |       | officeholder livin | g expense                |            |
|   |  |          |                  |                         |                      |            |       | Staff food and   | d di  | rınk.              |                          |            |
|   |  |          |                  |                         |                      |            |       |                  |       |                    |                          |            |
|   | Complete ONLY if direct                                |          | Candidate/Office | ceholder name           | 0                    | office sou | ght   |                  |       | Office h           | eld                      |            |
|   | expenditure to benefit C/O                             | rī       |                  |                         |                      |            |       |                  |       |                    |                          |            |
|   |  |          |                  |                         |                      |            |       |                  |       |                    |                          |            |
|   |  |          |                  |                         |                      |            |       |                  |       |                    |                          |            |
|   |  |          |                  |                         |                      |            |       |                  |       |                    |                          |            |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |      |
|---|--|---|------|
| - | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission File   | orc) |
| - | Sch: 6/8 Rpt: 21/23  | 2 FILER NAME Payne, Latosha Lewis (The Honorable) 3 Filer ID (Ethics Commission File 00069496   | 515) |
| 4 | Date   | 5 Payee name  |      |
|   | 05/17/2023   | Raley, John   |      |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |      |
|   | \$3,302.00   | 1717 Saint James Place  |      |
|   |  | Suite 320   |      |
|   |  | Houston, TX 77056   |      |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |      |
| ľ | OF   | (a) Category (See Categories listed at the top of this schedule)  Legal Services  (b) Description  Check if travel outside of Texas. Complete Schedule T. |      |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |      |
|   |  | Attorney fees for defense of election lawsuit.  |      |
|   |  |   |      |
| 9 | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |      |
|   | Date   | Payee name  |      |
|   | 04/14/2023   | Raley, John   |      |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |      |
|   | \$2,507.00   | 1717 Saint James Place  |      |
|   | , —, · · · · ·   | Suite 320   |      |
|   |  |   |      |
|   |  | Houston, TX 77056   |      |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |      |
|   | EXPENDITURE  | Legal Services Check if travel outside of Texas. Complete Schedule T.   |      |
|   |  | Check if Austin, TX, officeholder living expense  Attorney fees for defense of election lawsuit.  |      |
|   |  | Altorney rees for defense of election lawsuit.  |      |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |      |
|   | expenditure to benefit C/OI  | IT  |      |
|   | Date   | Payee name  |      |
|   | 02/22/2023   | Sams Club   |      |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |      |
|   | \$321.71   | 5310 S. Rice  |      |
|   |  |   |      |
|   |  | Houston, TX 77081   |      |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |      |
|   | OF<br>EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |      |
|   |  | Check if Austin, TX, officeholder living expense  |      |
|   |  | Jury snacks, coffee, and drinks   |      |
|   |  |   |      |
|   | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |      |
| L | experience to beliefft C/OI  |   |      |
|   |  |   |      |
|   |  |   |      |
|   |  |   |      |

#### SCHEDULE F1

**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

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

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.  |
|---|---|--|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 7/8 Rpt: 22/23                                 | Payne, Latosha Lewis (The Honorable) 00069496  |
| 4 | Date  | 5 Payee name   |
|   | 06/29/2023  | Shipley's Donuts   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |
|   | \$49.11   | 4501 Bissonnet Street  |
|   |   |  |
|   |   | Bellaire , TX 77401  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF  | Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |
|   |   | Food and drink for jurors.   |
|   |   |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
|   | experientare to benefit Grot                        |  |
|   | Date  | Payee name   |
|   | 04/18/2023  | Shipley's Donuts   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$49.89   | 4501 Bissonnet Street  |
|   |   |  |
|   |   | Bellaire, TX 77401   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                   | Food/Beverage Expense  |
|   | EX. ENDITORE  | Check if Austin, TX, officeholder living expense   |
|   |   | Food and drink for jurors.   |
| _ | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                         | · · · · · · · · · · · · · · · · · · ·  |
|   | Data  |  |
|   | Date 04/13/2023                                     | Payee name   |
|   |   | Shipley's Donuts   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$53.28   | 4501 Bissonnet Street  |
|   |   |  |
|   |   | Bellaire, TX 77401   |
|   | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |   | Food and drink for jurors.   |
|   |   |  |
| H | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                         |  |
|   |   |  |
|   |   |  |
| l |   |  |

#### SCHEDULE F1

#### **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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |     | mmittee L        | ift/Awards/Memorials<br>egal Services<br><b>The Instruction G</b> |                     |            | /ages | /Contract Labor |   | Travel Out of Di<br>OTHER (enter a      | strict<br>category not listed abo | ve)        |
|---|--|-----|------------------|---|---------------------|------------|-------|-----------------|---|---|-----------------------------------|------------|
| 1 | Total pages Schedule F1:   | 2   | FILER NAME       |   |                     |            |       |                 | 3 | Filer ID                                | (Ethics Commission                | on Filers) |
|   | Sch: 8/8 Rpt: 23/23  |     | Payne, Latos     | sha Lewis (The  | Honorable)          | )          |       |                 |   | 00069496                                |                                   |            |
| 4 | Date   | 5   | Payee name       |   |                     |            |       | •               |   |   |                                   |            |
|   | 02/24/2023   |     | Shipley's Do     | nuts  |                     |            |       |                 |   |   |                                   |            |
| 6 | Amount (\$)  | 7   | Payee address    | s; City;  | State;              | Zip Co     | de    |                 |   |   |                                   |            |
|   | \$63.12  |     | 4501 Bissoni     | net Street  |                     |            |       |                 |   |   |                                   |            |
|   |  |     |                  |   |                     |            |       |                 |   |   |                                   |            |
|   |  |     | Bellaire , $TX$  | 77401   |                     |            |       |                 |   |   |                                   |            |
| 8 | PURPOSE  | (a) | Category (See    | Categories listed at  | he top of this sche | edule)     | (b)   | Description     |   |   |                                   |            |
|   | OF<br>EXPENDITURE  |     | Food/Bevera      |   |                     |            |       | ш               |   |   | plete Schedule T.                 |            |
|   |  |     |                  |   |                     |            |       | Food and drir   |   | officeholder living                     | g expense                         |            |
|   |  |     |                  |   |                     |            |       |                 |   | <b>,</b>                                |                                   |            |
| 9 | Complete ONLY if direct  |     | Candidate/Office | eholder name  | C                   | Office sou | ght   |                 |   | Office h                                | eld                               |            |
|   | expenditure to benefit C/O   | +   |                  |   |                     |            |       |                 |   |   |                                   |            |
|   | Date   |     | Payee name       |   |                     |            |       |                 |   |   |                                   |            |
|   | 06/01/2023   |     | TBP Studios      | Inc./ Blackbur  | n Photograp         | hy         |       |                 |   |   |                                   |            |
|   | Amount (\$)  |     | Payee address    | s; City;  | State;              | Zip Co     | de    |                 |   |   |                                   |            |
|   | \$840.00   |     | 12515 Mossy      | cup Drive   |                     |            |       |                 |   |   |                                   |            |
|   |  |     |                  |   |                     |            |       |                 |   |   |                                   |            |
|   |  |     | Houston, TX      | 77024   |                     |            |       |                 |   |   |                                   |            |
|   | PURPOSE  | (a) | Category (See    | Categories listed at  | he top of this sch  | edule)     | (b)   | Description     |   |   |                                   |            |
|   | OF<br>EXPENDITURE  |     | Advertising E    | Expense   |                     |            |       |                 |   | de of Texas. Com<br>officeholder living | plete Schedule T.                 |            |
|   |  |     |                  |   |                     |            |       | Judicial photo  |   |   | g expense                         |            |
|   |  |     |                  |   |                     |            |       | ·               | J | •                                       |                                   |            |
|   | Complete ONLY if direct  |     | Candidate/Office | eholder name  | C                   | Office sou | ght   |                 |   | Office h                                | eld                               |            |
|   | expenditure to benefit C/O   | H   |                  |   |                     |            |       |                 |   |   |                                   |            |
|   |  |     |                  |   |                     |            |       |                 |   |   |                                   |            |
|   |  |     |                  |   |                     |            |       |                 |   |   |                                   |            |
|   |  |     |                  |   |                     |            |       |                 |   |   |                                   |            |
|   |  |     |                  |   |                     |            |       |                 |   |   |                                   |            |
|   |  |     |                  |   |                     |            |       |                 |   |   |                                   |            |
|   |  |     |                  |   |                     |            |       |                 |   |   |                                   |            |
|   |  |     |                  |   |                     |            |       |                 |   |   |                                   |            |
|   |  |     |                  |   |                     |            |       |                 |   |   |                                   |            |
|   |  |     |                  |   |                     |            |       |                 |   |   |                                   |            |
|   |  |     |                  |   |                     |            |       |                 |   |   |                                   |            |
|   |  |     |                  |   |                     |            |       |                 |   |   |                                   |            |
|   |  |     |                  |   |                     |            |       |                 |   |   |                                   |            |
|   |  |     |                  |   |                     |            |       |                 |   |   |                                   |            |
|   |  |     |                  |   |                     |            |       |                 |   |   |                                   |            |
|   |  |     |                  |   |                     |            |       |                 |   |   |                                   |            |