

**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	MS / MRS / MR The Honorable James A.			MI		
	NICKNAME LAST Jim Payne			SUFFIX Jr.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;			ZIP CODE		
	REDACTED PER 254.0313, GOV'T CODE				Date Hand-delivered or Date Postmarked	
				Receipt #	Amount	
				Date Processed		
			Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. Brenda J.			MI		
	NICKNAME LAST Jill Payne			SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	REDACTED PER 254.0313, GOV'T CODE					
7 CAMPAIGN TREASURER PHONE	AREA CODE (936) 554-2678	PHONE NUMBER EXTENSION				
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 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other			
11 OFFICE	OFFICE HELD (if any) District Judge (Multi-county) District 273 Sabine, Shelby, ...			12 OFFICE SOUGHT (if known) District Judge District 273		

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**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

2 of 15

13 C / OH NAME	Payne Jr., James A. (The Honorable)		14 Filer ID (Ethics Commission Filers) 00081583												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> SPECIFIC	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)		\$ 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															
<p>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.</p>															
<p>The Honorable James A. Payne Jr. _____ Signature of Candidate or Officeholder</p>															
AFFIX NOTARY STAMP / SEAL ABOVE															
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>															
Signature of officer 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 15

18 FILER NAME Payne Jr., James A. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00081583
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): 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.)	7 Amount of Contribution (\$) \$500.00	
	6 Contributor address; City; State; Zip Code BROOKELAND, TX 75931		
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 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 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 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 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 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 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#: _____) LOUT, RICKY (Mr.) 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 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 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 Contributor's Principal Occupation RETIRED		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moyer, James (Mr.) 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 Contributor's Principal Occupation ATTORNEY		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEAL, ROBERT 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 PEDERSEN, BILL 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 SCULL, DRU 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 SCULL, TERRY 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 SHIRES, STEPHEN 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 Contributor address; City; State; Zip Code LUFKIN, TX 75901		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation ATTONREY		Contributor's Job Title PARTNER
Contributor's employer/law firm SKELTON SLUSER 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 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 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 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 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 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 ONLY 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 ONLY 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 TENAHA, 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 ONLY 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 LOGANSPORT, 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