

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

34

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR.

PAXTON

E

NICKNAME

LAST

SUFFIX

MOTHERAL

OFFICE USE ONLY

Date Received

received by Ellie Garcia
on 4/5/23 at 1:41 PM

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

P.O. BOX 472059

APT / SUITE #;

FORT WORTH TX

STATE;

ZIP CODE

76147

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

731-7396

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MRS.

MARTHA

V

NICKNAME

LAST

SUFFIX

MARTY

LEONARD

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

738-2424

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01

26

2023

THROUGH

Month

Day

Year

03

27

2023

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 06 / 2023

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

TRWD BOARD OF DIRECTORS

14 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME PAXTON E MOTHERAL		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 83,560.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 37,993.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 45,566.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

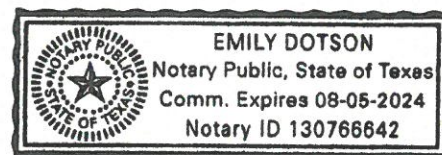
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Paxton E Motheral

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Paxton E. Motheral this the 5th day of April, 2023, to certify which, witness my hand and seal of office.

Emily Dotson Emily Dotson Notary public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****PAXTON E MOTHERAL****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$83,560.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$37,498.94
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$494.67
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 02/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC FOX <hr/> 6 Contributor address; City; State; Zip Code 3513 OVERTON PARK DR E FORT WORTH TX 76109	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARD FIRESTONE <hr/> Contributor address; City; State; Zip Code 3905 MONTICELLO DRIVE FORT WORTH TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES BROOKS <hr/> Contributor address; City; State; Zip Code 1900 6TH AVE FORT WORTH TX 76110	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF DAVIS <hr/> Contributor address; City; State; Zip Code 2325 MISTLETOE DRIVE FORT WORTH TX 76110	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Type text here
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE BRAUER JR. 6 Contributor address; City; State; Zip Code 4455 CAMP BOWIE BLVD FORT WORTH TX 76107	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAREN VERMAIRE FOX Contributor address; City; State; Zip Code 6801 BRIARWOOD DR FORT WORTH TX 76132	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALAN GARCIA Contributor address; City; State; Zip Code 2508 HIGHVIEW TERR FORT WORTH TX 76109	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSA NAVEJAR Contributor address; City; State; Zip Code 2701 CALDER COURT FORT WORTH TX 76107	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 02/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY BIRD 6 Contributor address; City; State; Zip Code 640 TAYLOR ST #2400 FORT WORTH TX 76102	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOB RILEY Contributor address; City; State; Zip Code 4117 WALNUT CREEK CT FORT WORTH TX 76137	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRYAN EPPSTEIN Contributor address; City; State; Zip Code 2908 ALTON ROAD FORT WORTH TX 76109	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL DIKE Contributor address; City; State; Zip Code 209 SUMMERSBY LANE FORT WORTH TX 76114	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE O'BRIEN 6 Contributor address; City; State; Zip Code 2706 TURTLE CREEK CIRCLE DALLAS TX 75219	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANDON KARR Contributor address; City; State; Zip Code 2805 HARLANWOOD DR FORT WORTH TX 76109	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLIE GEREN Contributor address; City; State; Zip Code P.O. BOX 1440 FORT WORTH TX 76101	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOM PURVIS Contributor address; City; State; Zip Code 222 W EXCHANGE AVE FORT WORTH TX 76164	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THEO THOMPSON 6 Contributor address; City; State; Zip Code 4140 SHADOW DRIVE FORT WORTH TX 76116	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KACEY CORNELIUS Contributor address; City; State; Zip Code 3916 BISHOPS FLOWER FORT WORTH TX 76109	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY MARTHA RICHTER Contributor address; City; State; Zip Code 7225 MCNAY ROAD FORT WORTH TX 76135	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) V. NEILS AGATHER Contributor address; City; State; Zip Code 409 RIVERCREST DRIVE FORT WORTH TX 76107	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDRE MCEWING 6 Contributor address; City; State; Zip Code 3301 CHANCELLORSVILLE DR FOREST HILL TX 76140	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON HOOK Contributor address; City; State; Zip Code P.O. BOX 471421 FORT WORTH TX 76147	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE SIKES Contributor address; City; State; Zip Code 3908 WESTCLIFF RD S FORT WORTH TX 76109	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENNIS SHINGLETON Contributor address; City; State; Zip Code 791 MAIN PLACE BENBROOK TX 76126	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD SPAKE 6 Contributor address; City; State; Zip Code 6516 TRINITY HEIGHTS BLVD FORT WORTH TX 76132	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLIE ROYER Contributor address; City; State; Zip Code 3100 WEST 7TH #200 FORT WORTH TX 76107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM BLALOCK Contributor address; City; State; Zip Code 2213 HIDDEN CREEK RD FORT WORTH TX 76107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY THOMPSON Contributor address; City; State; Zip Code 6950 TAMARACK RD FORT WORTH TX 76116	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2023	<div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTHA LEONARD</div> <div>6 Contributor address; City; State; Zip Code [REDACTED]</div>	7 Amount of contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/24/2023	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNTER HERREN</div> <div>Contributor address; City; State; Zip Code 111 BOLAND ST #202 FORT WORTH TX 76107</div>	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2023	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAIR WALKER</div> <div>Contributor address; City; State; Zip Code 3651 MONTICELLO DR FORT WORTH TX 76107</div>	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27/2023	<div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID PETTIT</div> <div>Contributor address; City; State; Zip Code 1201 CLOVER LANE FORT WORTH TX 76107</div>	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROE PATTERSON 6 Contributor address; City; State; Zip Code 612 ROARING SPRINGS RD FORT WORTH TX 76114	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID KOSTOHRZY Contributor address; City; State; Zip Code 3404 AUTUMN DR FORT WORTH TX 76109	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE LOMBARDI Contributor address; City; State; Zip Code 3800 LENOX DRIVE FORT WORTH TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN THOMPSON Contributor address; City; State; Zip Code 6009 MERRYMOUNT RD FORT WORTH TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRANT SORENSON 6 Contributor address; City; State; Zip Code 777 MAIN STREET #2700 FORT WORTH TX 76102	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRACY BOLT Contributor address; City; State; Zip Code 6908 OLD HOMESTEAD RD FORT WORTH TX 76132	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL WALTRIP Contributor address; City; State; Zip Code 1501 WASHINGTON TERR FORT WORTH TX 76107	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE RAMSAY Contributor address; City; State; Zip Code 3451 MIST HOLLOW CT FORT WORTH TX 76109	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS HAMILTON 6 Contributor address; City; State; Zip Code 4007 WHITBY LANE GRAPEVINE TX 76051	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID WALTERS Contributor address; City; State; Zip Code 1513 SHADY OAKS LANE FORT WORTH TX 76107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOY KELLEY Contributor address; City; State; Zip Code 5009 BRYCE AVE. FORT WORTH TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHIT KELLY Contributor address; City; State; Zip Code 107 N. RIVERCREST DR. FORT WORTH TX 76107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF ALEXANDER 6 Contributor address; City; State; Zip Code 777 MAIN STREET #3440 FORT WORTH TX 76102	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W.A (BILL) LANDRETH, JR Contributor address; City; State; Zip Code 3207 WEST 4TH STREET FORT WORTH TX 76107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARDON & IRIS MOORE Contributor address; City; State; Zip Code 201 MAIN STREET #3200 FORT WORTH TX 76102	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOLLY & RUSTY REID Contributor address; City; State; Zip Code 500 WEST 13TH STREET FORT WORTH TX 76102	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

PAXTON E MOTHERAL

3 Filer ID (Ethics Commission Filers)**4** Date
03/03/2023**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

E. RANDALL HUDSON III

7 Amount of contribution (\$)
\$250.00**6** Contributor address; City; State; Zip Code

616 TEXAS STREET FORT WORTH TX 76102

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
03/03/2023Full name of contributor ☐ out-of-state PAC (ID#: _____)

JENNIFER MASSEY

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code

3645 WESTCLIFF RD SOUTH FORT WORTH TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/04/2023Full name of contributor ☐ out-of-state PAC (ID#: _____)

JAMES DUNAWAY

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code

500 ALTA DRIVE FORT WORTH TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/04/2023Full name of contributor ☐ out-of-state PAC (ID#: _____)

ELIZABETH MANNING

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code

2217 WINDSOR PLACE FORT WORTH TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNE RUSSELL THOMPSON 6 Contributor address; City; State; Zip Code 4710 HARLEY AVE. FORT WORTH TX 76107	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN MCQUEENEY Contributor address; City; State; Zip Code 2830 S HULEN ST, #360 FORT WORTH TX 76109	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOUSTON SIMMONS Contributor address; City; State; Zip Code 1417 HILLCREST FORT WORTH TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARCUS SNYDER Contributor address; City; State; Zip Code 1417 INDIAN CREEK DR FORT WORTH TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN AVONDET 6 Contributor address; City; State; Zip Code 1215 WASHINGTON TERR FORT WORTH TX 76107	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN SMITHERMAN Contributor address; City; State; Zip Code 3612 BRIARHAVEN RD. FORT WORTH TX 76109	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. DAVIS RAVNAAS Contributor address; City; State; Zip Code 3829 MONTICELLO DR. FORT WORTH TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WESLEY TURNER Contributor address; City; State; Zip Code 500 WEST 7TH STREET FORT WORTH TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM SAGER 6 Contributor address; City; State; Zip Code 4805 SPRINGWILLOW FORT WORTH TX 76109	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSEPH BERKES Contributor address; City; State; Zip Code 6263 HALIFAX FORT WORTH TX 76116	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMAR TANNA Contributor address; City; State; Zip Code 6208 FOREST HIGHLANDS DR FORT WORTH TX 76132	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARNOLD GACHMAN Contributor address; City; State; Zip Code 1229 SHADY OAKS LANE FORT WORTH TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AUSTIN CARTLIDGE 6 Contributor address; City; State; Zip Code 11601 SLUMBER FALLS ARGYLE TX 76226	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNNY CAMPBELL Contributor address; City; State; Zip Code 108 BRAZOS CT. ALEDO TX 76008	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES BROOKS Contributor address; City; State; Zip Code 1900 6TH AVE FORT WORTH TX 76110	Amount of contribution (\$) \$4,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J MACK SLAUGHTER Contributor address; City; State; Zip Code 6748 E PARK DR. FORT WORTH TX 76132	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 03/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE HALLMAN 6 Contributor address; City; State; Zip Code 3766 WEST 4TH STREET FORT WORTH TX 76107	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHIL KING Contributor address; City; State; Zip Code P.O. BOX 1913 WEATHERFORD TX 76086	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC HAHNFELD Contributor address; City; State; Zip Code 200 BAILEY AVE, #200 FORT WORTH TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADLEY WALLACE Contributor address; City; State; Zip Code 5213 BRYCE AVE. FORT WORTH TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN WRIGHT 6 Contributor address; City; State; Zip Code 4008 HILDRING DR EAST FORT WORTH TX 76109	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN DUNAWAY Contributor address; City; State; Zip Code 2308 WINTON TERR W FORT WORTH TX 76109	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE CHEVAILLIER Contributor address; City; State; Zip Code 3824 ENGLEWOOD LANE FORT WORTH TX 76107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONATHAN RAGSDALE Contributor address; City; State; Zip Code 465 COUNTY RD 2320 DECATUR TX 76234	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 03/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARION KNIGHT 6 Contributor address; City; State; Zip Code 3866 PELHAM RD FORT WORTH TX 76116	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENISE & HUNTER SEMPLE Contributor address; City; State; Zip Code 6232 LOCKE AVE. FORT WORTH TX 76116	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIM THOMPSON Contributor address; City; State; Zip Code 1071 REDBUD LANE ALEDO TX 76008	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROB & LOUISE KEFFLER Contributor address; City; State; Zip Code 6350 MONTEGO COURT FORT WORTH TX 76116	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 03/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHANIE BAKER 6 Contributor address; City; State; Zip Code 1408 SHADY OAKS LANE FORT WORTH TX 76107	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS APPLGATE Contributor address; City; State; Zip Code 5124 PEACH WILLOW FORT WORTH TX 76109	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN AVILA Contributor address; City; State; Zip Code 1936 WARNER ROAD FORT WORTH TX 76110	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATE & CRAIG BARBOLLA Contributor address; City; State; Zip Code 3508 OVERTON VIEW CT FORT WORTH TX 76109	Amount of contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH BARR 6 Contributor address; City; State; Zip Code 3101 AVONDALE AVE. FORT WORTH TX 76109	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WADE CHAPPELL Contributor address; City; State; Zip Code 6329 KLAMATH RD. FORT WORTH TX 76116	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILL RODGERS Contributor address; City; State; Zip Code 3712 POTOMAC AVE. FORT WORTH TX 76107	Amount of contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILL MEADOWS Contributor address; City; State; Zip Code 121 RIVERCREST DRIVE FORT WORTH TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS & SALLY GAVRAS 6 Contributor address; City; State; Zip Code 1301 THROCKMORTON ST. #2105 FORT WORTH TX 76102	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVA MOTHERAL Contributor address; City; State; Zip Code 4416 OVERTON CREST FORT WORTH TX 76109	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM MOTHERAL Contributor address; City; State; Zip Code 4416 OVERTON CREST FORT WORTH TX 76109	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOUISE KEFFLER Contributor address; City; State; Zip Code 6350 MONTEGO COURT FORT WORTH TX 76116	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 03/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONSERVATIVE VOTERS FORUM 6 Contributor address; City; State; Zip Code 1144 TERRACE TRAIL HURST TX 76053	7 Amount of contribution (\$) \$2,110.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETE & BECKIE GEREN Contributor address; City; State; Zip Code 1200 WASHINGTON TERR FORT WORTH TX 76107	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON WOODARD Contributor address; City; State; Zip Code 3100 WEST 7TH ST #300 FORT WORTH TX 76107	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALKER FRIEDMAN Contributor address; City; State; Zip Code 421 RIDGEWOOD RD FORT WORTH TX 76107	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 03/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OP LEONARD JR INVESTMENT CO., LTD 6 Contributor address; City; State; Zip Code P.O. BOX 1718 FORT WORTH TX 76101	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDREW & ANNETTE SCHATTE Contributor address; City; State; Zip Code 5330 MONTROSE BLVD HOUSTON TX 77005	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN SNYDER Contributor address; City; State; Zip Code P.O. BOX 968 FORT WORTH TX 76101	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALSH RANCHES LIMITED PARTNERSHIP Contributor address; City; State; Zip Code 155 WALSH DRIVE ALEDO TX 76008	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 03/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SARAH & ADAM LANCARTE 6 Contributor address; City; State; Zip Code 3708 CRESTHAVEN TERR FORT WORTH TX 76107	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME PAXTON E MOTHERAL	3 Filer ID (Ethics Commission Filers)
4 Date 02/02/2023	5 Payee name MURPHY NASICA	
6 Amount (\$) \$3,500.00	7 Payee address; P.O. BOX 1648	City; State; Zip Code AUSTIN TX 78767
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description SIGNING FEE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 02/02/2023	Payee name MURPHY NASICA	
Amount (\$) \$1,000.00	Payee address; P.O. BOX 1648	City; State; Zip Code AUSTIN TX 78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description MONTHLY CONSULTING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 02/10/2023	Payee name MURPHY NASICA	
Amount (\$) \$6,916.09	Payee address; P.O. BOX 1648	City; State; Zip Code AUSTIN TX 78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description ROAD SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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:		2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)	
4 Date 03/01/2023		5 Payee name MURPHY NASICA			
6 Amount (\$) \$1,000.00		7 Payee address; P.O. BOX 1648		City; AUSTIN	State; TX Zip Code 78767
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		(b) Description MONTHLY CONSULTING		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/01/2023		Payee name MURPHY NASICA			
Amount (\$) \$4,254.23		Payee address; P.O. BOX 1648		City; AUSTIN	State; TX Zip Code 78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description YARD SIGNS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/01/2023		Payee name MURPHY NASICA			
Amount (\$) \$9,340.00		Payee address; P.O. BOX 1648		City; AUSTIN	State; TX Zip Code 78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description ROAD SIGN INSTALLATION		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 PAXTON E MOTHERAL	3 Filer ID (Ethics Commission Filers)
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4 Date 03/01/2023	5 Payee name MURPHY NASICA
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6 Amount (\$) \$538.39	7 Payee address; P.O. BOX 1648	City; AUSTIN	State; TX	Zip Code 78767
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description PRINT COLLATERAL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/09/23	Payee name MURPHY NASICA
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Amount (\$) \$5,750.00	Payee address; P.O. BOX 1648	City; AUSTIN	State; TX	Zip Code 78767
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description DIGITAL CREATIVE & ADVERTISING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/09/2023	Payee name JTAYLOR
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Amount (\$) \$440.00	Payee address; 4800 OVERTON PLAZA #360	City; FORT WORTH	State; TX	Zip Code 76109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description ACCOUNTING CONSULTATION
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)	
4 Date 03/20/2023		5 Payee name MURPHY NASICA			
6 Amount (\$) \$2,882.70		7 Payee address; P.O. BOX 1648		City; AUSTIN	State; TX
				Zip Code 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description ROAD SIGNS		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/27/2023		Payee name ANEDOT			
Amount (\$) \$1,877.53		Payee address; 1340 POYDRAS STREET, #1770		City; NEW ORLEANS	State; LA
				Zip Code 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES		Description CREDIT CARD PROCESSING FEES		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address;		City;	State;
				Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address;		City;	State;
				Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 1	2 FILER NAME PAXTON E MOTHERAL	3 Filer ID (Ethics Commission Filers)
4 Date 01/26/23	5 Payee name GODADDY	
6 Amount (\$) \$106.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description DOMAIN HOSTING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 02/25/2023	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$388.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3101 W 6TH ST FORT WORTH TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description PO BOX
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		