

**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) 00090081 | 2 Total pages filed: 8 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mrs. | FIRST LaTosha M. | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Clayton | SUFFIX | Date Received ELECTRONICALLY FILED 01/31/2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 2601 Cartwright Road Suite D #238 Missouri City , TX 77459-2613 | | | Date Hand-delivered or Date Postmarked | | |
| | | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Arstell | MI | | | |
| | NICKNAME | LAST Clayton | SUFFIX Jr. | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2601 Cartwright Road Suite D #238 Missouri City , TX 77459-2613 | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 274-5978 | | | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" 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 01/01/2026 | Day | Year | Month 01/22/2026 | Day | Year |
| 10 ELECTION | ELECTION DATE Month 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) | | | 12 OFFICE SOUGHT (if known) District Judge District 501 | | |

GO TO PAGE 2

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

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

2 of 8

| | | | | | | | | | | | | | | | |
|---|---|--|---|---|----------------|----------------|--|----------------------------------|-------------------|--|-----------------------------------|-----------------------------------|--|--|--------------------------------------|
| 13 C / OH NAME | Clayton , LaTosha M. (Mrs.) | | 14 Filer ID (Ethics Commission Filers) 00090081 | | | | | | | | | | | | |
| 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) | | \$ 2,000.87 | | | | | | | | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 | | | | | | | | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 4,915.00 | | | | | | | | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 495.68 | | | | | | | | | | | | |
| 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>Mrs. LaTosha M. Clayton _____ 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 8

| | |
|---|--|
| 18 FILER NAME Clayton , LaTosha M. (Mrs.) | 19 Filer ID (Ethics Commission Filers) 00090081 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 2,000.87 | |
| 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 \$ 1,090.00 | |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 3,825.00 | |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ | |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ | |
| 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: 1/3 Rpt: 4/8 | |
| 2 FILER NAME Clayton , LaTosha M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00090081 | |
| 4 Date 01/20/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, Julie 6 Contributor address; City; State; Zip Code Houston, TX 77047 | 7 Amount of Contribution (\$) \$500.00 | |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney | |
| 10 Contributor's employer/law firm Self-employed | | 11 Law firm of contributor's spouse (if any) | |
| 12 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 01/07/2026 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guidry, Myrna Contributor address; City; State; Zip Code Houston, TX 77071 | Amount of Contribution (\$) \$263.51 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney | |
| Contributor's employer/law firm Self Employed | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 01/16/2026 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Barbara Contributor address; City; State; Zip Code Houston, TX 77027 | Amount of Contribution (\$) \$263.51 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney | |
| Contributor's employer/law firm Self Employed | | 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: 2/3 Rpt: 5/8 | | | | | | | | | | | | |
| 2 FILER NAME Clayton , LaTosha M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00090081 | | | | | | | | | | | | |
| 4 Date 01/20/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Yolanda 6 Contributor address; City; State; Zip Code Missouri City, TX 77459 | 7 Amount of Contribution (\$) \$210.91 | | | | | | | | | | | | |
| 8 Contributor's Principal Occupation Retired | | 9 Contributor's Job Title Retired | | | | | | | | | | | | |
| 10 Contributor's employer/law firm Retired | | 11 Law firm of contributor's spouse (if any) | | | | | | | | | | | | |
| 12 If contributor is a child, law firm of parent(s) (if any) | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Date 01/18/2026</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeil, Kamaria Contributor address; City; State; Zip Code Houston, TX 77031</td> <td>Amount of Contribution (\$) \$105.72</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Mental Health Therapist </td> <td> Contributor's Job Title Mental Health Therapist </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Legacy Community Health </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table> | | | Date 01/18/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeil, Kamaria Contributor address; City; State; Zip Code Houston, TX 77031 | Amount of Contribution (\$) \$105.72 | Contributor's Principal Occupation Mental Health Therapist | | Contributor's Job Title Mental Health Therapist | Contributor's employer/law firm Legacy Community Health | | Law firm of contributor's spouse (if any) | If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/18/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeil, Kamaria Contributor address; City; State; Zip Code Houston, TX 77031 | Amount of Contribution (\$) \$105.72 | | | | | | | | | | | | |
| Contributor's Principal Occupation Mental Health Therapist | | Contributor's Job Title Mental Health Therapist | | | | | | | | | | | | |
| Contributor's employer/law firm Legacy Community Health | | Law firm of contributor's spouse (if any) | | | | | | | | | | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Date 01/06/2026</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Tammy Contributor address; City; State; Zip Code Houston, TX 77024</td> <td>Amount of Contribution (\$) \$526.50</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Attorney </td> <td> Contributor's Job Title Attorney </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Schlanger Silver </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table> | | | Date 01/06/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Tammy Contributor address; City; State; Zip Code Houston, TX 77024 | Amount of Contribution (\$) \$526.50 | Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney | Contributor's employer/law firm Schlanger Silver | | Law firm of contributor's spouse (if any) | If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/06/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Tammy Contributor address; City; State; Zip Code Houston, TX 77024 | Amount of Contribution (\$) \$526.50 | | | | | | | | | | | | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney | | | | | | | | | | | | |
| Contributor's employer/law firm Schlanger Silver | | 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: 3/3 Rpt: 6/8 |
| 2 FILER NAME Clayton , LaTosha M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00090081 |
| 4 Date 01/19/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Sherrell 6 Contributor address; City; State; Zip Code Baytown, TX 77521 | 7 Amount of Contribution (\$) \$25.00 |
| | | |
| 8 Contributor's Principal Occupation Educator | | 9 Contributor's Job Title Educator |
| 10 Contributor's employer/law firm Pasadena ISD | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/11/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Courtney Contributor address; City; State; Zip Code Missouri City, TX 77459 | Amount of Contribution (\$) \$105.72 |
| | | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Jackson Walker LLP | | 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: 7/8 | 2 FILER NAME Clayton , LaTosha M. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00090081 |
| 4 Date 01/20/2026 | 5 Payee name Cyber Cinco Graphic Design | |
| 6 Amount (\$) \$45.00 | 7 Payee address; City; State; Zip Code 2402 Morning Park Drive Katy, TX 77494 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 Flyer |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/16/2026 | Payee name Cyber Cinco Graphic Design | |
| Amount (\$) \$45.00 | Payee address; City; State; Zip Code 2402 Morning Park Drive Katy, TX 77494 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 BBM mailer design |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/20/2026 | Payee name Dibrell & Associates | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 4203 Glade Shadow Court Katy, TX 77489 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 Literature drops |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/1 Rpt: 8/8 | 2 FILER NAME Clayton , LaTosha M. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00090081 | |
| 4 Date 01/17/2026 | 5 Payee name Dibrell & Associates | | |
| 6 Amount (\$) \$3,825.00 | 7 Payee address; City; State; Zip Code 4203 Glade Shadow Court Katy, TX 77489 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 Ballot By Mail Mailer | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |