

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: 15								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST James A.</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR The Honorable	FIRST James A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026					
	MS / MRS / MR The Honorable	FIRST James A.	MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME Jim</td> <td style="width: 30%;">LAST Payne</td> <td style="width: 40%;">SUFFIX Jr.</td> </tr> </table>		NICKNAME Jim	LAST Payne	SUFFIX Jr.							
NICKNAME Jim	LAST Payne	SUFFIX Jr.									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>		Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount						
	Receipt #	Amount									
	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mrs.</td> <td style="width: 30%;">FIRST Brenda J.</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR Mrs.	FIRST Brenda J.	MI						
	MS / MRS / MR Mrs.	FIRST Brenda J.	MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME Jill</td> <td style="width: 30%;">LAST Payne</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME Jill	LAST Payne	SUFFIX							
NICKNAME Jill	LAST Payne	SUFFIX									
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>											
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 554-2678										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<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)
<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	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> </tr> <tr> <td>07/01/2025</td> <td>THROUGH</td> <td>12/31/2025</td> <td></td> </tr> </table>			Month Day Year		Month Day Year		07/01/2025	THROUGH	12/31/2025	
Month Day Year		Month Day Year									
07/01/2025	THROUGH	12/31/2025									
10 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 40%;"> ELECTION DATE Month Day Year 03/03/2026 </td> <td style="width: 60%;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" 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) District Judge District 273								

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 Jr., James A. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00081583
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/>	
		COMMITTEE ADDRESS <hr/>	
		COMMITTEE CAMPAIGN TREASURER NAME <hr/>	
		COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>	
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)	\$ 11,500.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 2,794.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,586.88
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
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SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

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18 FILER NAME Payne Jr., James A. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00081583
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 11,500.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,794.00
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	\$ 3,468.34
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/15
2 FILER NAME Payne Jr., James A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081583
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BISBEY, BLAIR (Mr.) <hr/> 6 Contributor address; City; State; Zip Code BROOKELAND, TX 75931	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title PARTNER
10 Contributor's employer/law firm SEALE STOVER BISBEY		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, JON <hr/> Contributor address; City; State; Zip Code SAN AUGUSTINE, TX 75972	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title PARTNER
Contributor's employer/law firm BATES & HOYT		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HIGHTOWER, SEAN <hr/> Contributor address; City; State; Zip Code NACOGDOCHES, TX 75961	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title PARTNER
Contributor's employer/law firm HIGHTOWER, FRANKLIN & JAMES, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/7 Rpt: 5/15
2 FILER NAME Payne Jr., James A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081583
4 Date 11/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOWARD, HOWELL <hr/> 6 Contributor address; City; State; Zip Code CENTER, TX 75935	7 Amount of Contribution (\$) \$200.00
8 Contributor's Principal Occupation BUSINESS OWNER		9 Contributor's Job Title NONE
10 Contributor's employer/law firm NONE		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUGHES, CHRISTOPHER <hr/> Contributor address; City; State; Zip Code NACOGDOCHES, TX 75961	Amount of Contribution (\$) \$750.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title PARTNER
Contributor's employer/law firm LAW OFFICE OF CHRISTOPHER HUGHES, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOONCE, DAVID <hr/> Contributor address; City; State; Zip Code CENTER, TX 75935	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation BUSINESS OWNER		Contributor's Job Title NONE
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/7 Rpt: 6/15
2 FILER NAME Payne Jr., James A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081583
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOSTRACCO, JAMES <hr/> 6 Contributor address; City; State; Zip Code NACOGDOCHES, TX 75961	7 Amount of Contribution (\$) \$300.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title PARTNER
10 Contributor's employer/law firm LOSTRACCO DEPPISCH PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOU, RICKY (Mr.) <hr/> Contributor address; City; State; Zip Code SAN AUGUSTINE, TX 75972	Amount of Contribution (\$) \$750.00
Contributor's Principal Occupation BUSINESS OWNER		Contributor's Job Title NONE
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUCAS, WILL <hr/> Contributor address; City; State; Zip Code CENTER, TX 75935	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation BANKER		Contributor's Job Title PRESIDENT
Contributor's employer/law firm SHELBY SAVINGS BANK		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/7 Rpt: 7/15
2 FILER NAME Payne Jr., James A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081583
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORIAN, BILL <hr/> 6 Contributor address; City; State; Zip Code JASPER, TX 75951	7 Amount of Contribution (\$) \$2,000.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title PARTNER
10 Contributor's employer/law firm MORIAN & KAHLA ATTORNEYS AT LAW		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moyer, James (Mr.) <hr/> Contributor address; City; State; Zip Code Hemphill, TX 75948	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation RETIRED		Contributor's Job Title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEAL, ROBERT <hr/> Contributor address; City; State; Zip Code HEMPHILL, TX 75948	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm ROBERT G .NEAL ATTORNEY AT LAW		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/7 Rpt: 8/15
2 FILER NAME Payne Jr., James A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081583
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEDERSEN, BILL <hr/> 6 Contributor address; City; State; Zip Code NACOGDOCHES, TX 75961	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title PARTNER
10 Contributor's employer/law firm STRIPLING PEDERSEN & FLOYD		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCULL, DRU <hr/> Contributor address; City; State; Zip Code TENAHA, TX 75974	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation BUSINESS OWNER		Contributor's Job Title NONE
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCULL, TERRY <hr/> Contributor address; City; State; Zip Code CENTER, TX 75935	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation BUSINESS OWNER		Contributor's Job Title NONE
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/7 Rpt: 9/15
2 FILER NAME Payne Jr., James A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081583
4 Date 11/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIRES, STEPHEN <hr/> 6 Contributor address; City; State; Zip Code CENTER, TX 75935	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title PARTNER
10 Contributor's employer/law firm STEPHEN SHIRES ATTORNEY AT LAW		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SKELTON, SCOTT <hr/> Contributor address; City; State; Zip Code LUFKIN, TX 75901	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title PARTNER
Contributor's employer/law firm SKELTON SLUSHER BARNHILL WATKINS WELLS PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STANFIELD, SCOTT <hr/> Contributor address; City; State; Zip Code CENTER, TX 75935	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation MANUFACTURING		Contributor's Job Title MARKETING
Contributor's employer/law firm DAEDEX		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/7 Rpt: 10/15
2 FILER NAME Payne Jr., James A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081583
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHEELER, DON <hr/> 6 Contributor address; City; State; Zip Code CENTER, TX 75935	7 Amount of Contribution (\$) \$750.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title PARTNER
10 Contributor's employer/law firm DON WHEELER LAW OFFICE		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINDHAM, DANNY <hr/> Contributor address; City; State; Zip Code CENTER, TX 75935	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation RETIRED		Contributor's Job Title NONE
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WULF, BENJAMIN <hr/> Contributor address; City; State; Zip Code CENTER, TX 75935	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation MANUFACTURING		Contributor's Job Title CEO
Contributor's employer/law firm PORT-A-COOL		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 11/15	2 FILER NAME Payne Jr., James A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081583
4 Date 12/01/2025	5 Payee name Amazon	
6 Amount (\$) \$1,050.00	7 Payee address; City; State; Zip Code 413 Terry Ave N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE HOLDER EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN COMPUTER
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2025	Payee name REPUBLICAN PARTY OF TEXAS	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 807 BRAZOS STREET, STE 701 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN FILING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name TECHNOLOGY SOLUTIONS	
Amount (\$) \$244.00	Payee address; City; State; Zip Code PO BOX 22 TENAHAA, TX 75974	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPUTER SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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:	2 FILER NAME Payne Jr., James A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081583
4 Date 12/11/2025	5 Payee name BIG ZACH'S PLACE	
6 Amount (\$) 257.58	7 Payee Address; City; State; Zip 223 MAIN STREET LOGANSPOUT, LA 71049	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) CHRISTMAS PARTY
Date 11/27/2025	Payee name H & H BAIL BONDS	
Amount (\$) 130.00	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 TO STAFF
Date 07/09/2025	Payee name Hughes Florist	
Amount (\$) 57.37	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.) FUNERAL FLOWERS
Date 11/14/2025	Payee name PALOMA FLORAL EVENTS & DECOR	
Amount (\$) 92.01	Payee Address; City; State; Zip 409 EAST AVENUE E ALPINE, TX 79830	
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.) FUNERAL FLOWERS

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:	2 FILER NAME Payne Jr., James A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081583
4 Date 09/05/2025	5 Payee name PAYNE, JAMES (Mr.)	
6 Amount (\$) 95.17	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) REIMBURSEMENT	(b) Description (See instructions regarding type of information required.) STAFF EXPENSES
Date 10/01/2025	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) REIMBURSEMENT	(b) Description (See instructions regarding type of information required.) POULTRY FESTIVAL DONATION
Date 12/10/2025	Payee name PAYNE, JAMES (Mr.)	
Amount (\$) 200.00	Payee Address; City; State; Zip 259 Wulf Creek Dr. Center, TX 75935	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) REIMBURSEMENT	(b) Description (See instructions regarding type of information required.) STAFF CHRISTMAS GIFTS
Date 12/18/2025	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) WITHDRAWAL	(b) Description (See instructions regarding type of information required.) CHRISTMAS 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: 3/4 Rpt:	2 FILER NAME Payne Jr., James A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081583
4 Date 12/30/2025	5 Payee name PAYNE, JAMES (Mr.)	
6 Amount (\$) 500.00	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) REIMBURSEMENT	(b) Description (See instructions regarding type of information required.) EVENT EXPENSE & GIFTS
Date 12/11/2025	Payee name RATTLESNAKE RANCH	
Amount (\$) 469.96	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.) CHRISTMAS GIFTS
Date 12/11/2025	Payee name RATTLESNAKE RANCH	
Amount (\$) 334.35	Payee Address; City; State; Zip 19354 STATE HWY 21 W 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.) CHRISTMAS GIFTS
Date 09/23/2025	Payee name SHELBY COUNTY CHAMBER	
Amount (\$) 80.00	Payee Address; City; State; Zip 100 COURTHOUSE SQUARE Center, TX 75935	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) POULTRY FESTIVAL FAJITA LUNCHEON

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:	2 FILER NAME Payne Jr., James A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081583
4 Date 11/25/2025	5 Payee name SOUTH UNION MILLS	
6 Amount (\$) 295.40	7 Payee Address; City; State; Zip 7450 DELBRIDGE ROAD MURFREESBORO, TN 37127	
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 07/16/2025	Payee name State Bar of Texas	
Amount (\$) 263.00	Payee Address; City; State; Zip 1414 Colorado Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) STATE BAR DUES
Date 10/16/2025	Payee name WILLIAM PAUL FLORAL DESIGN	
Amount (\$) 93.50	Payee Address; City; State; Zip 1403 LAVACA STREET AUSTIN, TX 78701	
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.) FUNERAL FLOWERS