CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains hov	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST PAXTON	мı Е	OFFICE	E USE ONLY
TV/AIVIL	NICKNAME	last MOTHERAL	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. BOX 47	X; APT / SUITE #; C	OITY; STATE; ZIP CODE WORTH TX 76147		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(817)	PHONE NUMBER 731-7396	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR MRS.	FIRST MARTHA	MI V	Receipt # Date Processed	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Flocessed	
	MARTY	LEONARD		Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	JITE #; CITY:	STATE:	ZIP CODE
TREASURER ADDRESS					
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before elec	Exceeded Modified Reporting Limit	Final Repor	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	-
COVERED	03 /	/ 28 / 2023	THROUGH 04	26 / 202	3
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	05 / 06 /	2023 General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) TRWD BOARD OF		RS
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES I	CCEPTED OR POLITICAL EXPENDITURES MA MAY HAVE BEEN MADE WITHOUT THE CANDI ED TO REPORT THIS INFORMATION ONLY IF TH	ADE BY POLITICAL CON	MMITTEES TO SUPPORT
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	ED TO REPORT THIS HAN ORIGINATION ONE. 11 11	1EY RECEIVE NOTICE OF	SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS			
/ toutions: 1 ages	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		
		GO TO P	PAGE 2		* 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME PAXTON E MOT		er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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
	swear, or affirm, under penalty of perjury, that the accompanying report is true and c	orrect and includes all information
re	equired to be reported by me under Title 15, Election Code.	1
	Last I'll	
	Signature of Candidate	or Officeholder
,	Please complete either option below:	
	EMILY DOTSON	
(1) Affidavit	Notary Public, State of Texas Comm. Expires 08-05-2024	
	Notary ID 130766642	
NOTARY STAMP/SEA	AL.	
Sworn to and subscribed	before me by Payton E. Motheral this the 27th	day of April,
1 . 1	which, witness my hand and seal of office.	10.4
4 muy Dotes	an Emily Dotson	Motary Public
Signature of officer administe	/	/
	ering oath Printed name of officer administering oath	Title of officer administering oath
(O) Harrison Declaration	ering oath Printed name of officer administering oath OR	/
(2) Unsworn Declarati	ering oath Printed name of officer administering oath OR	/
	ering oath Printed name of officer administering oath OR	Title of o ^f ficer administering oath
My name is	OR ON	Title of officer administering oath
My name is	OR OR (street) OR (city) (state)	Title of officer administering oath
My name is	OR ON	Title of officer administering oath
My name is	OR OR (street) OR (city) (state)	Title of officer administering oath (zip code) (country) , 20

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Co		ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$50,975.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$22,580.05
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$19,092.02
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$29,079.63
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 FU	INDS	\$ 55.91
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

SCHEDULE A1

		·
Tł	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 21
2 FILER NAM		3 Filer ID (Ethics Commission Filers)
	MOTHERAL	
4 Date 03/28/23	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
00/20/20	MARK MAGRUDER	7 Amount of contribution (\$) \$500.00 Amount of contribution (\$) \$200.00 Amount of contribution (\$) \$250.00 Amount of contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code	
	3828 MONTICELLO DR FORT WORTH TX 76107	
8 Principal occ	ccupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/03/23	BRECK & SHANNON RAY REV. TRUST	\$200.00
	Contributor address; City; State; Zip Code	
	1401 THOMAS PLACE FORT WORTH TX 76107	
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	ctions)
Date 04/03/23	Full name of contributor out-of-state PAC (ID#:)	
0 17 007 20	MIKE & ROSIE MONCRIEF	Amount of contribution (\$) \$250.00 Amount of contribution (\$) Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
	777 TAYLOR ST. #1030 FORT WORTH TX 76102	
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/03/23	EVA MOTHERAL	\$2,500.00
	Contributor address; City; State; Zip Code	
	4416 OVERTON CREST FORT WORTH TX 76109	
Principal occi	cupation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	VEEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional	

SCHEDULE A1

TI	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAM		3 Filer ID (Ethics Commission Filers)	
PAXTON E	MOTHERAL		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
04/03/23	SARAH MOTHERAL	\$1,000.00	
	6 Contributor address; City; State; Zip Code		
	415 MONTICELLO DR. FORT WORTH TX 76107	18 S	
8 Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instruc	ctions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
04/06/23	ACCOUNTABLE GOVERNMENT FUND	\$5,000.00	
	Contributor address; City; State; Zip Code		
	430 OLD FITZUGH, #7 DRIPPING SPRINGS TX 78620		
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	ctions)	
Date 04/06/23	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
74/00/23	FREESE & NICHOLS PAC	\$500.00	
	Contributor address; City; State; Zip Code		
	801 CHERRY ST, #2800 FORT WORTH TX 76102		
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	ctions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
04/06/23	OUR WATER OUR FUTURE PAC	\$2,500.00	
	Contributor address; City; State; Zip Code		
	201 MAIN STREET #2500 FORT WORTH TX 76102		
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	ctions)	

SCHEDULE A1

		_	1 Total pages Schedule A1:
Th	e Instruction Guide explains how to complete this	s form.	- Total pages obligate AT.
2 FILER NAM PAXTON E I			3 Filer ID (Ethics Commission Filers)
4 Date 04/06/23	CARL DEZEE	C (ID#:)	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City;	State; Zip Code	
	222 CROWN POINTE BLVD WILLOW PA		
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instru	ctions)
Date 04/06/23	CARL & ALLISON KROGNESS	C (ID#:)	Amount of contribution (\$) \$250.00
	Contributor address; City;	State; Zip Code	
	3721 ARROYO RD FORT WORTH	TX 76109	
Principal occu	upation / Job title (See Instructions)	Employer (See Instru	ctions)
Date 04/06/23		(ID#:)	Amount of contribution (\$) \$250.00
			,
	Contributor address; City;	State; Zip Code	
	13430 NW FWY #1100 HOUSTON	N TX 77040	
Principal occu	ipation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date 04/06/23	Full name of contributor	(ID#:)	Amount of contribution (\$)
J4/00/23	GARVER USA PAC		\$250.00
	Contributor address; City;	State; Zip Code	
	28 LIBERTY SHIP WAY #2815 SAUS	SALITO CA 94965	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

SCHEDULE A1

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
PAXTON E N	IOTHERAL		
4 Date 04/06/23	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$) \$250.00
04/00/20	SHIELD ENGINEERING GROUP, PLLC	<u> </u>	\$250.00
	6 Contributor address; City;	State; Zip Code	
	P.O. BOX 470636 FORT WC	ORTH TX 76147	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
04/06/23	TOM & JACQUELINE GALBREATH		\$100.00
	Contributor address; City;	State; Zip Code	
	11717 CAMBRIA CT. ALEDO	TX 76008	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 04/06/23	Full name of contributor out-of-state PAC		Amount of contribution (\$)
0 17 0 07 2 0	GREATER FORT WORTH REAL ESTATE COUNCIL PAC \$1,000.00		\$1,000.00
	Contributor address; City;	State; Zip Code	
	777 MAIN STREET #2100 FORT WOF	RTH TX 76102	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
04/14/23	DEE J. KELLY, JR.		\$1,000.00
	Contributor address; City;	State; Zip Code	
	5756 MERRYMOUNT RD FORT W	ORTH TX 76107	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instru	uction guide for additional r	reporting requirements.

SCHEDULE A1

The instruction Guide explains how to complete this form. 2 FILER NAME PAXTON E MOTHERAL 4 Date 04/14/23 5 Full name of contributor KELLY HART PAC 6 Contributor address; City; State; Zip Code 201 MAIN STREET #2500 FORT WORTH TX 76102 8 Principal occupation / Job title (See Instructions) Date 04/14/23 CRAWFORD EDWARDS Contributor address; City; State; Zip Code 4200 SOUTH HULEN, #614 FORT WORTH TX 76109 Principal occupation / Job title (See Instructions) Date 04/14/23 Full name of contributor CRAWFORD EDWARDS Contributor address; City; State; Zip Code 4200 SOUTH HULEN, #614 FORT WORTH TX 76109 Principal occupation / Job title (See Instructions) Date 04/14/23 Full name of contributor Ochributor address; City; State; Zip Code 1801 ELDRIDGE ST. FORT WORTH TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (S) \$500.00 Amount of contribution (S) \$500.00 \$600.00 Full name of contributor Contributor address; City; State; Zip Code 1801 ELDRIDGE ST. FORT WORTH TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Final pages Schedule AT: 7 Amount of contribution (S) Amount of contribution (S) Amount of contribution (S) Amount of contribution (S) \$150.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)			
PAXTON E MOTHERAL	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
O4/14/23 KELLY HART PAC S2,500.00 S2,500.00			3 Filer ID (Ethics Commission Filers)
Date 04/14/23 Full name of contributor	A	KELLY HART PAC 6 Contributor address; City; State; Zip Code	
O4/14/23 CRAWFORD EDWARDS Contributor address; City; State; Zip Code 4200 SOUTH HULEN, #614 FORT WORTH TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor BRIAN BOLTON Contributor address; City; State; Zip Code 1801 ELDRIDGE ST. FORT WORTH TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$500.00 Amount of contribution (\$) \$150.00 Amount of contribution (\$) State; Zip Code 1801 ELDRIDGE ST. FORT WORTH TX 76107 Principal occupation / Job title (See Instructions) Samount of contribution (\$) Amount of contribution (\$) State; Zip Code 2804 HERITAGE HILLS FORT WORTH TX 76109	8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date 04/14/23 Full name of contributor		CRAWFORD EDWARDS Contributor address; City; State; Zip Code	
BRIAN BOLTON Contributor address; City; State; Zip Code 1801 ELDRIDGE ST. FORT WORTH TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor GLENN & JANET HAHN Contributor address; City; State; Zip Code 2804 HERITAGE HILLS FORT WORTH TX 76109	Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 04/14/23 Full name of contributor out-of-state PAC (ID#:) GLENN & JANET HAHN Contributor address; City; State; Zip Code 2804 HERITAGE HILLS FORT WORTH TX 76109		BRIAN BOLTON Contributor address; City; State; Zip Code	
O4/14/23 GLENN & JANET HAHN Contributor address; City; State; Zip Code 2804 HERITAGE HILLS FORT WORTH TX 76109	Principal occup	coation / Job title (See Instructions) Employer (See Instructions)	tions)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		GLENN & JANET HAHN Contributor address; City; State; Zip Code	
	Principal occupation / Job title (See Instructions) Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:	
2 FILER NAME PAXTON E M	OTHERAI		3 Filer ID (Ethics Commission Filers)	
4 Date 04/14/23	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
04/14/23	HERD & CLAIRE MIDKIFF		\$500.00	
	6 Contributor address; City; State;	; Zip Code		
	2909 RIVERHOLLOW CT FORT WORTH TX			
8 Principal occu	pation / Job title (See Instructions) 9 Empl	ployer (See Instruc	.tions)	
Date 04/44/02	Full name of contributor		Amount of contribution (\$)	
04/14/23	JOHN & JANE AVILA		\$500.00	
	Contributor address; City; State;	; Zip Code		
	1936 WARNER ROAD FORT WORTH	TX 76110		
Principal occup	pation / Job title (See Instructions) Emp	ployer (See Instruc	tions)	
Date 04/19/23	Full name of contributor)	Amount of contribution (\$) \$500.00	
	Contributor address; City; State;	Zip Code		
	5600 LAKESIDE DR. FORT WORTH T	X 76179		
Principal occup	eation / Job title (See Instructions) Emp	ployer (See Instruc	tions)	
Date 04/19/23	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
04/19/23	WILLIAM & CAROL PORTWOOD		\$125.00	
	Contributor address; City; State;	Zip Code		
	3900 MONTICELLO DR. FORT WORTH	TX 76107	,	
Principal occup	eation / Job title (See Instructions) Emp	ployer (See Instruct	cions)	
	ATTACH ADDITIONAL COPIES OF THIS			

SCHEDULE A1

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

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME PAXTON E M			3 Filer ID (Ethics Commission Filers)
4 Date 04/19/23	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of contribution (\$) \$1,500.00
	6217 GENOA RD. FORT WOR	T	
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date 04/19/23	ROSS PEROT, JR	C (ID#:)	Amount of contribution (\$) \$1,500.00
	Contributor address; City; 3000 TURTLE CREEK BLVD. DALLAS	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 04/19/23	Full name of contributor		Amount of contribution (\$) \$2,500.00
	Contributor address; City;	State; Zip Code	
	2650 PARKVIEW DR. FORT WORT	TH TX 76102	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 04/19/23	Full name of contributor out-of-state_PAC	C (ID#:) State; Zip Code	Amount of contribution (\$) \$100.00
	P.O. BOX 510 FORT WOR	RTH TX 76101	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED

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

SCHEDULE A1

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

Instruction Guide explains how to complete this for	1 Total pages Schedule A1:				
	3 Filer ID (Ethics Commission Filers)				
5 Full name of contributor	k)	7 Amount of contribution (\$) \$500.00			
,					
201 MAIN STREET #2700 FORT WORTH	TX 76102				
upation / Job title (See Instructions)	Employer (See Instruc	ctions)			
Full name of contributor out-of-state PAC (ID#	t:)	Amount of contribution (\$)			
DAVID M. KRAMER		\$2,500.00			
Contributor address; City; S	State; Zip Code				
6001 MERRYMOUNT RD FORT WORTH	H TX 76107				
pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Full name of contributor	:)	Amount of contribution (\$) \$500.00			
	Employer (See Instruct	tions)			
	:)	Amount of contribution (\$) \$250.00			
	itate; Zip Code				
3533 RANCH VIEW TERR FORT WOF	RTH TX 76109				
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
ATTACH ADDITIONAL CODIES OF T	THIS SOUEDING AS N	JEEDED.			
1	S Full name of contributor	TOTHERAL 5 Full name of contributor			

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

SCHEDULE A1

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
PAXTON E M	OTHERAL		
4 Date 03/31/23	5 Full name of contributor out-of-state	te PAC (ID#:)	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City;	State; Zip Code	
	777 MAIN STREET #2700 FOR	T WORTH TX 76102	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	te PAC (ID#:)	Amount of contribution (\$)
03/31/23	KEVIN KNIGHT		\$1,000.00
	Contributor address; City;	State; Zip Code	
	2101 EAST COAST HWY #120 CORONA	DEL MAR CA 92625	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
03/31/23	RANDY ALEXANDER		\$100.00
	Contributor address; City;	State; Zip Code	
	429 GEORGE HOPPER RD MIDLO	OTHIAN TX 76065	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-stat	e PAC (ID#:)	Amount of contribution (\$)
04/01/23	RICHARD PAYNE		\$100.00
	Contributor address; City;	State; Zip Code	
	900 EAST WORTH ST GRAPE	VINE TX 76051	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS N	

SCHEDULE A1

The	Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A1:		
2 FILER NAME PAXTON E M	OTHERAL		3 Filer ID (Ethics Commission Filers)		
4 Date 04/01/23	5 Full name of contributor ☐ out-of-state PAC (ID#:_ DAVID KNIGHT)	7 Amount of contribution (\$) \$250.00		
	6 Contributor address; City; Sta	ate; Zip Code			
	4521 SOUTH HULEN #222 FORT WORTH T	X 76109			
8 Principal occu	pation / Job title (See Instructions) 9 E	Employer (See Instruc	ctions)		
Date 04/01/23	Full name of contributor)	Amount of contribution (\$)		
04/01/20	DOUG HUDSON		\$100.00		
	Contributor address; City; Sta	ate; Zip Code			
	1011 EAST TRUST ST FAYETTEVILLE /	AR 72701			
Principal occup	ation / Job title (See Instructions)	mployer (See Instruc	tions)		
Date 04/03/23	Full name of contributor out-of-state PAC (ID#: NATHAN THOMPSON)	Amount of contribution (\$) \$100.00		
	Contributor address; City; Stat	te; Zip Code			
	404 GRAYWOOD LANE COPPELL TO	X 75019			
Principal occup	ation / Job title (See Instructions)	mployer (See Instruc	tions)		
Date 04/04/23	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$) \$250.00		
04/04/20	MATT MONTAGUE		\$230.00		
	Contributor address; City; Star	te; Zip Code			
	3909 MONTICELLO DR FORT WORTH	TX 76107			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
A 44 Per	-				
	ATTACH ADDITIONAL COPIES OF THI				

SCHEDULE A1

			•	
Т	ne Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:	
2 FILER NAM	Е		3 Filer ID (Ethics Commission Filers)	
PAXTON E	MOTHERAL			
4 Date 04/04/23	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
04/04/23	JENNIFER HARNISH	*******	\$100.00	
	6 Contributor address; City; State	e; Zip Code		
	7316 OLD MILL RUN FORT WORTH	TX 76133		
8 Principal oc	cupation / Job title (See Instructions) 9 Er	nployer (See Instruc	ctions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
04/04/23	RICHARD STEED		\$500.00	
	Contributor address; City; State	e; Zip Code		
	P.O. BOX 6254 FORT WORTH TX	< 76115		
Principal occ	upation / Job title (See Instructions) En	nployer (See Instruc	tions)	
Date 04/04/23	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
04/04/23	SANDRA MCGLOTHLIN		\$1,000.00	
	Contributor address; City; State	; Zip Code		
	4925 KALTENBRUN FORT WORTH T	X 76119		
Principal occ	upation / Job title (See Instructions) En	nployer (See Instruc	tions)	
Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)	
04/05/23	EDWARD MANUEL		\$100.00	
	Contributor address; City; State	; Zip Code		
	3713 MONTICELLO DR FORT WORTH	TX 76107		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see Instruction q			

SCHEDULE A1

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

			-		
The	Instruction Guide explains how to con	nplete this	s form.		1 Total pages Schedule A1:
2 FILER NAME PAXTON E M					3 Filer ID (Ethics Commission Filers)
4 Date 04/06/23	5 Full name of contributor out	-of-state PA(C (ID#:)	7 Amount of contribution (\$) \$500.00
	6 Contributor address; Ci	ty;	State;	Zip Code	
	5009 RANCH VIEW RD FOI	RT WO	RTH	TX 76109	
8 Principal occu	upation / Job title (See Instructions)		9 Emp	loyer (See Instruc	ctions)
Date 04/06/23	Full name of contributor	-of-state PAC	C (ID#:)	Amount of contribution (\$) \$500.00
		ty;	State;		
30 VALLEY RIDGE RD FORT WORTH TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instruc				itions)	
Date 04/06/23	Full name of contributor	out-of-state PAC (ID#:)		Zip Code	Amount of contribution (\$) \$100.00
		WORTI			
Principal occu	pation / Job title (See Instructions)		Empl	loyer (See Instruc	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$) \$250.00		
	Contributor address; City	y;	State;	Zip Code	
	4020 VOLK COURT KEL	LER	TX	76244	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

Revised 11/15/2022

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 M	OTHERAL		3 Filer ID (Ethics Commission Filers)
4 Date			
04/06/23	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$) \$1,000.00
0 1, 0 0, 20	BEDFORD BURGHER		
	6 Contributor address; City;	State; Zip Code	
	1703 CATALINA CT FORT WORT	TH TX 76107	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
04/10/23	WILLIAM BONNELL		\$1,000.00
	Contributor address; City;	State; Zip Code	
	5829 EL CAMPO AVE. FORT WORT	TH TX 76107	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)
04/10/23	JARRATT WATKINS		\$500.00
	Contributor address; City;	State; Zip Code	
	429 EASTWOOD AVE. FORT WORTH	H TX 76107	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor ☐ out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/10/23			\$500.00
	Contributor address; City;	State; Zip Code	
	8040 VALLEY DRIVE NORTH RICHLAND	HILLS TX 76182	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

PAXTON E MOTHERAL 4 Date 04/10/23	111	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
MEGGIE LOWY 6 Contributor address; City: State: Zip Code 4124 RIDGEHAVEN RD FORT WORTH TX 76116 8 Principal occupation / Job title (See Instructions) Pate Afford Contributor address; City: State: Zip Code 4517 CLOUDVIEW RD. FORT WORTH TX 76109 Principal occupation / Job title (See Instructions) Date Afford Contributor Contributor Contributor Contributor Contributor SCOTT KLEBERG Contributor address: City: State: Zip Code 301 COMMERCE ST, #1300 FORT WORTH TX 76102 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) \$500.00 \$500.00 \$500.00 Amount of contribution (\$) \$500.00 \$500.00 Amount of contribution (\$) \$500.00 \$500.00 \$500.00 \$500.00 \$500.00			3 Filer ID (Ethics Commission Filers)
4124 RIDGEHAVEN RD FORT WORTH TX 76116 8 Principal occupation / Job title (See Instructions) Pate D4/10/23 Full name of contributor	4 Date 04/10/23		
B Principal occupation / Job title (See Instructions) Date Date 04/10/23 REID GOETZ Contributor address; City; State; Zip Code 4517 CLOUDVIEW RD. FORT WORTH TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$500.00 Principal occupation / Job title (See Instructions) Amount of contribution (\$) SCOTT KLEBERG Contributor address; City; State; Zip Code 301 COMMERCE ST, #1300 FORT WORTH TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$500.00 Amount of contribution (\$) \$500.00 Amount of contribution (\$) STACEY PIERCE Contributor address; City; State; Zip Code 4003 STONEWICK DR. ARLINGTON TX 76016		, , , , , , , , , , , , , , , , , , , ,	
REID GOETZ Contributor address; City; State; Zip Code 4517 CLOUDVIEW RD. FORT WORTH TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor SCOTT KLEBERG Contributor address; City; State; Zip Code 301 COMMERCE ST, #1300 FORT WORTH TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor SCOTT KLEBERG Contributor address; City; State; Zip Code 301 COMMERCE ST, #1300 FORT WORTH TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) STACEY PIERCE Contributor address; City; State; Zip Code 4003 STONEWICK DR. ARLINGTON TX 76016	8 Principal occ		ctions)
4517 CLOUDVIEW RD. FORT WORTH TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$500.00 Contributor address; City; State; Zip Code 301 COMMERCE ST, #1300 FORT WORTH TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:	Date 04/10/23		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) SCOTT KLEBERG Contributor address; City; State; Zip Code 301 COMMERCE ST, #1300 FORT WORTH TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) \$100.00			
SCOTT KLEBERG Contributor address; City; State; Zip Code 301 COMMERCE ST, #1300 FORT WORTH TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor STACEY PIERCE Contributor address; City; State; Zip Code 4003 STONEWICK DR. ARLINGTON TX 76016	Principal occu		tions)
301 COMMERCE ST, #1300 FORT WORTH TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor			
Date 04/11/23 Full name of contributor			
O4/11/23 STACEY PIERCE Contributor address; City; State; Zip Code 4003 STONEWICK DR. ARLINGTON TX 76016	Principal occu	ipation / Job title (See Instructions) Employer (See Instruc	tions)
4003 STONEWICK DR. ARLINGTON TX 76016		United State 1 NO (IDH.	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		3.3, 2.7 3.3	
l e e e e e e e e e e e e e e e e e e e	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.						
The	1 Total pages Schedule A1:					
2 FILER NAME PAXTON E M	OTHERAL		3 Filer ID (Ethics Commission Filers)			
4 Date 04/11/23	5 Full name of contributor out-of-state PAC (LIBBY HOGG 6 Contributor address; City;	(ID#:) State; Zip Code	7 Amount of contribution (\$) \$100.00			
	 5405 BENBRIDGE DR. FORT WOI	RTH TX 76107				
8 Principal occu		9 Employer (See Instruc	tions)			
Date 04/11/23	BILL BURTON Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$) \$1,000.00			
	5 WESTOVER RD. FORT WORTH					
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date 04/12/23	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$250.00			
Principal occup	1013 HIDDEN RD. FORT WORTH pation / Job title (See Instructions)	TX 76107 Employer (See Instruc	ctions)			
Date 04/12/23	Full name of contributor out-of-state PAC (ROBERT SEMPLE Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$) \$250.00			
	3962 SARITA PARK FORT WORT	H TX 76109				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	J.					
	ATTACH ADDITIONAL COPIES Of					

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
PAXTON E M	OTHERAL			
4 Date 04/13/23	5 Full name of contributor ☐ out-of-state PAC (ID	D#:)	7 Amount of contribution (\$) \$1,000.00	
	6 Contributor address; City;	State; Zip Code		
	4720 WASHBURN AVE. FORT WOF	RTH TX 76107		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruc	ctions)	
Date	Full name of contributor)#:)	Amount of contribution (\$)	
04/13/23	SCOT BENNETT		\$200.00	
	Contributor address; City;	State; Zip Code		
	2816 RIVER BROOK CT. FORT WORTH	H TX 76116		
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date 04/13/23)#:)	Amount of contribution (\$) \$350.00	
04/13/23	BRIAN CRUMLEY		φ330.00	
	Contributor address; City;	State; Zip Code		
	420 CRESTWOOD DR. FORT WORTH	TX 76107	***************************************	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of contribution (\$)	
04/13/23	MATTHEW AVILA		\$250.00	
	Contributor address; City;	State; Zip Code		
	1929 CHATBURN CT. FORT WORTH	H TX 76110		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF		NAC 300 300 300 300 300 300 300 300 300 30	

SCHEDULE A1

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

	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME PAXTON E MO	OTHERAL			3 Filer ID (Ethics Commission Filers)
4 Date 04/14/23	 5 Full name of contributor CHEEVER FARLEY 6 Contributor address; 1204 WEST 7TH ST., #200 	City;		7 Amount of contribution (\$) \$250.00
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date 04/14/23	Full name of contributor RICK SORENSON Contributor address;	City;	State; Zip Code	Amount of contribution (\$) \$500.00
	420 RIDGEWOOD RD. ation / Job title (See Instructions)	FORT WORT	FH TX 76107 Employer (See Instruc	ctions)
	Full name of contributor DOROTHY MCDONALD Contributor address; 1505 VERSAILLES RD. F	City;	State; Zip Code	Amount of contribution (\$) \$150.00
Principal occupa	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 04/16/23	Full name of contributor RANDALL JOHNSON Contributor address;	out-of-state PAC	State; Zip Code	Amount of contribution (\$) \$250.00
	P.O. BOX 101233	FORT WOR	RTH TX 76185 Employer (See Instruc	tions)

Forms provided by Texas Ethics Commission

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Revised 11/15/2022

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		3 Filer ID (Ethics Commission Filers)		
PAXTON E M	OTHERAL			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
04/16/23	PETE VAN AMBURGH	\$500.00		
	6 Contributor address; City; State; Zip Code			
	3921 MONTICELLO DR. FORT WORTH TX 7610	17		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See In			
		,		
Date 04/16/23	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$250.00		
10 10 0 0 0 0 0 0	BARBARA M WILLIAMS			
	Contributor address; City; State; Zip Code			
	3500 LENOX DR. FORT WORTH TX 76107			
Principal occup	pation / Job title (See Instructions) Employer (See In	structions)		
Date	Full name of contributor) Amount of contribution (\$)		
04/17/23	LARRY CHILTON	\$250.00		
	Contributor address; City; State; Zip Code			
4949 CORRIENTE LANE FORT WORTH TX 76126				
Principal occup	pation / Job title (See Instructions) Employer (See In	structions)		
Date 04/18/23	Full name of contributor out-of-state PAC (ID#:			
04/10/23	JASON SKAGGS	\$500.00		
	Contributor address; City; State; Zip Code			
	6904 SANCTUARY LANE FORT WORTH TX 7613	32		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see Instruction guide for addition	Control of the Contro		

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
PAXTON E M 4 Date 04/20/23	5 Full name of contributor	\$250.00		
8 Principal occu	3726 HULEN PARK DR. FORT WORTH TX 7610 upation / Job title (See Instructions) 9 Employer (See Inst			

Date 4/21/23	Full name of contributor	Amount of contribution (\$) \$350.00		
Delegand	3809 HARLANWOOD DR. FORT WORTH TX 76109			
Principal occup	pation / Job title (See Instructions) Employer (See Inst	ructions)		
Date 04/22/23	Full name of contributor	\$250.00		
Principal occup	cation / Job title (See Instructions) Employer (See Inst	ructions)		
Date 04/22/23	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$250.00		
1201 WASHINGTON TERR FORT WORTH TX 76107				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS			

SCHEDULE A1

		T
The	e 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 04/22/23	5 Full name of contributorout-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 occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date 04/23/23	Full name of contributor	Amount of contribution (\$) \$500.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 04/24/23	Full name of contributor	Amount of contribution (\$) \$100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 04/25/23	Full name of contributor	Amount of contribution (\$) \$1,000.00
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

		Marian /		
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
PAXTON E M	OTHERAL			
4 Date 04/26/23	5 Full name of contributor GUS BATES	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$) \$1,000.00
	6 Contributor address;	City;	State; Zip Code	
	2744 CIMONIDALE DD	FORT WOR	TH TV 70400	
O Deinsinal sassi	2711 SIMONDALE DR.	FORT WOR	T T	4:>
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	etions)
Date	Full name of contributor	out-of-state, PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	9
	,	,		
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	□ out-of-state PAC	C (ID#:)	Amount of contribution (C)
Date		_ out or state the	, ((3))	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	l tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITI		OF THIS SCHEDULE AS Nuction guide for additional r	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

			•	
Т	he Instruction Guide explains how to complete this for	1 Total pages Schedule A2:		
2 FILER NAME PAXTON E MOTHERAL			3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 04/13/23	6 Full name of contributor out-of-state PAC (ID#:	Zip Code 76107		9 In-kind contribution description FUNDRAISING DINNER, DRINKS & ENTERTAINMENT de of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$ Check if travel outside	In-kind contribution description l description description description
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T			roquiromento

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 Out Of District Other (enter a category not listed above)

"	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME PAXTON E MOTHERAL	3 Filer ID (Ethics Commission Filers)		
4 Date 03/28/23	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 CON	NSULTING	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/05/23	MURPHY NASICA			
Amount (\$) \$1,960.00	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 SIGN INSTALL	ATION	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEI	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 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.

	The Instruction	on Guide explains now to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME PAXTON E MOTHER		3 Filer ID (Ethics	Commission Filers)		
4 Date 5 Payee name						
04/11/23	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) Check if travel outside	e of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholde	er name	Office sought		Office held	
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 list EVENT EXPENSE	ed at the top of this schedule)	Description EVENT SUPP	LIES		
	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 / Officeholde	r name	Office sought		Office held	
Date	Payee name					
04/17/23	UNITED STATES PC	STAL SERVICE				
Amount (\$)	Payee address;		City;	State;	Zip Code	
#63.00	4450 OAK PARK LAN	NE	FORT WORTH	TX	76109	
PURPOSE OF EXPENDITURE	Category (See Categories liste SOLICIATION EXPEI		Description STAMPS			
	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 / Officeholde	er name	Office sought		Office held	
	ATTACH ADDITIO	NAL COPIES OF THIS	SCHEDULE AS NEE	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 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 d	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	MURPHY NASICA				
6 Amount (\$) \$129.37	7 Payee address; P.O. BOX 1648	city; AUSTIN	State; Zip Code TX 78767		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description STICKERS			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 WO	State; Zip Code DRTH TX 76102		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description SERVICE/BAN	NK FEE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04/26/23	ANEDOT				
Amount (\$) \$809.79	Payee address;	City;	State; Zip Code		
	1340 POYDRAS STREET, #1770	NEW ORLEA	ANS LA 70112		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING EXPENSE	Description PAYMENT PRO	DCESSING FEES		
	Check if travel outside of Texas. Complete Schedule T.	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 NEED	DED		

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

Candidate/Officeholder/Politic	al Committee Legal Services Salaries/W	ages/Contract Labor	Travel Out Of District Other (enter a category	not listed above)
4 Tables Cabadala 50	The Instruction Guide explains how to co	omplete this form.	2 511 15 (511)	
1 Total pages Schedule F2:	PAXTON E MOTHERAL		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	S	\$	
5 Date	6 Payee name			
04/20/23	MURPHY NASICA			
7 Amount (\$) \$29,079.63	8 Payee address; P.O. BOX 1648	city; AUSTIN	State; TX	Zip Code 78767
9 TYPE OF EXPENDITURE	Political Non-Poli	tical		
10 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	ADVERTISING EXPENSE	MAILER		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living ex	pense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Of	fice sought	Office held	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-Poli	itical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.		stin, TX, officeholder living e	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		fice sought	Office held	1
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NE	EDED	

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 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
Other Contragancy and listed charge.

Candidate/Officeholder/Polit Credit Card Payment		o complete this form.			
Total pages Schedule G:	2 FILER NAME PAXTON E MOTHERAL	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
04/17/23	VENDING NUT COMPANY				
6 Amount (\$) \$55.91 Reimbursement from political contributions intended	7 Payee address; 2222 MONTGOMERY ST	City; State; Zip Code FORT WORTH TX 76107			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	GIFT EXPENSE	HOST GIFT			
	(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				
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 <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED			