#### 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 12 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Latosha Lewis NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 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 MI **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 30th day before election Runoff 15th day after campaign treasurer January 15 lx l 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** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 55 Harris District Judge District 295

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Payne, Latosha Lew	s (The Honorable)	<b>14</b> Filer ID (00069496	Ethics Commission Filers)		
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	EE TYPE COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC	PECIFIC				
	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		II IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		ICAL CONTRIBUTIONS		\$ 0.00		
EXPENDITURE	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			• 0.00		
TOTALS				\$ 0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 5,713.47		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT						
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.				
		The Honora	ble Latosha Lewis Pa	ayne		
		Signature of	Candidate or Officehol	der		
AFFIX NOT	AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subsc	cribed before me, by the s	aid	, this the	day		
of	, 20, to c	ertify which, witness my hand and seal of office.				
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administering oath		

## SUBTOTALS - JC/OH

# FORM JC/OH COVER SHEET PG 3

			3 of 12
<b>18</b> FILER NA Payne, L	<b>19</b> Filer ID 00069496	(Ethics Commission Filers)	
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	<b>\$</b> 4,882.64
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 830.83
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

#### SCHEDULE F1

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

Event Expense Loan Repaymenth
Fees Office Overhead/R
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Printing Expense
Loan Repaymenth
Fees Office Overhead/R
Food/Beverage Expense
Frinting Expense
Salaries/Wages/Co

Candidate/Officenoider/Politic 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: 1/8 Rpt: 4/12	Payne, Latosha Lewis (The Honorable) 00069496
4 Date	5 Payee name
09/16/2024	Constant Contact
6 Amount (\$) \$52.67	7 Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451
8 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 Communications / newsletter
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
08/14/2024	Constant Contact
Amount (\$) \$52.67	Payee address; City; State; Zip Code 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
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
07/15/2024	Constant Contact
Amount (\$) \$52.67	Payee address; City; State; Zip Code 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  Communications / newsletter
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

### 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: 2/8 Rpt: 5/12	Payne, Latosha Lewis (The Honorable) 00069496
4	Date	5 Payee name
	12/16/2024	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$91.00	2915 Old Spanish Trail
		Houston, TX 77021
8	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		storage space
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/Oi	
	Date	Payee name
	11/22/2024	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$342.00	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
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		storage space
	0 1: 0.11.7.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/16/2024	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.00	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.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		storage space
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit 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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 3/8 Rpt: 6/12	Payne, Latosha Lewis (The Honorable)  00069496
4	Date	5 Payee name
	08/14/2024	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 space
		3. J
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/15/2024	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.00	2915 Old Spanish Trail
		Houston, TX 77021
	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 space
		Storage space
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies warms
	08/09/2024	Payee name Four Seasons Los Angeles
	Amount (\$)	Payee address; City; State; Zip Code
	\$605.48	300 S Doheny Drive
		Los Angeles, CA 90048
	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.
		Civil District Courts Continuing legal education hotel
		expense
	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

	Candidate/Officeholder/Politica Credit Card Payment	Al 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: 4/8 Rpt: 7/12	Payne, Latosha Lewis (The Honorable) 00069496
4	Date	5 Payee name
	08/09/2024	Four Seasons Los Angeles
6	Amount (\$) \$39.42	7 Payee address; City; State; Zip Code 300 S Doheny Drive
		Los Angeles, CA 90048
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
		Civil District Courts continuing legal education hotel
		expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Davida nama
	07/11/2024	Payee name Four Seasons Los Angeles
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,209.72	300 S Doheny Drive
		Los Angeles, CA 90048
	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
		Civil District Courts continuing legal education hotel
		expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	09/18/2024	lonos Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.47	200 Continental Drive
		Suite 201
		Newark, DE 19713
	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  Website/ newsletter
		vessite, newsitter
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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)

l	ordan dara r aymon		The Instruction Guide explains how to	com	plete this form.			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 5/8 Rpt: 8/12		Payne, Latosha Lewis (The Honorable)				00069496	
4	Date	5	Payee name			_		
	08/14/2024		lonos Inc.					
6	Amount (\$)	7	Payee address; City; State; Zip	Code	е			
	\$191.52		200 Continental Drive					
			Suite 401					
			Newark, DE 19713					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(k	Description			
	OF EXPENDITURE		Advertising Expense					nplete Schedule T.
	EXI ENDITORE				Check if Austin Website	, TX	, officeholder living	g expense
					vvensite			
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office s	- Lugh	nt .		Office he	old
	expenditure to benefit C/OI		Sandidate/Officeriolder Harne Office s	ougi	ıı		Office In	eiu
H	Date	Т	Payee name					
	07/01/2024		Ionos Inc.					
┝	Amount (\$)	┝	Payee address; City; State; Zip	Code				
	\$6.35		200 Continental Drive	Oout	,			
	φ0.00		Suite 401					
			Newark, DE 19713					
L	DUDDOCE	(6)		10	2) 5			
	PURPOSE OF	(a,	Category (See Categories listed at the top of this schedule)	(,	Description  Check if travel	outs	ide of Texas. Com	nplete Schedule T.
	EXPENDITURE		Advertising Expense				, officeholder living	
					Website			
L								
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office s	sough	nt		Office h	eld
L	experiditure to benefit C/Oi							
	Date		Payee name					
	08/12/2024		Latosha Payne					
	Amount (\$)		Payee address; City; State; Zip	Code	е			
	\$248.25		201 Caroline					
			9th Floor					
			Houston, TX 77002					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(k	Description			
	OF EXPENDITURE		Loan Repayment/Reimbursement		<u> </u>			nplete Schedule T.
					Check if Austin		, officeholder living	g expense
					L/GIIIINNI 26111	CIII	L	
$\vdash$	Complete ONLY if direct	<u></u>	Candidate/Officeholder name Office s	<u> </u> souah	nt		Office he	eld
	expenditure to benefit C/OI			<del>y</del> ·				
$\vdash$								

#### 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

	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: 6/8 Rpt: 9/12	Payne, Latosha Lewis (The Honorable)
4	Date	5 Payee name
	09/26/2024	Shipley Donuts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.28	1001 McKinney
		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
		Jury food
L		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/22/2024	Shipley Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.24	1001 McKinney
		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
		jury food
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	08/16/2024	Shipley Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.51	1001 McKinney
		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
		jury food
	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 Committee

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

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: 7/8 Rpt: 10/12	Payne, Latosha Lewis (The Honorable)  00069496			
4	Date	5 Payee name			
L	08/15/2024	Shipley Donuts			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$31.23	1001 McKinney			
		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 travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense jury food			
		july 1000			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
-	Date	Payee name			
	07/05/2024	Southwest Airlines			
_	Amount (\$)	Payee address; City; State; Zip Code	_		
	\$232.46	P.O. Box 36647-1CR			
	,				
		Dallas, TX 75235			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Transportation to Civil District Courts continuing le	aal		
		conference			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H			
H	Date	Payee name	_		
	08/05/2024	Uber Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$20.42	1515 3rd Street			
	7-3112				
		San Francisco , CA 94103			
	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			
		Transportation for Civil District Courts continuing			
		legal education			
	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 Con-

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

	Consuling 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: 8/8 Rpt: 11/12	Payne, Latosha Lewis (The Honorable) 00069496
4	Date	5 Payee name
	08/28/2024	Uber Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.61	1515 3rd Street
		San Francisco , CA 94103
8	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Transportation for National Association of Presiding Judges Court Admin continuing legal education
		Judges Court Aurilli Continuing legal education
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
L	08/26/2024	Uber Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.67	1515 3rd Street
		San Francisco , CA 94103
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Transportation to Civil District Courts continuing legal education
L		education
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Ī		

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE G

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polli y - Gift/Awards/Memorials Expense Prin	ce Overhead/Rental Expense ing Expense ting Expense iries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Cara r dyment	The Instruction Guide explains how	to complete this form.	
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/1 Rpt: 12/12	Payne, Latosha Lewis (The Honorable)		00069496
4	Date	5 Payee name		
	12/05/2024	Brennan's of Houston		
6	Amount (\$)	7 Payee address; City; State; Zip	. Code	
ľ	\$234.94	3300 Smith Street	, 0000	
		Social Silver		
	Reimbursement from political contributions			
	intended	Houston, TX 77006		
8	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	Food/Beverage Expense	L L	Check if Austin, TX, officeholder living expense
			Civil District Cour	rts holiday dinner and gifts
9		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	Date	Payee name		
	12/05/2024	DirectTV		
	Amount (\$)	Payee address; City; State; Zig	Code	
	\$150.00 2230 E. Imperial Hwy			
	Reimbursement from			
	X political contributions intended	El Segundo , CA 90245		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
	EXPENDITURE	Cines everneda/renta/ Expense	Cable service for	office
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit		ŭ	
	C/OH			
	Date	Payee name		
	12/03/2024	Jason's Deli		
	Amount (\$)	Payee address; City; State; Zir	Code	
	\$445.89	901 McKinney		
	Reimbursement from			
	x political contributions intended	Houston, TX 77002		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
	LAI LINDITOILE		Civil District Cour	rts Meeting lunch
		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
L	СОП			