

FORM C/OH
COVER SHEET PG 1

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/15/2022

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

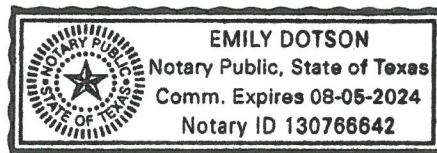
15 C/OH NAME PAXTON E MOTHERAL		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50,975.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,147.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 76,431.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ Type text here

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.

[Signature]
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 27th 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**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50,975.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 22,580.05
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	\$ 19,092.02
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 29,079.63
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	\$ 55.91
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: 21
2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK MAGRUDER 6 Contributor address; City; State; Zip Code 3828 MONTICELLO DR FORT WORTH TX 76107	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/03/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRECK & SHANNON RAY REV. TRUST Contributor address; City; State; Zip Code 1401 THOMAS PLACE FORT WORTH TX 76107	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE & ROSIE MONCRIEF Contributor address; City; State; Zip Code 777 TAYLOR ST. #1030 FORT WORTH TX 76102	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/23	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 (\$) \$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 04/03/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SARAH MOTHERAL 6 Contributor address; City; State; Zip Code 415 MONTICELLO DR. FORT WORTH TX 76107	7 Amount of contribution (\$) \$1,000.00 18 S
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ACCOUNTABLE GOVERNMENT FUND Contributor address; City; State; Zip Code 430 OLD FITZUGH, #7 DRIPPING SPRINGS TX 78620	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREESE & NICHOLS PAC Contributor address; City; State; Zip Code 801 CHERRY ST, #2800 FORT WORTH TX 76102	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OUR WATER OUR FUTURE PAC Contributor address; City; State; Zip Code 201 MAIN STREET #2500 FORT WORTH TX 76102	Amount of contribution (\$) \$2,500.00
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 04/06/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARL DEZEE 6 Contributor address; City; State; Zip Code 222 CROWN POINTE BLVD WILLOW PARK TX 76087	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARL & ALLISON KROGNESS Contributor address; City; State; Zip Code 3721 ARROYO RD FORT WORTH TX 76109	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB FENDLEY PAC Contributor address; City; State; Zip Code 13430 NW FWY #1100 HOUSTON TX 77040	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/23	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) GARVER USA PAC Contributor address; City; State; Zip Code 28 LIBERTY SHIP WAY #2815 SAUSALITO CA 94965	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 04/06/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIELD ENGINEERING GROUP, PLLC 6 Contributor address; City; State; Zip Code P.O. BOX 470636 FORT WORTH TX 76147	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOM & JACQUELINE GALBREATH Contributor address; City; State; Zip Code 11717 CAMBRIA CT. ALEDO TX 76008	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREATER FORT WORTH REAL ESTATE COUNCIL PAC Contributor address; City; State; Zip Code 777 MAIN STREET #2100 FORT WORTH TX 76102	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEE J. KELLY, JR. Contributor address; City; State; Zip Code 5756 MERRYMOUNT RD FORT WORTH TX 76107	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 04/14/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY HART PAC 6 Contributor address; City; State; Zip Code 201 MAIN STREET #2500 FORT WORTH TX 76102	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAWFORD EDWARDS Contributor address; City; State; Zip Code 4200 SOUTH HULEN, #614 FORT WORTH TX 76109	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN BOLTON Contributor address; City; State; Zip Code 1801 ELDRIDGE ST. FORT WORTH TX 76107	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLENN & JANET HAHN Contributor address; City; State; Zip Code 2804 HERITAGE HILLS FORT WORTH TX 76109	Amount of contribution (\$) \$150.00
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 04/14/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERD & CLAIRE MIDKIFF 6 Contributor address; City; State; Zip Code 2909 RIVERHOLLOW CT FORT WORTH TX 76116	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN & JANE 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 04/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENISE & CAHRLIE CABBELL Contributor address; City; State; Zip Code 5600 LAKESIDE DR. FORT WORTH TX 76179	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM & CAROL PORTWOOD Contributor address; City; State; Zip Code 3900 MONTICELLO DR. FORT WORTH TX 76107	Amount of contribution (\$) \$125.00
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 04/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERRY LIVING TRUST 6 Contributor address; City; State; Zip Code 6217 GENOA RD. FORT WORTH TX 76116	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSS PEROT, JR Contributor address; City; State; Zip Code 3000 TURTLE CREEK BLVD. DALLAS TX 75219	Amount of contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREATER FORT WORTH ASSOCIATION OF REALTORS PAC Contributor address; City; State; Zip Code 2650 PARKVIEW DR. FORT WORTH TX 76102	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM BAILEY Contributor address; City; State; Zip Code P.O. BOX 510 FORT WORTH TX 76101	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 04/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE & RAMONA BASS <hr/> 6 Contributor address; City; State; Zip Code 201 MAIN STREET #2700 FORT WORTH TX 76102	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID M. KRAMER <hr/> Contributor address; City; State; Zip Code 6001 MERRYMOUNT RD FORT WORTH TX 76107	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF JENKINS <hr/> Contributor address; City; State; Zip Code 3602 WATONGA ST FORT WORTH TX 76107	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT TINDALL <hr/> Contributor address; City; State; Zip Code 3533 RANCH VIEW TERR 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 03/31/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN KUENZLI 6 Contributor address; City; State; Zip Code 777 MAIN STREET #2700 FORT WORTH TX 76102	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/31/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN KNIGHT Contributor address; City; State; Zip Code 2101 EAST COAST HWY #120 CORONA DEL MAR CA 92625	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDY ALEXANDER Contributor address; City; State; Zip Code 429 GEORGE HOPPER RD MIDLOTHIAN TX 76065	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD PAYNE Contributor address; City; State; Zip Code 900 EAST WORTH ST GRAPEVINE TX 76051	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 04/01/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID KNIGHT 6 Contributor address; City; State; Zip Code 4521 SOUTH HULEN #222 FORT WORTH TX 76109	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/01/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUG HUDSON Contributor address; City; State; Zip Code 1011 EAST TRUST ST FAYETTEVILLE AR 72701	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NATHAN THOMPSON Contributor address; City; State; Zip Code 404 GRAYWOOD LANE COPPELL TX 75019	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATT MONTAGUE Contributor address; City; State; Zip Code 3909 MONTICELLO 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.		

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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 04/04/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENNIFER HARNISH 6 Contributor address; City; State; Zip Code 7316 OLD MILL RUN FORT WORTH TX 76133	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/04/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD STEED Contributor address; City; State; Zip Code P.O. BOX 6254 FORT WORTH TX 76115	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDRA MCGLOTHLIN Contributor address; City; State; Zip Code 4925 KALTENBRUN FORT WORTH TX 76119	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD MANUEL Contributor address; City; State; Zip Code 3713 MONTICELLO DR FORT WORTH TX 76107	Amount of contribution (\$) \$100.00
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 04/06/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLEN CRUMLEY 6 Contributor address; City; State; Zip Code 5009 RANCH VIEW RD FORT WORTH TX 76109	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM HUBBARD Contributor address; City; State; Zip Code 30 VALLEY RIDGE RD FORT WORTH TX 76107	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUG RENFRO Contributor address; City; State; Zip Code 532 TRAIL RIDER RD FORT WORTH TX 76114	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAVIS CLEGG Contributor address; City; State; Zip Code 4020 VOLK COURT KELLER TX 76244	Amount of contribution (\$) \$250.00
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 04/06/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEDFORD BURGHER 6 Contributor address; City; State; Zip Code 1703 CATALINA CT FORT WORTH TX 76107	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM BONNELL Contributor address; City; State; Zip Code 5829 EL CAMPO AVE. FORT WORTH TX 76107	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JARRATT WATKINS Contributor address; City; State; Zip Code 429 EASTWOOD AVE. FORT WORTH TX 76107	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS HARRIS Contributor address; City; State; Zip Code 8040 VALLEY DRIVE NORTH RICHLAND HILLS TX 76182	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 04/10/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEGGIE LOWY 6 Contributor address; City; State; Zip Code 4124 RIDGEHAVEN RD FORT WORTH TX 76116	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REID GOETZ Contributor address; City; State; Zip Code 4517 CLOUDVIEW RD. FORT WORTH TX 76109	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT KLEBERG Contributor address; City; State; Zip Code 301 COMMERCE ST, #1300 FORT WORTH TX 76102	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STACEY PIERCE Contributor address; City; State; Zip Code 4003 STONEWICK DR. ARLINGTON TX 76016	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 04/11/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIBBY HOGG 6 Contributor address; City; State; Zip Code 5405 BENBRIDGE DR. FORT WORTH TX 76107	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILL BURTON Contributor address; City; State; Zip Code 5 WESTOVER RD. FORT WORTH TX 76107	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MERRILL & JOSH GREGG Contributor address; City; State; Zip Code 1013 HIDDEN RD. FORT WORTH TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT SEMPLE Contributor address; City; State; Zip Code 3962 SARITA PARK FORT WORTH TX 76109	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 04/13/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AVERI GOFF 6 Contributor address; City; State; Zip Code 4720 WASHBURN AVE. FORT WORTH TX 76107	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOT BENNETT Contributor address; City; State; Zip Code 2816 RIVER BROOK CT. FORT WORTH TX 76116	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN CRUMLEY Contributor address; City; State; Zip Code 420 CRESTWOOD DR. FORT WORTH TX 76107	Amount of contribution (\$) \$350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATTHEW AVILA Contributor address; City; State; Zip Code 1929 CHATBURN CT. FORT WORTH TX 76110	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 04/14/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHEEVER FARLEY 6 Contributor address; City; State; Zip Code 1204 WEST 7TH ST., #200 FORT WORTH TX 76102	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICK SORENSON Contributor address; City; State; Zip Code 420 RIDGEWOOD RD. FORT WORTH TX 76107	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOROTHY MCDONALD Contributor address; City; State; Zip Code 1505 VERSAILLES RD. FORT WORTH TX 76116	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDALL JOHNSON Contributor address; City; State; Zip Code P.O. BOX 101233 FORT WORTH TX 76185	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 04/16/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETE VAN AMBURGH 6 Contributor address; City; State; Zip Code 3921 MONTICELLO DR. FORT WORTH TX 76107	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARBARA M WILLIAMS Contributor address; City; State; Zip Code 3500 LENOX DR. FORT WORTH TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY CHILTON Contributor address; City; State; Zip Code 4949 CORRIENTE LANE FORT WORTH TX 76126	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON SKAGGS Contributor address; City; State; Zip Code 6904 SANCTUARY LANE FORT WORTH TX 76132	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 04/20/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON MARTIN 6 Contributor address; City; State; Zip Code 3726 HULEN PARK DR. FORT WORTH TX 76109	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK LAMSENS Contributor address; City; State; Zip Code 3809 HARLANWOOD DR. FORT WORTH TX 76109	Amount of contribution (\$) \$350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS & SALLY GAVRAS Contributor address; City; State; Zip Code 1301 THROCKMORTON, #2105 FORT WORTH TX 76102	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN PERGANDE Contributor address; City; State; Zip Code 1201 WASHINGTON TERR 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 04/22/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MISSY & RANDY RODGERS 6 Contributor address; City; State; Zip Code 24 VALLEY RIDGE RD. FORT WORTH TX 76107	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T.M. "ROE" PATTERSON Contributor address; City; State; Zip Code 612 ROARING SPRINGS RD FORT WORTH TX 76114	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE MALONE Contributor address; City; State; Zip Code 6117 WESTOVER DR. FORT WORTH TX 76107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREG MORSE Contributor address; City; State; Zip Code 2603 SIMONDALE DR. FORT WORTH TX 76109	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 04/26/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUS BATES 6 Contributor address; City; State; Zip Code 2711 SIMONDALE DR. FORT WORTH TX 76109	7 Amount of contribution (\$) \$1,000.00
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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1

PAXTON E MOTHERAL

3

\$

☐ Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

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: 3		2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethics Commission Filers)	
4 Date 03/28/23		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					
Date 04/04/23		Payee name MURPHY NASICA			
Amount (\$) \$9,227.09		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 MAILER		
	<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 04/05/23		Payee name MURPHY NASICA			
Amount (\$) \$1,960.00		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 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					
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 04/11/23		5 Payee name MURPHY NASICA			
6 Amount (\$) \$5,750.00		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) ADVERTISING EXPENSE		(b) Description DIGITAL CREATIVE & ADVERTISING		
	(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 04/13/23		Payee name OFFICE DEPOT			
Amount (\$) \$80.92		Payee address; 401 CARROLL ST.		City; FORT WORTH	State; TX
				Zip Code 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description EVENT SUPPLIES		
	<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 04/17/23		Payee name UNITED STATES POSTAL SERVICE			
Amount (\$) \$63.00		Payee address; 4450 OAK PARK LANE		City; FORT WORTH	State; TX
				Zip Code 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICIATION EXPENSE		Description STAMPS		
	<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 04/20/23		5 Payee name MURPHY NASICA			
6 Amount (\$) \$129.37		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 STICKERS		
	(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 03/31/23		Payee name FROST BANK			
Amount (\$) \$30.00		Payee address; 640 TAYLOR ST, #1000		City; FORT WORTH	State; TX
				Zip Code 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING		Description SERVICE/BANK FEE		
	<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 04/26/23		Payee name ANEDOT			
Amount (\$) \$809.79		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) FUNDRAISING EXPENSE		Description PAYMENT 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		Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME PAXTON E MOTHERAL	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 04/20/23	6 Payee name MURPHY NASICA	
7 Amount (\$) \$29,079.63	8 Payee address; City; State; Zip Code P.O. BOX 1648 AUSTIN TX 78767	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description ADVERTISING EXPENSE MAILER	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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		

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 04/17/23	5 Payee name VENDING NUT COMPANY	
6 Amount (\$) \$55.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2222 MONTGOMERY ST FORT WORTH TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GIFT EXPENSE	(b) Description HOST GIFT
	(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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED