# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

			T			
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST PAXTON		мі E		EUSEONLY
	NICKNAME	MOTHERAL		SUFFIX	received b	y Ellie Garcia
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. BOX 4	The state of the s	WORTH	TX 76147		at 1:41 PM
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 817 )	731-7396	EX	FENSION	Date Hand-deliver	ed or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME	MRS.	MARTHA		V	Date Processed	
	MARTY	LEONARD		SUFFIX	Date Imaged	
7 CAMPAIGN	The second second second second	(NO PO BOX PLEASE); APT / SI	IITE #	CITY;		
TREASURER		(NO PODA PELAGE), AFT 7 SE	SILE #,	CITY;	STATE;	ZIP CODE
ADDRESS (Residence or Business)			192 ( 1,50 )		1 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EVT	ENSION		
TREASURER PHONE	( 0.17 )		EXI	ENGION		
	( 817 )	738-2424				
9 REPORT TYPE	January 15	30th day before el	ection	Runoff	15th day a treasurer a (Officehold	after campaign appointment er Only)
	July 15	8th day before elec	etion	Exceeded Modified Reporting Limit		ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	r
	01	/ 26 / 2023	THROUGH	03 /	27 / 202	23
11 ELECTION	ELECTION D			ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	05 / 06 /	2023	Special	-		
12 OFFICE	OFFICE HELD (if any		13 OFF	CE SOUGHT (if known)		
			TRWD	BOARD OF D	IRECTORS	
14 NOTICE FROM POLITICAL COMMITTEE(S)		CE OF POLITICAL CONTRIBUTIONS A CEHOLDER. THESE EXPENDITURES I B AND OFFICEHOLDERS ARE REQUIRE				
COMMITTEL(O)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME			
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS			
		GO TO P	AGE 2			

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME	LIEDAL		16 Filer ID (Ethics Commission Filers
PAXTON E MOT	HERAL		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CON'     PLEDGES, LOANS, OR GUARANTEES     CONTRIBUTIONS MADE ELECTRONIC	OF LOANS, OR	\$
	TOTAL POLITICAL CONTRIBUTION     (OTHER THAN PLEDGES, LOANS, OR		\$83,560.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPE	NDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	3	\$ <sub>37,993.61</sub>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS M. OF REPORTING PERIOD	AINTAINED AS OF THE LAS	\$45,566.39
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OU LAST DAY OF THE REPORTING PERIO</li> </ol>		F THE \$
18 SIGNATURE   s	wear or affirm under penalty of marine. Heat the	accompanying and the f	
	wear, or affirm, under penalty of perjury, that the a juired to be reported by me under Title 15, Election C		e and correct and includes all informa
160	uned to be reported by the under Title 15, Election C	ode. / / 1	. / (
		1/19N	1
		lay 11 K	
		Signature of Car	ndidate or Officeholder
	Please complete ei	ither ontion helow	<b>:</b>
	r icase complete el	uner option below	•
		The state of the s	EMILY DOTSON
			Notary Public, State of Texas
(1) Affidavit			Comm. Expires 08-05-2024
		THE OF THE PERSON	Notary ID 130766642
NOTARY STAMP/SEAL			
Sworn to and subscribed I	pefore me by Payton E. Mothe	ral this the	Sth day of April Notary public
	which, witness my hand and seal of office.		
1 10 +			.1.
quely wot si		n	Notary Public
Signature of officer administeri	ng oath Printed name of officer admin	istering oath	Title of officer administering oa
	OR		
(2) Unsworn Declaratio	n		
My name is		_, and my date of birth is _	
My address is			
	(street)	(city) (sta	tate) (zip code) (country)
Executed in		, ,,	
ENGOGICA III	County, State of, on the	(month)	(year)
	B. 시민국 전문 12 12 12 12 12 12 12 12 12 12 12 12 12		*
		Signature of Candida	ate/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics C			mmission Filers)	
PA	XTON E	MOTHERAL			
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT	
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$83,560.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.		NTRIBUTIONS	\$37,498.94		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 494.67	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE TO FILER	IONS RETURNED	\$	

#### SCHEDULE A1

	Th	e Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
Date	2 FILER NAME	=		3 Filer ID (Ethics Commission Filers)
ERIC FOX 6 Contributor address; City; State; Zip Code 3513 OVERTON PARK DR E FORT WORTH TX 76109  3 Principal occupation / Job title (See Instructions)  Date 12/15/2023  Full name of contributor	PAXTON E N	MOTHERAL		
3513 OVERTON PARK DR E FORT WORTH TX 76109  Principal occupation / Job title (See Instructions)  Pate 12/15/2023    Full name of contributor		ERIC FOX		
Principal occupation / Job title (See Instructions)  Pull name of contributor LEONARD FIRESTONE  Contributor address; City; State; Zip Code 3905 MONTICELLO DRIVE FORT WORTH TX 76107  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor JAMES BROOKS  Contributor address; City; State; Zip Code  1900 6TH AVE FORT WORTH TX 76110  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) \$1,000.00  Employer (See Instructions)  Amount of contribution (\$)  S1,000.00  Amount of contribution (\$)  S1,000.00  Amount of contribution (\$)  S1,000.00  Amount of contribution (\$)  Full name of contributor JOB title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  S500.00		6 Contributor address; City;	State; Zip Code	
Date 2/15/2023   Full name of contributor		3513 OVERTON PARK DR E FORT WO	ORTH TX 76109	
LEONARD FIRESTONE  Contributor address; City; State; Zip Code  3905 MONTICELLO DRIVE FORT WORTH TX 76107  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor  JAMES BROOKS  Contributor address; City; State; Zip Code  1900 6TH AVE FORT WORTH TX 76110  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  \$1,000.00  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor  Jeff DAVIS  Amount of contribution (\$)  \$500.00	Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Contributor address; City; State; Zip Code  3905 MONTICELLO DRIVE FORT WORTH TX 76107  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 12/18/2023  Full name of contributor		LEONARD FIRESTONE		
Principal occupation / Job title (See Instructions)    Date   Dat				
Date 02/18/2023    Full name of contributor		3905 MONTICELLO DRIVE FORT WOR	TH TX 76107	
JAMES BROOKS  Contributor address; City; State; Zip Code  1900 6TH AVE FORT WORTH TX 76110  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor out-of-state PAC (ID#:)  JEFF DAVIS  Amount of contribution (\$)  \$1,000.00	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Participal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  JEFF DAVIS  Sound  Sound				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date   2/19/2023   Full name of contributor   out-of-state PAC (ID#:) \$Amount of contribution (\$)  JEFF DAVIS		Contributor address; City;	State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date   Pull name of contributor   out-of-state PAC (ID#:)		1900 6TH AVE FORT WORTH	TX 76110	
2/19/2023 JEFF DAVIS \$500.00	Principal occu	pation / Job title (See Instructions)		ions)
Contributor address; City; State; Zip Code				
COOS MICTI STOE DRIVE SORT MORTH TV 70440				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Principal occup	L		ions)
			****	

## SCHEDULE A1

	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Type text here
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2023	5 Full name of contributor out-of-state PAC (ID#:	\$2,500.00
3 Principal occ	upation / Job title (See Instructions)  9 Employer (Se	e Instructions)
Date 2/20/2023	Full name of contributor out-of-state PAC (ID#:	\$50.00
Principal occu	pation / Job title (See Instructions)  Employer (See	
Date 2/20/2023	Full name of contributor	\$100.00
Principal occu	pation / Job title (See Instructions) Employer (See	e Instructions)
Date 2/20/2023	Full name of contributor out-of-state PAC (ID#:	
	2701 CALDER COURT FORT WORTH TX 7610	P Instructions)

## SCHEDULE A1

2 FILER NAME PAXTON E MOTHERAL  4 Date 02/20/2023  S Full name of contributor out-of-state PAC (ID#:	Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
PAXTON E MOTHERAL  4 Date 02/20/2023  5 Full name of contributor			
Date   2/20/2023   S Full name of contributor			3 Filer ID (Ethics Commission Filers)
Second   S	4 Date	5 Full name of contributor out-of-state PAC (ID#:	
Principal occupation / Job title (See Instructions)   Principal occupation / Job title (See Instructions)			
BOB RILEY  Contributor address; City; State; Zip Code  4117 WALNUT CREEK CT FORT WORTH TX 76137  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  \$1,000.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor	8 Principal occ	· · · · · · · · · · · · · · · · · · ·	ctions)
Attention   Amount of contribution   Amount of contribution (\$)		BOB RILEY	
Principal occupation / Job title (See Instructions)    Date   Date   Date   Pull name of contributor   Out-of-state PAC (ID#:		Contributor address; City; State; Zip Code	
BRYAN EPPSTEIN  Contributor address; City; State; Zip Code  2908 ALTON ROAD  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor MICHAEL DIKE  Contributor address; City; State; Zip Code  \$1,000.00  \$1,000.00  \$1,000.00	Principal occu		ctions)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Pate D2/20/2023  Full name of contributor			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Pate D2/20/2023  Full name of contributor			
MICHAEL DIKE  Contributor address;  City;  State; Zip Code	Principal occu		ctions)
Contributor address; City; State; Zip Code		MICHAEL DIKE	
209 SUMMERSBY LANE FORT WORTH TX 76114		Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	L	tions)

#### SCHEDULE A1

		T
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME PAXTON E N		3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2023	5 Full name of contributor 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 occ	upation / Job title (See Instructions)  9 Employer (See Instru	ctions)
Date 02/21/2023	Full name of contributor	Amount of contribution (\$) \$1,000.00
	2805 HARLANWOOD DR FORT WORTH TX 76109	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date 02/21/2023	Full name of contributor	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  P.O. BOX 1440 FORT WORTH TX 76101	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	L ctions)
Date 02/21/2023	Full name of contributor	Amount of contribution (\$) \$250.00
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	I otions)

#### SCHEDULE A1

Th	e Instruction Guide explains how	to complete thi	is form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
PAXTON E N				The to (Edited Commission Fracts)
4 Date 02/21/2023	5 Full name of contributor THEO THOMPSON	out-of-state PA	AC (ID#:)	7 Amount of contribution (\$) \$500.00
	6 Contributor address;	City;	State; Zip Code	
	4140 SHADOW DRIVE	FORT WOR	TH TX 76116	
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
02/22/2023	KACEY CORNELIUS			\$500.00
	Contributor address;	City;	State; Zip Code	
	3916 BISHOPS FLOWER	FORT WO	RTH TX 76109	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	otions)
Date 02/22/2023	Full name of contributor  MARY MARTHA RICHTER		C (ID#:)	Amount of contribution (\$) \$1,000.00
	Contributor address;	City;	State; Zip Code	
	7225 MCNAY ROAD	FORT WOF	RTH TX 76135	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	otions)
Date 02/22/2023	V. NEILS AGATHER	out-of-state PAC	C (ID#:)	Amount of contribution (\$) \$1,000.00
UZIZZIZUZU		City;	State; Zip Code	
ULILLILULU				
	Contributor address; 409 RIVERCREST DRIVE pation / Job title (See Instructions)		RTH TX 76107	

#### SCHEDULE A1

-	sted information is not applicable, DO NOT include this page i	Title report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME PAXTON E M		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2023	5 Full name of contributor	\$500.00
8 Principal occu	upation / Job title (See Instructions)  9 Employer (See	Instructions)
Date 02/22/2023	Full name of contributor	
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	
Date 02/23/2023	Full name of contributor	Amount of contribution (\$) \$100.00
Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)
Date 02/23/2023	Full name of contributor out-of-state PAC (ID#:	\$250.00
Principal occup	pation / Job title (See Instructions)  Employer (See I	nstructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

#### SCHEDULE A1

71.	- Instanction Could amplify house		1 Total pages Schedule A1:
I n	e Instruction Guide explains how to complete thi	s form.	F - 3
2 FILER NAME PAXTON E N			3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2023	5 Full name of contributor out-of-state PA TODD SPAKE 6 Contributor address; City; 6516 TRINITY HEIGHTS BLVD FORT	State; Zip Code WORTH TX 76132	7 Amount of contribution (\$) \$250.00
B Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date 02/23/2023	Full name of contributor out-of-state PA  CHARLIE ROYER  Contributor address; City;  3100 WEST 7TH #200 FORT WOR	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	L otions)
Date 02/23/2023	Full name of contributor out-of-state PAI WILLIAM BLALOCK  Contributor address; City;  2213 HIDDEN CREEK RD FORT WO	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	itions)
Date 2/23/2023	Contributor address; City;	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

#### SCHEDULE A1

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

MARTHA LEONARD 6 Contributor address; City; State; Zip Code    Principal occupation / Job title (See Instructions)   Principal occupation / Job title (See Instructions)	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
MARTHA LEONARD 6 Contributor address; City; State; Zip Code    Principal occupation / Job title (See Instructions)   Principal occupation / Job title (See Instructions)	PAXTON E M	OTHERAL	
Date   Full name of contributor   out-of-state PAC (ID#:	4 Date 02/23/2023	MARTHA LEONARD	
HUNTER HERREN  Contributor address; City; State; Zip Code  111 BOLAND ST #202 FORT WORTH TX 76107  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 2/26/2023  Full name of contributor BLAIR WALKER  Contributor address; City; State; Zip Code  3651 MONTICELLO DR FORT WORTH TX 76107  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  \$100.00  Employer (See Instructions)  Full name of contributor  City; State; Zip Code  3651 MONTICELLO DR FORT WORTH TX 76107  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Principal occu	upation / Job title (See Instructions)  9 Employer (See Instructions)	Letions)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Pull name of contributor		HUNTER HERREN	
Principal occupation / Job title (See Instructions)    Date   Dat		111 BOLAND ST #202 FORT WORTH TX 76107	
BLAIR WALKER  Contributor address; City; State; Zip Code  3651 MONTICELLO DR FORT WORTH TX 76107  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  2/27/2023	Principal occup		tions)
3651 MONTICELLO DR FORT WORTH TX 76107   Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Date 2/27/2023   Full name of contributor   out-of-state PAC (ID#:)   Amount of contribution (\$) \$250.00			
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) \$250.00			
2/27/2023 \$250.00	Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
DAVID PETTIT  Contributor address; City; State; Zip Code		DAVID PETTIT	Amount of contribution (\$) \$250.00
1201 CLOVER LANE FORT WORTH TX 76107		1201 CLOVER LANE FORT WORTH TX 76107	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			tions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

## SCHEDULE A1

02/27/2023 R	ΓHERAL  Full name of contributor  OE PATTERSON	out-of-state PAG		3 Filer ID (Ethics Commission Filers)
4 Date 5 02/27/2023 R	Full name of contributor	out-of-state PAG		
2/27/2023 R		out-of-state PAG		
R	OE PATTERSON		C (ID#:	7 Amount of contribution (\$) \$500.00
6	************************			\$500.00
	Contributor address;	City;	State; Zip Code	
6	12 ROARING SPRINGS	RD FORT	WORTH TX 76114	
Principal occupat	ion / Job title (See Instructions)		9 Employer (See Instru	uctions)
Date	Full name of contributor	ut-of-state PAC	C (ID#:)	Amount of contribution (\$)
2/28/2023 D/	AVID KOSTOHRYZ			\$500.00
	Contributor address;	City;	State; Zip Code	
34	104 AUTUMN DR	FORT WO	RTH TX 76109	
Principal occupation	on / Job title (See Instructions)		Employer (See Instru	ctions)
Date 3/01/2023	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
S/01/2023	TEVE LOMBARDI			\$250.00
	Contributor address;	City;	State; Zip Code	
38	800 LENOX DRIVE	FORT WOR	RTH TX 76107	
Principal occupation	on / Job title (See Instructions)		Employer (See Instru	ctions)
Date 3/01/2023	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
5/01/2023 J	OHN THOMPSON			\$250.00
	Contributor address;	City;	State; Zip Code	
60	09 MERRYMOUNT RD	FORT WO	RTH TX 76107	
Principal occupation	n / Job title (See Instructions)		Employer (See Instruc	ctions)

#### SCHEDULE A1

2 FILER NAME PAXTON E MOTHERAL 4 Date 03/02/2023  5 Full nar GRANT 6 Contribut 777 MAII 8 Principal occupation / Job  Date 03/02/2023  Full nam TRACY E  Contribut 6908 OLI Principal occupation / Job ti	me of contributor  SORENSON  utor address;  N STREET #2700  title (See Instructions)  me of contributor  BOLT  utor address;	□ out-of-state PA  City;  FORT WC	State; Zip Code  ORTH TX 76102  9 Employer (See Instru	
PAXTON E MOTHERAL  4 Date 03/02/2023  5 Full nar GRANT 6 Contribut 777 MAII  8 Principal occupation / Job  Date 03/02/2023  Full nan TRACY E  Contribut 6908 OLI  Principal occupation / Job ti	me of contributor  SORENSON  utor address;  N STREET #2700  title (See Instructions)  me of contributor  BOLT  utor address;	City; FORT WC	State; Zip Code  ORTH TX 76102  9 Employer (See Instru  C (ID#:)	7 Amount of contribution (\$) \$250.00  actions)  Amount of contribution (\$)
O3/02/2023  GRANT 6 Contribut 777 MAII 8 Principal occupation / Job  Date 03/02/2023  Full nan TRACY E  Contribut 6908 OLI  Principal occupation / Job ti	SORENSON utor address;  N STREET #2700 title (See Instructions)  ne of contributor  BOLT utor address;  D HOMESTEAD RI	City; FORT WC	State; Zip Code  ORTH TX 76102  9 Employer (See Instru  C (ID#:)	Amount of contribution (\$)
777 MAII  8 Principal occupation / Job  Date 03/02/2023 Full nan TRACY E Contribut 6908 OLI  Principal occupation / Job ti	N STREET #2700  title (See Instructions)  ne of contributor  BOLT  utor address;	FORT WC	PRTH TX 76102  9 Employer (See Instru	Amount of contribution (\$)
Principal occupation / Job  Date 03/02/2023 Full nan TRACY E Contribut 6908 OLI Principal occupation / Job ti	ne of contributor [ BOLT utor address; D HOMESTEAD RI	out-of-state PAG	9 Employer (See Instru	Amount of contribution (\$)
O3/02/2023 TRACY E  Contribut 6908 OLI  Principal occupation / Job ti	BOLT utor address; D HOMESTEAD RI			
6908 OLI Principal occupation / Job ti	D HOMESTEAD RE	City;	State: Zin Code	**III
Principal occupation / Job ti		D FORT W	VORTH TX 76132	
	Te (See Instructions)		Employer (See Instru	ctions)
03/02/2023	ne of contributor [	out-of-state PAC	C (ID#:)	Amount of contribution (\$) \$500.00
	itor address;	City;	State; Zip Code	
Principal occupation / Job ti			Employer (See Instruc	ctions)
03/02/2023 MIKE RA	MSAY		C (ID#:) State; Zip Code	Amount of contribution (\$) \$250.00
3451 MIS  Principal occupation / Job tit	IT HOLLOW CT	FORT WOR	RTH TX 76109 Employer (See Instruc	etions)

#### SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
PAXTON E	E MOTHERAL	3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2023	5 Full name of contributor	7 Amount of contribution (\$) \$100.00
Principal occ	upation / Job title (See Instructions)  9 Employer (See Instru	retions)
Date 03/02/2023	Full name of contributor 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 occu	pation / Job title (See Instructions) Employer (See Instruc	utions)
Date 3/03/2023	Full name of contributor	Amount of contribution (\$) \$250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	itions)
Date 3/03/2023	Full name of contributor	Amount of contribution (\$) \$100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

## SCHEDULE A1

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)
PAXTON E I	MOTHERAL	
4 Date 03/03/2023	5 Full name of contributor	7 Amount of contribution (\$) \$250.00
	777 MAIN STREET #3440 FORT WORTH TX 76102	
Principal occ	9 Employer (See Instructions)	uctions)
Date 03/03/2023	Full name of contributor	Amount of contribution (\$) \$100.00
	3207 WEST 4TH STREET FORT WORTH TX 76107	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date 03/03/2023	Full name of contributor	Amount of contribution (\$) \$250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date 03/03/2023	Full name of contributor	Amount of contribution (\$) \$1,000.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

#### SCHEDULE A1

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

03/03/2023 E. 6	Full name of contributor out-	of-state PAC (ID#:)  y; State; Zip Code	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$250.00
4 Date 503/03/2023 E	Full name of contributor out-		7 Amount of contribution (\$)
03/03/2023 E 6	E. RANDALL HUDSON III  Contributor address; Cit  THE TEXAS STREET FOR		
6	16 TEXAS STREET FOR	y; State; Zip Code	
8 Principal occupat		T WORTH TX 76102	
	tion / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date 03/03/2023	Full name of contributor	of-state PAC (ID#:)	Amount of contribution (\$) \$100.00
	Contributor address; Cit	y; State; Zip Code	
30	645 WESTCLIFF RD SOUTH F	FORT WORTH TX 76109	
	on / Job title (See Instructions)	Employer (See Instruc	tions)
Date 03/04/2023	Full name of contributor	of-state PAC (ID#:)	Amount of contribution (\$) \$250.00
	Contributor address; City	; State; Zip Code	
50	00 ALTA DRIVE FOR	T WORTH TX 76107	
Principal occupation	on / Job title (See Instructions)	Employer (See Instruc	tions)
Date 3/04/2023 E	LIZABETH MANNING	f-state PAC (ID#:) State; Zip Code	Amount of contribution (\$) \$500.00
25	217 WINDSOR PLACE FORT	WORTH TX 76110	
	on / Job title (See Instructions)	Employer (See Instruction	tions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

#### SCHEDULE A1

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

PAXTON E MOTHERAL  4 Date 03/05/2023  5 Full name of contributor   out-of-state PAC (ID#:	2 FILER NAME PAXTON E MOTHERAL  4 Date 03/05/2023  5 Full name of contributor	Th	as Instruction Guide explains how	to complete th	in form	1 Total pages Schedule A1:
PAXTON E MOTHERAL  4 Date 03/05/2023  5 Full name of contributor   out-of-state PAC (ID#:	PAXTON E MOTHERAL  4 Date 03/05/2023			to complete im	S TOTIII.	
4 Date 03/05/2023  5 Full name of contributor   out-of-state PAC (IDE   7 Amount of contribution (\$) \$250.00  7 Amount of contribution (\$) \$250.00  8 Principal occupation / Job title (See Instructions)  Date 03/06/2023  Full name of contributor   out-of-state PAC (IDE   1417 HILLCREST   FORT WORTH   TX   76107  Full name of contributor   out-of-state PAC (IDE   1417 HILLCREST   FORT WORTH   TX   76107  Full name of contributor   out-of-state PAC (IDE   1417 HILLCREST   FORT WORTH   TX   76107  Full name of contributor   out-of-state PAC (IDE   1417 HILLCREST   FORT WORTH   TX   76107  Full name of contributor   out-of-state PAC (IDE   1417 HILLCREST   FORT WORTH   TX   76107  Full name of contributor   out-of-state PAC (IDE   1417 HILLCREST   FORT WORTH   TX   76107  Full name of contributor   out-of-state PAC (IDE   1417 HILLCREST   FORT WORTH   TX   76107  Full name of contributor   out-of-state PAC (IDE   1417 HILLCREST   FORT WORTH   TX   76107  Full name of contributor   out-of-state PAC (IDE   1417 HILLCREST   FORT WORTH   TX   76107  Full name of contributor   out-of-state PAC (IDE   1417 HILLCREST   Samount of contribution (\$) \$250.00	A Date   03/05/2023					3 Filer ID (Ethics Commission Filers)
ANNE RUSSELL THOMPSON 6 Contributor address; City; State; Zip Code 4710 HARLEY AVE. FORT WORTH TX 76107  8 Principal occupation / Job title (See Instructions)  Date 03/06/2023  Full name of contributor 2830 S HULEN ST, #360 Principal occupation / Job title (See Instructions)  Date 03/06/2023  Full name of contributor 2830 S HULEN ST, #360 FORT WORTH TX 76109  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 03/06/2023  Full name of contributor HOUSTON SIMMONS Contributor address; City; State; Zip Code 1417 HILLCREST FORT WORTH TX 76107  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  \$Amount of contribution (\$) \$250.00  Amount of contribution (\$)  \$Amount of contribution (\$)  Amount of contribution (\$)	ANNE RUSSELL THOMPSON 6 Contributor address; City; State; Zip Code 4710 HARLEY AVE. FORT WORTH TX 76107  8 Principal occupation / Job title (See Instructions)  Date 03/06/2023  Full name of contributor JOHN MCQUEENEY Contributor address; City; State; Zip Code 2830 S HULEN ST, #360  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Full name of contributor O3/06/2023  Full name of contributor HOUSTON SIMMONS Contributor address; City; State; Zip Code 1417 HILLCREST FORT WORTH TX 76107  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  S250.00  Amount of contribution (\$) Employer (See Instructions)  Date 03/06/2023  Full name of contributor MARCUS SNYDER Contributor address; City; State; Zip Code 1417 INDIAN CREEK DR FORT WORTH TX 76107	4 Date	Manager Control of the Control of th	out-of-state PA	AC (ID#:)	
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Amount of contribution (\$) 3/06/2023  Full name of contributor	8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Date 03/06/2023  Full name of contributor   out-of-state PAC (ID#:	03/03/2020	ANNE RUSSELL THOMP	SON		\$250.00
B Principal occupation / Job title (See Instructions)    Semployer (See Instructions)	8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Date 03/06/2023  Full name of contributor		6 Contributor address;	City;	State; Zip Code	
Date 03/06/2023    Full name of contributor	Date 03/06/2023    Full name of contributor		4710 HARLEY AVE.	FORT WC	ORTH TX 76107	
O3/06/2023   JOHN MCQUEENEY   \$1,000.00	JOHN MCQUEENEY   \$1,000.00   \$1,000.00	8 Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
JOHN MCQUEENEY   Contributor address; City; State; Zip Code	JOHN MCQUEENEY   Contributor address; City; State; Zip Code		Full name of contributor	out-of-state PA	.C (ID#:)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)	Principal occupation / Job title (See Instructions)    Date   O3/06/2023	03/00/2020	JOHN MCQUEENEY			\$1,000.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  \$250.00  Amount of contribution (\$)  \$250.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  \$250.00  Amount of contribution (\$)  \$250.00  Amount of contribution (\$)  Amount of contribution (\$)  \$250.00	Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Pate 03/06/2023  Full name of contributor		Contributor address;	City;	State; Zip Code	
Date 03/06/2023    Full name of contributor	Date 03/06/2023    Full name of contributor		2830 S HULEN ST, #360	FORT W	ORTH TX 76109	
HOUSTON SIMMONS  Contributor address; City; State; Zip Code  1417 HILLCREST FORT WORTH TX 76107  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor MARCUS SNYDER  Contributor address; City; State; Zip Code  1417 INDIAN CREEK DR FORT WORTH TX 76107	HOUSTON SIMMONS  Contributor address; City; State; Zip Code  1417 HILLCREST FORT WORTH TX 76107  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor out-of-state PAC (ID#:	Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	ctions)
HOUSTON SIMMONS  Contributor address; City; State; Zip Code  1417 HILLCREST FORT WORTH TX 76107  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor out-of-state PAC (ID#:	HOUSTON SIMMONS  Contributor address; City; State; Zip Code  1417 HILLCREST FORT WORTH TX 76107  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor out-of-state PAC (ID#:		Full name of contributor	out-of-state PA	C (ID#:)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor MARCUS SNYDER  Contributor address;  City; State; Zip Code  1417 INDIAN CREEK DR FORT WORTH TX 76107	Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor MARCUS SNYDER  Contributor address;  City; State; Zip Code  1417 INDIAN CREEK DR FORT WORTH TX 76107	03/00/2020	HOUSTON SIMMONS			\$250.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 03/06/2023  Full name of contributor	Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 03/06/2023  Full name of contributor		Contributor address;	City;	State; Zip Code	
Date 03/06/2023    Full name of contributor	Date 03/06/2023  Full name of contributor		1417 HILLCREST	FORT WOR	TH TX 76107	
03/06/2023  MARCUS SNYDER  Contributor address;  City;  State; Zip Code  1417 INDIAN CREEK DR FORT WORTH TX 76107	03/06/2023  MARCUS SNYDER  Contributor address;  City; State; Zip Code  1417 INDIAN CREEK DR FORT WORTH TX 76107	Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	utions)
MARCUS SNYDER  Contributor address; City; State; Zip Code  1417 INDIAN CREEK DR FORT WORTH TX 76107	MARCUS SNYDER  Contributor address; City; State; Zip Code  1417 INDIAN CREEK DR FORT WORTH TX 76107		Full name of contributor	out-of-state PAC	C (ID#:)	
1417 INDIAN CREEK DR FORT WORTH TX 76107	1417 INDIAN CREEK DR FORT WORTH TX 76107	03/00/2020	MARCUS SNYDER			\$250.00
			Contributor address;	City;	State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Principal occupation / Job title (See Instructions)  Employer (See Instructions)		1417 INDIAN CREEK DR	FORT WOF	RTH TX 76107	
		Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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

#### SCHEDULE A1

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)
PAXTON E N	MOTHERAL	
4 Date 03/06/2023	5 Full name of contributor out-of-state PAC (ID#:  KEVIN AVONDET	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State;	
	1215 WASHINGTON TERR FORT WORTH T	X 76107
Principal occ	supation / Job title (See Instructions)  9 Emplo	oyer (See Instructions)
Date 3/06/2023	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State;	Zip Code
	3612 BRIARHAVEN RD. FORT WORTH TX	76109
Principal occu	pation / Job title (See Instructions) Emplo	yer (See Instructions)
Date 3/06/2023	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$250.00
	R. DAVIS RAVNAAS  Contributor address; City; State;	Zip Code
	3829 MONTICELLO DR. FORT WORTH TX	76107
Principal occu	pation / Job title (See Instructions) Employ	yer (See Instructions)
Date 3/06/2023	Full name of contributor	Amount of contribution (\$) \$250.00
	Contributor address; City; State; 2	
	500 WEST 7TH STREET FORT WORTH TX	76107
Principal occu	pation / Job title (See Instructions) Employ	ver (See Instructions)

## SCHEDULE A1

ТІ	e Instruction Guide explains how to complet	te this form.	1 Total pages Schedule A1:
2 FILER NAM			3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2023	JIM SAGER  6 Contributor address; City;	State; Zip Code  /ORTH TX 76109  9 Employer (See Instru	7 Amount of contribution (\$) \$100.00
Date 03/07/2023	JOSEPH BERKES  Contributor address; City;  6263 HALIFAX FORT W		Amount of contribution (\$) \$5,000.00
Principal occi	ipation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 03/07/2023	Full name of contributor out-of-sta  AMAR TANNA  Contributor address; City;  6208 FOREST HIGHLANDS DR FO	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	otions)
Date 03/07/2023	Full name of contributor out-of-state  ARNOLD GACHMAN  Contributor address; City;	te PAC (ID#:) State; Zip Code	Amount of contribution (\$) \$250.00
	1229 SHADY OAKS LANE FORT	WORTH TX 76107	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS N	

#### SCHEDULE A1

Th	e Instruction Guide explains how	to complete thi	s form.		1 Total pages Schedule A1:
2 FILER NAMI					3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2023	5 Full name of contributor AUSTIN CARTLIDGE 6 Contributor address; 11601 SLUMBER FALLS supation / Job title (See Instructions)	City;	State;	Zip Code 76226 oyer (See Instru	7 Amount of contribution (\$) \$100.00
Date 03/09/2023	Full name of contributor  JOHNNY CAMPBELL  Contributor address;  108 BRAZOS CT.	City;	State;	Zip Code 76008	Amount of contribution (\$) \$500.00
Principal occu	pation / Job title (See Instructions)		Emple	oyer (See Instruc	etions)
Date 03/11/2023	Full name of contributor  JAMES BROOKS  Contributor address;  1900 6TH AVE	City;	State;	Zip Code 76110	Amount of contribution (\$) \$4,000.00
Principal occu	pation / Job title (See Instructions)		Emplo	oyer (See Instruc	etions)
Date 93/12/2023	Full name of contributor  J MACK SLAUGHTER  Contributor address;  6748 E PARK DR.	Out-of-state PAC	State;	Zip Code 76132	Amount of contribution (\$) \$2,500.00
Principal occu	pation / Job title (See Instructions)		Emplo	yer (See Instruc	tions)
	ATTACH ADDITIO				

#### SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAMI		3 Filer ID (Ethics Commission Filers)
PAXTON E N		3 File ID (Ethics Commission Filers)
4 Date 03/13/2023	5 Full name of contributor 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 occ	supation / Job title (See Instructions)  9 Employer (See Instructions)	etions)
Date 03/13/2023	Full name of contributor	Amount of contribution (\$) \$500.00
Principal occu	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date 03/14/2023	Full name of contributor 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 occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 03/16/2023	Full name of contributor	Amount of contribution (\$) \$250.00
Principal occu	pation / Job title (See Instructions)  Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

#### SCHEDULE A1

			1 Total pages Schedule A1:
ine	e Instruction Guide explains how to complete this	s form.	
2 FILER NAME PAXTON E M			3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2023	JOHN WRIGHT  6 Contributor address; City;  4008 HILDRING DR EAST FORT WO	State; Zip Code	7 Amount of contribution (\$) \$500.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	xtions)
Date 03/19/2023	BRIAN DUNAWAY  Contributor address; City;	State; Zip Code	Amount of contribution (\$) \$250.00
Principal occu	2308 WINTON TERR W FORT WOR pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 03/20/2023	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 03/22/2023	Contributor address; City;	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occup	465 COUNTY RD 2320 DECATUR Dation / Job title (See Instructions)	TX 76234  Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

#### SCHEDULE A1

PAXTON E MOTHERAL  4 Date		Instruction Guide explains how	***************************************		
MARION KNIGHT 6 Contributor address; City; State; Zip Code 3866 PELHAM RD FORT WORTH TX 76116 8 Principal occupation / Job title (See Instructions)  Date 03/23/2023  Full name of contributor	2 FILER NAME PAXTON E M				3 Filer ID (Ethics Commission Filers
Second contributor address;   City;   State;   Zip Code		MARION KNIGHT			7 Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)    Semployer (See Instructions)					
Date   Date   DENISE & HUNTER SEMPLE   DENISE & HUNTER SEMPLE   Contributor address; City; State; Zip Code   6232 LOCKE AVE. FORT WORTH TX 76116    Principal occupation / Job title (See Instructions)   Employer (See Instructions)    Date   3/23/2023   Full name of contributor   out-of-state PAC (ID#		3866 PELHAM RD	FORT WOR	RTH TX 76116	
DENISE & HUNTER SEMPLE  Contributor address; City; State; Zip Code  6232 LOCKE AVE. FORT WORTH TX 76116  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$ \$250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Principal occupation / Job title (See Instructions)   Employer (See Instructions)				C (ID#:)	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)    Date   O3/23/2023		Contributor address;	City;	State; Zip Code	
Date 03/23/2023    Full name of contributor		6232 LOCKE AVE.	FORT WOR	RTH TX 76116	
TIM THOMPSON  Contributor address; City; State; Zip Code  1071 REDBUD LANE ALEDO TX 76008  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 03/26/2023  Full name of contributor  ROB & LOUISE KEFFLER  \$100.00  **Todate of contribution (\$)  \$100.00  **Todate of contribution (\$)  Amount of contribution (\$)  \$500.00	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 03/26/2023  Full name of contributor		10000000000000000000000000000000000000	out-of-state PAG	C (ID#:)	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date   Sull name of contributor   out-of-state PAC (ID#:   ) \$500.00  ROB & LOUISE KEFFLER		Contributor address;	City;	State; Zip Code	
Date   S/26/2023   Full name of contributor   out-of-state PAC (ID#:)   \$500.00   \$500.00		1071 REDBUD LANE	ALEDO	TX 76008	
3/26/2023 ROB & LOUISE KEFFLER \$500.00	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)
			out-of-state PAC		Amount of contribution (\$) \$500.00
		Contributor address;	City;		
6350 MONTEGO COURT FORT WORTH TX 76116		6350 MONTEGO COURT	FORT WO	RTH TX 76116	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)

## SCHEDULE A1

			1 Total pages Schedule A1:
In	e Instruction Guide explains how to complete this	s form.	real pages conceded ///.
2 FILER NAME PAXTON E N			3 Filer ID (Ethics Commission Filers)
4 Date 03/27/2023	STEPHANIE BAKER  6 Contributor address; City;	State; Zip Code  ORTH TX 76107	7 Amount of contribution (\$) \$500.00
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	otions)
Date 03/27/2023	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$1,000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 03/27/2023	Full name of contributor out-of-state PAC  JOHN AVILA  Contributor address; City;  1936 WARNER ROAD FORT WORT	State; Zip Code	Amount of contribution (\$) \$500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 02/07/2023	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$1,500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see Instruc		

## SCHEDULE A1

e Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
E			3 Filer ID (Ethics Commission Filers)
MOTHERAL			J Ther ID (Lunes Commission Fliers)
5 Full name of contributor KENNETH BARR	out-of-state PA	C (ID#:	7 Amount of contribution (\$) \$250.00
6 Contributor address;	City;	State; Zip Code	
3101 AVONDALE AVE.	FORT WO	RTH TX 76109	
supation / Job title (See Instructions)		9 Employer (See Instr	uctions)
Full name of contributor WADE CHAPPELL	out-of-state PAG	C (ID#:	Amount of contribution (\$) \$500.00
Contributor address;	City;	State; Zip Code	
6329 KLAMATH RD.	FORT WO	ORTH TX 76116	
pation / Job title (See Instructions)		Employer (See Instru	uctions)
Full name of contributor WILL RODGERS	out-of-state PAC	C (ID#:	Amount of contribution (\$) \$10,000.00
Contributor address;	City;	State; Zip Code	
3712 POTOMAC AVE.	FORT WO	RTH TX 76107	
pation / Job title (See Instructions)		Employer (See Instru	uctions)
Full name of contributor BILL MEADOWS			Amount of contribution (\$) \$250.00
Contributor address:	City		
Contributor address; 121 RIVERCREST DRIVE		State; Zip Code	
	MOTHERAL  5 Full name of contributor KENNETH BARR 6 Contributor address; 3101 AVONDALE AVE. Expation / Job title (See Instructions)  Full name of contributor WADE CHAPPELL Contributor address; 6329 KLAMATH RD. Expation / Job title (See Instructions)  Full name of contributor WILL RODGERS Contributor address; 3712 POTOMAC AVE. Expation / Job title (See Instructions)	MOTHERAL  5 Full name of contributor   out-of-state PA KENNETH BARR 6 Contributor address; City; 3101 AVONDALE AVE. FORT WO supation / Job title (See Instructions)  Full name of contributor   out-of-state PA WADE CHAPPELL Contributor address; City; 6329 KLAMATH RD. FORT WO supation / Job title (See Instructions)  Full name of contributor   out-of-state PA WILL RODGERS Contributor address; City;  3712 POTOMAC AVE. FORT WO pation / Job title (See Instructions)	MOTHERAL  5 Full name of contributor   out-of-state PAC (ID#:       KENNETH BARR  6 Contributor address; City; State; Zip Code     3101 AVONDALE AVE. FORT WORTH TX 76109     Supation / Job title (See Instructions)   9 Employer (See Instructions)   Full name of contributor   out-of-state PAC (ID#:     WADE CHAPPELL   Contributor address; City; State; Zip Code     6329 KLAMATH RD. FORT WORTH TX 76116     Supation / Job title (See Instructions)   Employer (See Instructions)   Full name of contributor   out-of-state PAC (ID#:     WILL RODGERS   Contributor address; City; State; Zip Code     3712 POTOMAC AVE. FORT WORTH TX 76107     Pation / Job title (See Instructions)   Employer (See Instructions)     Employer (See Instructions)   Employer (See Instructions)     Employer (See Instructions)

#### SCHEDULE A1

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAMI		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2023	5 Full name of contributor	7 Amount of contribution (\$) \$500.00
	1301 THROCKMORTON ST. #2105 FORT WORTH TX 761	02
8 Principal occ	cupation / Job title (See Instructions)  9 Employer (See Instru	
Date 02/28/2023	Full name of contributor	Amount of contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  4416 OVERTON CREST FORT WORTH TX 76109	
Principal occu	upation / Job title (See Instructions)  Employer (See Instru	uctions)
Date 02/28/2023	Full name of contributor	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  4416 OVERTON CREST FORT WORTH TX 76109	
Principal occu	upation / Job title (See Instructions)  Employer (See Instru	loctions)
Date 02/28/2023	Full name of contributor	Amount of contribution (\$) \$300.00
Principal occu	pation / Job title (See Instructions)  FORT WORTH TX 76116  Employer (See Instru	ictions)

#### SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 03/09/2023	5 Full name of contributor	\$2,110.00
	1144 TERRACE TRAIL HURST TX 760	
8 Principal occ	<del>                                     </del>	See Instructions)
Date 03/09/2023	Full name of contributor	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Co	76107
Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)
Date 03/10/2023	Full name of contributor	Amount of contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Co	
Principal occu		ee Instructions)
Date 03/21/2023	Full name of contributor	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Cod	de
	Contributor address; City; State; Zip Cool 421 RIDGEWOOD RD FORT WORTH TX 7610	17

#### SCHEDULE A1

Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:	
2 FILER NAMI			3 Filer ID (Ethics Commission Filers)	
PAXTON E N	MOTHERAL			
4 Date 03/21/2023	5 Full name of contributor □ out-of-state PA OP LEONARD JR INVESTMENT CO., 6 Contributor address; City;	C (ID#:)  LTD  State; Zip Code	7 Amount of contribution (\$) \$1,000.00	
	P.O. BOX 1718 FORT WO	RTH TX 76101		
Principal occ	eupation / Job title (See Instructions)	9 Employer (See Instru	ctions)	
Date 03/21/2023	ANDREW & ANNETTE SCHATTE  Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$) \$2,500.00	
Principal occur	pation / Job title (See Instructions)	TX 77005 Employer (See Instruc	diana)	
T III Olpai Cocc	pation 7 555 title (See Matuellons)	Employer (Gee mstruc	cions)	
Date 03/21/2023	Full name of contributor  ut-of-state PAG	C (ID#:)	Amount of contribution (\$) \$500.00	
	Contributor address; City;	State; Zip Code		
	P.O. BOX 968 FORT WOR	RTH TX 76101		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ptions)	
Date 3/21/2023	Full name of contributor	C (ID#:) RSHIP	Amount of contribution (\$) \$5,000.00	
	Contributor address; City;	State; Zip Code		
	155 WALSH DRIVE ALEDO	TX 76008		
	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Principal occu				

## SCHEDULE A1

Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
OTHERAL		3 Filer ID (Ethics Commission Filers)
SARAH & ADAM LANCARTE  6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) \$250.00
pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
		Amount of contribution (\$)
ation / Job title (See Instructions)	Employer (See Instruct	ions)
Contributor address; City;	State; Zip Code	Amount of contribution (\$)
ation / Job title (See Instructions)	Employer (See Instruct	ions)
		Amount of contribution (\$)
ation / Job title (See Instructions)	Employer (See Instructi	ons)
ATTACH ADDITIONAL CODIES OF		
	OTHERAL  5 Full name of contributor   out-of-state PAC   SARAH & ADAM LANCARTE  6 Contributor address; City;  3708 CRESTHAVEN TERR FORT WO   pation / Job title (See Instructions)  Full name of contributor   out-of-state PAC   Contributor address; City;  Pation / Job title (See Instructions)  Full name of contributor   out-of-state PAC   Contributor address; City;  Pation / Job title (See Instructions)  Full name of contributor   out-of-state PAC   Contributor address; City;  Pation / Job title (See Instructions)	Total Distributor   Out-of-state PAC (ID#:

## 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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor complete this form.	Other (enter a cate	gory not listed above)
1 Total pages Schedule F1	2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethio	cs 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; AUSTIN	State; TX	Zip Code 78767
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description SIGNING FEE		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OR	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; AUSTIN	State; TX	Zip Code 78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description MONTHLY CON	SULTING	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/10/2023	MURPHY NASICA			
Amount (\$) 6,916.09	Payee address;	City;	State;	Zip Code
	P.O. BOX 1648	AUSTIN	TX	78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description ROAD SIGNS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

#### 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 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

Travel Out Of District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1	2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethio	cs Commission Filers)
4 Date	5 Payee name			
03/01/2023	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 COI	NSULTING	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/01/2023	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	Pescription YARD SIGNS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/01/2023	MURPHY NASICA			
Amount (\$) \$9,340.00	Payee address;	City;	State;	Zip Code
	P.O. BOX 1648	AUSTIN	TX	78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ROAD SIGN INS	STALLATION	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NFFI	DED	

# 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

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

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (enter a categ	ory not instead above)
1 Total pages Schedule F1:	2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
03/01/2023	MURPHY NASICA			
6 Amount (\$) \$538.39	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 PRINT COLLAT	ERAL	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/09/23	MURPHY NASICA			
Amount (\$) \$5,750.00	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 DIGITAL CREA	TIVE & ADVE	RTISING
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/09/2023	JTAYLOR			
Amount (\$) \$440.00	Payee address;	City;	State;	Zip Code
	4800 OVERTON PLAZA #360	FORT WOR	тн тх	76109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description ACCOUNTING	CONSULTAT	ION
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

# 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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/  The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above)  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; State; Zip Code AUSTIN TX 78767
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description ROAD SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 03/27/2023	Payee name ANEDOT	
Amount (\$) \$1,877.53	Payee address; 1340 POYDRAS STREET, #1770	City; State; Zip Code NEW ORLEANS LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description CREDIT CARD PROCESSING FEES
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY 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 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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		g Expense rs/Wages/Contract Labor  o complete this form.  Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME PAXTON E MOTHERAL	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
01/26/23	GODADDY	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$106.67 Reimbursement from political contributions intended		
8 BURBOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	FEES	DOMAIN HOSTING
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	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	Payee name	
02/25/2023	UNITED STATES POSTAL SERVIC	E
Amount (\$)	Payee address;	City; State; Zip Code
\$388.00	3101 W 6TH ST	FORT WORTH TX 76107
Reimbursement from political contributions intended		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	FEES	РО ВОХ
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought  Office held
Complete ONLY if direct expenditure to benefit C/O		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held