

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081583	2 Total pages filed: 7				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST James A.	MI	OFFICE USE ONLY			
	NICKNAME Jim	LAST Payne	SUFFIX Jr.		Date Received ELECTRONICALLY FILED 01/15/2025		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 259 Wulf Creek Drive Center, TX 75935		ZIP CODE	Date Hand-delivered or Date Postmarked			
				Receipt #			
				Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Brenda J.	MI				
	NICKNAME Jill	LAST Payne	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 259 Wulf Creek Drive Center, TX 75935						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(936)	554-2678					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	07	01	2024		12	31	2024
10 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE			
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
			<input type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) District Judge (Multi-county) District 273 Sabine, Shelby, ...			12 OFFICE SOUGHT (if known)			

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,328.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable James A. Payne Jr.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Payne Jr., James A. (The Honorable)		19 Filer ID 00081583	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
NAME OF SCHEDULE			
1.	<input type="checkbox"/>	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/>	SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,584.07
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/4 Rpt: 4/7	2 FILER NAME Payne Jr., James A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081583
4 Date 12/01/2024	5 Payee name Amazon	
6 Amount (\$) 200.30	7 Payee Address; City; State; Zip 413 Terry Ave N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) HOLIDAY GIFTS
Date 08/06/2024	Payee name Amazon	
Amount (\$) 140.69	Payee Address; City; State; Zip 413 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) DONATION	(b) Description (See instructions regarding type of information required.) DONATION OF SCHOOL SUPPLIES TO LOCAL SCHOOL VIA WISHLIST ON AMAZON
Date 12/04/2024	Payee name FREEPOP3D	
Amount (\$) 73.00	Payee Address; City; State; Zip 8490 E. 5 POINT HWY Eaton Rapids, MI 48827	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) HOLIDAY GIFTS
Date 11/27/2024	Payee name H & H BAIL BONDS	
Amount (\$) 195.00	Payee Address; City; State; Zip 609 NACOGDOCHES STREET CENTER, TX 75935	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) THANKSGIVING TURKEYS FOR STAFF

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/4 Rpt: 5/7	2 FILER NAME Payne Jr., James A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081583
4 Date 10/16/2024	5 Payee name Hughes Florist	
6 Amount (\$) 64.95	7 Payee Address; City; State; Zip 321 Shelbyville Street Center, TX 75935	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) MEMORIAL EXPENSE
Date 11/27/2024	Payee name Hughes Florist	
Amount (\$) 74.69	Payee Address; City; State; Zip 321 Shelbyville Street Center, TX 75935	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) MEMORIAL EXPENSE
Date 11/19/2024	Payee name LOVING MEMORIES FLOWERS & GIFTS	
Amount (\$) 81.19	Payee Address; City; State; Zip 511 STARR STREE HEMPHILL, TX 75948	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) MEMORIAL EXPENSE
Date 07/29/2024	Payee name PAYNE, JAMES (Mr.)	
Amount (\$) 1,915.92	Payee Address; City; State; Zip 259 Wulf Creek Dr. Center, TX 75935	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) CLE CONFERENCE EXPENSES TO INCLUDE HOTEL, MEALS AND TRAVEL

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 3/4 Rpt: 6/7	2 FILER NAME Payne Jr., James A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081583
4 Date 07/18/2024	5 Payee name PAYNE, JAMES (Mr.)	
6 Amount (\$) 290.00	7 Payee Address; City; State; Zip 259 Wulf Creek Dr. Center, TX 75935	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) REIMBURSEMENT FOR HOME SECURITY EXPENSES
Date 12/30/2024	Payee name PAYNE, JAMES (Mr.)	
Amount (\$) 500.00	Payee Address; City; State; Zip 259 Wulf Creek Dr. Center, TX 75935	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) REIMBURSEMENT FOR CHRISTMAS STAFF PARTY AND GIFTS.
Date 12/18/2024	Payee name PAYNE, JAMES (Mr.)	
Amount (\$) 300.00	Payee Address; City; State; Zip 259 Wulf Creek Dr. Center, TX 75935	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) HOLIDAY GIFTS
Date 12/14/2024	Payee name RATTLESNAKE RANCH	
Amount (\$) 518.45	Payee Address; City; State; Zip 19354 TX-21 CROCKETT, TX 75835	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) HOLIDAY GIFTS

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/4 Rpt: 7/7	2 FILER NAME Payne Jr., James A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081583
4 Date 12/13/2024	5 Payee name RATTLESNAKE RANCH	
6 Amount (\$) 71.79	7 Payee Address; City; State; Zip 19354 TX-21 CROCKETT, TX 75835	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) HOLIDAY GIFTS
Date 10/26/2024	Payee name TEXAS CENTER FOR THE JUDICIARY	
Amount (\$) 35.00	Payee Address; City; State; Zip 1210 SAN ANTONIO ST. AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) JUDICIAL CONFERENCE DUES
Date 11/11/2024	Payee name TEXAS CENTER FOR THE JUDICIARY	
Amount (\$) 65.00	Payee Address; City; State; Zip 1210 SAN ANTONIO ST. AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) JUDICIAL CONFERENCE FEES
Date 12/10/2024	Payee name TWOGETHER	
Amount (\$) 58.09	Payee Address; City; State; Zip 111 conroe, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) MEMORIAL FLOWERS