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 21 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Latosha Lewis NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Payne CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Samantha NAME NICKNAME LAST **SUFFIX** Trahan **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 426-7022 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 55 Harris District Judge District 55TH

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Payne, Latosha Lewi	s (The Honorable)		14 Filer ID 00069496	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditumay have been made without quired to report this information	the candidate's or of	ficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	E			
	GENERAL					
		COMMITTEE ADDI	RESS			
	SPECIFIC					
		COMMITTEE CAM	PAIGN TREASURER NAME			
		COMMITTEE CAM	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	 ZED POLITICAL CO	 ONTRIBUTIONS(OTHER THAN	 N PLEDGES. LOANS	 S.	
TOTALS	OR GUARANTE		CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBUT PLEDGES, LOANS,	TIONS OR GUARANTEES OF LOAN	S)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	PENDITURES		\$	2,561.03
	4. TOTAL POLIT	ICAL EXPENDITU	JRES		\$	25,118.61
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	12,141.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		t	swear, or affirm, under penalt rue and correct and includes a under Title 15, Election Code.	y of perjury, that the all information require	accompanying d to be reporte	; report is ed by me
			The Honora	ble Latosha Lewis	Payne	
		-	Signature of	Candidate or Officel	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of offi	cer administering oath	Printed name of	of officer administering oath	Title of offi	cer administer	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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				3 01 21		
18 FILER NAME19 Filer ID(Ethics Commission Filers)Payne, Latosha Lewis (The Honorable)00069496						
20 SCHEDULE NAME OF SC	SUBTOT	AL AMOUNT				
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	0.00		
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00		
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	25,027.78		
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00		
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00		
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	90.83		
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	8.14		

PLEDGE	O CONTRIBUTIONS (JUDIC)	AL)		SCHEDU	ILE B(J)
The Inst	The Instruction Guide explains how to complete this form.				
2 FILER NAME Payne, Latosha	2 FILER NAME Payne, Latosha Lewis (The Honorable)			thics Commission	Filers)
4 TOTAL OF U	NITEMIZED PLEDGES			\$	0.00
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind de (If app	escription licable)
	7 Pledgor Address; City; State; Zip	Code		į	
			Check if travel or	I I utside of Texas. C	omplete Schedule T.
10 Pledgor's principa	al occupation	11 Pledgor's job title			
12 Pledgor's employ	er/law firm	13 Law firm of pledgor's	spouse (if any)		
14 If pledgor is a chil	ld, law firm of parent(s) (if any)	.1			

	LOANS (J	UDICIAL)				SCHE	OULE E	(J)
	The Instruction Guide explains how to complete this form.				Total pages Schedule E(J): Sch: 1/1 Rpt: 5/21			
2	FILER NAME Payne, Latosha Lewis (The Honorable)				Filer ID 000694	(Ethics Cor	nmission Fi	lers)
4	TOTAL OF UNITEMIZED LOANS			<u>. </u>		\$		0.00
5	Date of loan	7 Name of lender out-of-state Pa	AC (ID#:)	9 Loan An	nount (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest		
						11 Maturity	Date	
12	! Lender's Principal	Occupation	13 Lender's Job Title					
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	aw firm of parent(s) (if any)	1					
17	Description of Coll	ateral	18 Check if personal funds we	ere d	eposited		account tructions)	
19	GUARANTOR INFORMATION	20 Name of guarantor	22 Amount Guaranteed (\$)			d (\$)		
23	not applicable Guarantor's Princi	21 Guarantor address; City; State; pal Occupation	Zip Code 24 Guarantor's Job Title					
25	Cuanantana Empla	world and Firm	2C Law Firm of museum table on		(if a.m.)			
20	Guarantor's Emplo	yer/Law Film	26 Law Firm of guarantor's sp	ouse	e (II ariy)			
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
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

1 Total pages Schedule F1: Sch: 1/13 Rpt: 6/21 Payne, Latosha Lewis (The Honorable) 3 Filer ID (Ethics Commis 00069496) 4 Date O7/14/2023 5 Payee name Constant Contact	
4 Date 5 Payee name	ission Filers)
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$52.67 1601 Trapelo Rd.	
Waltham, MA 02451	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1X, officenoider living expense	
Newsletter and email service.	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
5. 1	
Date Payee name	
08/14/2023 Constant Contact	
Amount (\$) Payee address; City; State; Zip Code	
\$52.67 1601 Trapelo Rd.	
Waltham, MA 02451	
PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Action with size of Toward Schedule Toward Complete Schedule Toward	
Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Newsletter and email service	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
09/14/2023 Constant Contact	
09/14/2023 Constant Contact	
09/14/2023 Constant Contact Amount (\$) Payee address; City; State; Zip Code	
09/14/2023 Constant Contact	
O9/14/2023 Constant Contact Amount (\$) Payee address; City; State; Zip Code \$52.67 1601 Trapelo Rd.	
O9/14/2023 Constant Contact Amount (\$) Payee address; City; State; Zip Code \$52.67 1601 Trapelo Rd. Waltham, MA 02451	
O9/14/2023 Constant Contact Amount (\$) Payee address; City; State; Zip Code \$52.67 1601 Trapelo Rd. Waltham, MA 02451 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Advertising Expanse	
O9/14/2023 Constant Contact Amount (\$) Payee address; City; State; Zip Code \$52.67 1601 Trapelo Rd. Waltham, MA 02451 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
O9/14/2023 Constant Contact Amount (\$) Payee address; City; State; Zip Code \$52.67 1601 Trapelo Rd. Waltham, MA 02451 PURPOSE OF Advertising Expense (a) Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
O9/14/2023 Constant Contact Amount (\$) Payee address; City; State; Zip Code \$52.67 1601 Trapelo Rd. Waltham, MA 02451 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
O9/14/2023 Constant Contact Amount (\$) Payee address; City; State; Zip Code \$52.67 1601 Trapelo Rd. Waltham, MA 02451 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newsletter and email service Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
O9/14/2023 Constant Contact Amount (\$) Payee address; City; State; Zip Code \$52.67 1601 Trapelo Rd. Waltham, MA 02451 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newsletter and email service	
O9/14/2023 Constant Contact Amount (\$)	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/13 Rpt: 7/21	Payne, Latosha Lewis (The Honorable)		00069496
4	Date	5 Payee name		•
	10/16/2023	Constant Contact		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$52.67	1601 Trapelo Rd.		
		Waltham, MA 02451		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Newsletter and email service
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	Date	Payee name		
	11/14/2023	Constant Contact		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$52.67	1601 Trapelo Rd.		
		Waltham, MA 02451		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Newsletter and email service
				Newsieller and email service
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·		Office Hold
	Data			
	Date 12/14/2023	Payee name Constant Contact		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$52.67	1601 Trapelo Rd.		
		Waltham, MA 02451		
	PURPOSE OF	,	b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Newsletter and email service
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			555
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/13 Rpt: 8/21	Payne, Latosha Lewis (The Honorable) 00069496
4	Date	5 Payee name
	12/14/2023	Davis Street
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,700.00	5925 Almeda Rd A
		Houston, TX 77004
8	PURPOSE 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
		Board of District Judges December meeting food and
		beverage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/14/2023	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.00	2915 Old Spanish Trail
		Houston, TX 77021
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Storage space for campaign supplies and signs.
		ctorage opace for campaign supplies and signor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/14/2023	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.00	2915 Old Spanish Trail
	Ψ1.100	2010 Old Opalion Trail
		Houston, TX 77021
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Newsletter and email service.
	Complete ONU V if allow	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Event Expense

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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/13 Rpt: 9/21 00069496 Payne, Latosha Lewis (The Honorable) 4 Date Payee name 09/14/2023 Extra Space Storage 6 Amount (\$) Payee address; State; Zip Code \$74.00 2915 Old Spanish Trail Houston, TX 77021 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage for campaign supplies, materials, and signs. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/16/2023 Extra Space Storage Amount (\$) Payee address; City; State; Zip Code \$74.00 2915 Old Spanish Trail Houston, TX 77021 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage for campaign supplies, materials, and signs. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/14/2023 Extra Space Storage Amount (\$) Payee address: City; State; Zip Code \$74.00 2915 Old Spanish Trail Houston, TX 77021 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Storage for campaign supplies, materials, and signs. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/13 Rpt: 10/21	Payne, Latosha Lewis (The Honorable) 00069496
4	Date	5 Payee name
	12/14/2023	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.00	2915 Old Spanish Trail
		Houston, TX 77021
8	PURPOSE 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, materials, and signs.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	10/20/2023	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	4619 Lyons Avenue
		Houston, TX 77008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Harris County Democratic Party Johnson Rayburn
		Richards Gala expense
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/19/2023	Hearsay Market Square
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$500.60	218 Travis Street
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Harris County District Judges holiday event
		Hairis County District Judges Holiday event
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/13 Rpt: 11/21	Payne, Latosha Lewis (The Honorable) 00069496
4	Date	5 Payee name
	08/21/2023	Hearsay Market Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.99	218 Travis Street
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		District Judges lunch meeting
_	Complete ONLY if disent	Condidate/Officeholder name Office county
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	07/11/2023	John Raley & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1717 Saint James Place Blvd
		Suite 320
		Houston, TX 77056
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Attorney fees and expenses for election lawsuit.
		Attorney lees and expenses for election lawsuit.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	07/12/2023	John Raley & Associates
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$1,979.15	1717 Saint James Place Blvd
	Ψ1,515.15	Suite 320
		Houston, TX 77056
	PURPOSE 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 and expenses for election lawsuit.
		, atomo, isso and superisson in sission laneau
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Verification Control C

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/13 Rpt: 12/21	Payne, Latosha Lewis (The Honorable) 00069496
4	Date	5 Payee name
	11/02/2023	John Raley & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1717 Saint James Place Blvd
		Suite 320
		Houston, TX 77056
8	PURPOSE 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	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Attorney fees and expenses for election lawsuit.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/03/2023	John Raley & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1717 Saint James Place Blvd
		Suite 320
		Houston, TX 77056
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Attorney fees and expenses for election lawsuit.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/06/2023	John Raley & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	1717 Saint James Place Blvd
		Suite 320
		Houston, TX 77056
	PURPOSE 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 and expenses for election lawsuit.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 2 2 2 3 3 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILED NAME	3 Filer ID (Ethics Commission Filers)
-	Sch: 8/13 Rpt: 13/21	Payne, Latosha Lewis (The Honorable)	00069496
4	Date	5 Payee name	•
	12/29/2023	Pappas Brothers	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$713.07	1200 McKinney Street	
		Houston, TX 77010	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 Toda/Beverage Expense	outside of Texas. Complete Schedule T.
		1 H	, TX, officeholder living expense
		Court staff ho	oliday lunch
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	08/04/2023	Ritz Carlton Chicago	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,299.63	160 East Pearson Street at Water Tower Place	
		Chicago, IL 60611	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Liverit Experise	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		I	ual Harris County civil district courts
		CLE	ual Harris County Civil district courts
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	09/12/2023	Sam's Club #4769	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$617.15	5310 S Rice Ave	
		Houston, TX 77081	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000/Develage Expense	outside of Texas. Complete Schedule T.
	-		, TX, officeholder living expense
		Jury rood, be	verages and snacks.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

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

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/13 Rpt: 14/21	Payne, Latosha Lewis (The Honorable) 00069496
4	Date	5 Payee name
	11/30/2023	Sam's Club #4769
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.96	5310 S Rice Ave
		Houston, TX 77081
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Jury food and beverages.
		Sury lood and beverages.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
⊨	Date	Payee name
	09/08/2023	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$375.00	1201 San Antonio, Suite 800
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Texas Annual Judicial CLE registration expense.
		Toxas / Wilder Oddisial OLL Tegistration expense.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	12/11/2023	Three Brothers Bakery
		·
	Amount (\$)	
	\$258.92	4606 Washington Avenue
		Houston, TX 77007
	PURPOSE 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
		Board of District Judges December meeting food
		Board of Broandt dauged Booombot infocuring rood
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/13 Rpt: 15/21	Payne, Latosha Lewis (The Honorable) 00069496
4	Date	5 Payee name
	08/01/2023	Uber Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.94	1515 3rd Street
		San Francisco , CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation for Harris County civil district courts
		CLE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/03/2023	Uber Inc.
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$43.03	1515 3rd Street
		San Francisco , CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation for Harris County civil district courts
		CLE
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payso nama
	08/23/2023	Payee name Uber Inc.
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.90	1515 3rd Street
		San Francisco , CA 94103
1	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		National Association ifor Presiding Judgs and Court
		Executive Officers Annual Conference
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

1		The Instruction Guide explains how to com	piete tilis iorili.	
1 -	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 11/13 Rpt: 16/21	Payne, Latosha Lewis (The Honorable)	00069496	
4	Date	5 Payee name	•	
	09/07/2023	Uber Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	е	
	\$5.74	1515 3rd Street		
		San Francisco , CA 94103		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
	OF EXPENDITURE	Transportation	Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE		Check if Austin, TX, officeholder living expense	
			Texas Center for the Judiciary Annual Judicial Conference	
9	Complete ONLY if direct	Candidate/Officeholder name Office acust		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	office field	
\vdash	Data	_		
	Date	Payee name		
	09/21/2023	Uber Inc.		
	Amount (\$)	Payee address; City; State; Zip Cod	е	
	\$10.99	1515 3rd Street		
		San Francisco , CA 94103		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Description	
	EXPENDITURE	Transportation	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
			Transportation to Houston Libraries event	
	Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held	
	expenditure to benefit C/OH			
F	Date	Payee name		
	Date 10/06/2023	Payee name Uber Inc.		
			e	
	10/06/2023	Uber Inc.	e	
	10/06/2023 Amount (\$)	Uber Inc. Payee address; City; State; Zip Cod	e	
	10/06/2023 Amount (\$)	Uber Inc. Payee address; City; State; Zip Cod	e	
	10/06/2023 Amount (\$) \$72.07	Uber Inc. Payee address; City; State; Zip Cod 1515 3rd Street San Francisco , CA 94103	e b) Description	
	10/06/2023 Amount (\$) \$72.07 PURPOSE OF	Uber Inc. Payee address; City; State; Zip Cod 1515 3rd Street San Francisco , CA 94103	b) Description Check if travel outside of Texas. Complete Schedule T.	
	10/06/2023 Amount (\$) \$72.07	Uber Inc. Payee address; City; State; Zip Cod 1515 3rd Street San Francisco , CA 94103 (a) Category (See Categories listed at the top of this schedule)	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	10/06/2023 Amount (\$) \$72.07 PURPOSE OF	Uber Inc. Payee address; City; State; Zip Cod 1515 3rd Street San Francisco , CA 94103 (a) Category (See Categories listed at the top of this schedule)	b) Description Check if travel outside of Texas. Complete Schedule T.	
	Amount (\$) \$72.07 PURPOSE OF EXPENDITURE	Uber Inc. Payee address; City; State; Zip Cod 1515 3rd Street San Francisco , CA 94103 (a) Category (See Categories listed at the top of this schedule) Transportation	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for United States Supreme Court licensure swearing in.	
	10/06/2023 Amount (\$) \$72.07 PURPOSE OF	Uber Inc. Payee address; City; State; Zip Cod 1515 3rd Street San Francisco , CA 94103 (a) Category (See Categories listed at the top of this schedule) Transportation Candidate/Officeholder name Office soug	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for United States Supreme Court licensure swearing in.	
	Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Uber Inc. Payee address; City; State; Zip Cod 1515 3rd Street San Francisco , CA 94103 (a) Category (See Categories listed at the top of this schedule) Transportation Candidate/Officeholder name Office soug	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for United States Supreme Court licensure swearing in.	
	Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Uber Inc. Payee address; City; State; Zip Cod 1515 3rd Street San Francisco , CA 94103 (a) Category (See Categories listed at the top of this schedule) Transportation Candidate/Officeholder name Office soug	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for United States Supreme Court licensure swearing in.	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
-	Sch: 12/13 Rpt: 17/21	Payne, Latosha Lewis (The Honorable) 00069496			
4	Date	5 Payee name			
	08/24/2023	Uber Inc.			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$62.51	1515 3rd Street			
		San Francisco , CA 94103			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Transportation Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		National Association ifor Presiding Judgs and Court Executive Officers Annual Conference			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	08/21/2023	Uber Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$87.91	1515 3rd Street			
		San Francisco , CA 94103			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		National Association for Presiding Judges and Court			
		Executive Officers Annual Conference			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	08/02/2023	Uber Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$35.90	1515 3rd Street			
		San Francisco , CA 94103			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Transportation for Harris County civil district courts			
		CLE			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 13/13 Rpt: 18/21	Payne, Latosha Lewis (The Honorable) 00069496			
4	Date	5 Payee name			
	09/08/2023	Uber Inc.			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$11.80	1515 3rd Street			
		San Francisco , CA 94103			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Texas Center for the Judiciary Annual Judicial			
		Conference			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	07/14/2023	United Airlines			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,030.20	233 South Wacker Drive			
		Chicago, IL 60606			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Travel expense for Annual Harris County civil district			
		court CLE, Chicago, Illinois			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	10/05/2023	Willard Intercontinental Hotel			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,447.27	1401 Pennsyvania Ave NW			
		Washington, DC 20004			
	PURPOSE 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			
		Hotel for United States Supreme Court swearing in			
		licensure			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 19/21 Payne, Latosha Lewis (The Honorable) 00069496 Date Payee name 07/31/2023 Uber Inc. 6 Amount (\$) Payee address; City; State; Zip Code \$90.83 1515 3rd Street Reimbursement from political contributions intended Х San Francisco, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Transportation for Harris County civil district courts CLE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 20/21 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Payne, Latosha Lewis (The Honorable) 00069496 5 Name of person from whom amount is received 8 Amount (\$) 08/24/2023 Amegy Bank \$8.14 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77054 Purpose for which amount is received Check if political contribution returned to filer Monthly service fee refund

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Insti	ruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 21/21			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Payne, Latosha Lewis (The Honorable)		00069496			
4 Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee				
United Airlines					
5 Contribution / Expe	5 Contribution / Expenditure reported on:				
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1			
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC			
6 Dates of Travel	7 Name of person(s) traveling				
	Payne, Latosha (Judge)				
	8 Departure city or name of departure location				
07/31/2023	Eugene				
	9 Destination city or name of destination location				
07/31/2023	Chicago				
10 Means of transpor	ation 11 Purpose of travel (including name of conference, seminar, or	other event)			
Commercial Airp	lane Harris County civil district courts CLE				
Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee				
United Airlines					
Contribution / Expe	enditure reported on:				
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1			
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC			
Dates of Travel	Name of person(s) traveling				
	Payne, Latosha (Judge)				
	Departure city or name of departure location				
08/02/2023	Chicago				
	Destination city or name of destination location				
08/02/2023	Austin				
Means of transpor	ation Purpose of travel (including name of conference, seminar, or	other event)			
Commercial Airp	lane Harris County civil district courts CLE				
	<u>.</u>				