

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10	
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST PAXTON	MI E	OFFICE USE ONLY		
	NICKNAME	LAST MOTHERAL	SUFFIX	Date Received		
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. BOX 471421 FORT WORTH TX 76147				Received by Ellie Garcia on Wednesday, January 14, 2026 3:10 PM	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 731-7396	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIN TREASURER NAME	MS / MRS / MR MRS	FIRST MARTHA	MI V	Receipt #	Amount \$	
	NICKNAME MARTY	LAST LEONARD	SUFFIX	Date Processed		
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: [REDACTED]				STATE; ZIP CODE	
8 CAMPAIN TREASURER PHONE	AREA CODE [REDACTED]	PHONE NUMBER [REDACTED]	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 7	Day / 1 /	Year 25	Month 12	Day / 31 /	Year 25
11 ELECTION	ELECTION DATE Month / Day / Year / / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) TRWD BOARD OF DIRECTORS			13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE/ OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

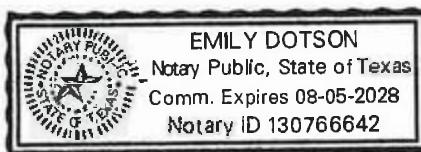
15 C/OH NAME PAXTON E MOTHERAL		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,768.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 242.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 32,698.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Patterson

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 14th day of January

20 26, to certify which, witness my hand and seal of office.

Emily Notzon
Signature of officer administering

Emily Wilson
Printed name of officer administer

title of officer, a

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 _____.

Signature of Candidate/Officeholder /Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME PAXTON E MOTHERAL	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,768.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 242.50
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. 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: 3
2 FILER NAME PAXTON E MOTHERAL			3 Filer ID (Ethics Commission Filers)
4 Date 11/01/2025	5 Full name of contributor MINY ELLMER	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 250.00
	6 Contributor address; 200 CONGRESS AVE, SUITE 40FF	City; STATE; Zip Code AUSTIN TX 78701	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/19/2025	Full name of contributor AMAR TANNA	out-of-state PAC (ID# _____)	Amount of contribution (\$) 250.00
	Contributor address; 6208 FOREST HIGHLANDS DR	City; STATE; Zip Code FORT WORTH TX 76132	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/19/2025	Full name of contributor CHAD KEY	out-of-state PAC (ID# _____)	Amount of contribution (\$) 500.00
	Contributor address; 1450 CLAIRBORNE LN	City; STATE; Zip Code ALEDO TX 76008	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/20/2025	Full name of contributor MORGAN KOSTOHRYZ	out-of-state PAC (ID# _____)	Amount of contribution (\$) 150.00
	Contributor address; 1512 THOMAS PL	City; STATE; Zip Code FORT WORTH TX 76107	
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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 3
2 FILER NAME PAXTON E MOTHERAL			3 Filer ID (Ethics Commission Filers)
4 Date 11/20/2025	5 Full name of contributor JOEL HEYDENBURK	out-of-state PAC (ID#: )	7 Amount of contribution (\$) 500.00
6 Contributor address; 2200 PEMBROKE DR FORT WORTH TX 76110		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/21/2025	Full name of contributor TYLER WALLACH	out-of-state PAC (ID# )	Amount of contribution (\$) 50.00
Contributor address; 4328 LANARK AVE FORT WORTH TX 76109		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/01/2025	Full name of contributor THEO THOMPSON	out-of-state PAC (ID# )	Amount of contribution (\$) 500.00
Contributor address; 4140 SHADOW DRIVE FORT WORTH TX 76116		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/01/2025	Full name of contributor GREG MORSE	out-of-state PAC (ID# )	Amount of contribution (\$) 1,000.00
Contributor address; 500 MAIN STREET, STE 100 FORT WORTH TX 76102		City; State; Zip Code	
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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 3
2 FILER NAME PAXTON E MOTHERAL			3 Filer ID (Ethics Commission Filers)
4 Date 12/02/2025	5 Full name of contributor JONATHAN CRANZ	out-of-state PAC (ID# _____)	7 Amount of contribution (\$)
	6 Contributor address; 3928 MODLIN AVE FORT WORTH TX 76107	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 12/30/2025	Full name of contributor COALITION FOR THE FORT PAC	out-of-state PAC (ID# _____)	Amount of contribution (\$) 13,318.00
Contributor address; P.O. BOX 101652 FORT WORTH TX 76185		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
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.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME PAXTON E MOTHERAL	3 Filer ID (Ethics Commission Filers)	
4 Date 11/11/2025	5 Payee name ANEDOT		
6 Amount (\$) 10.30	7 Payee address; 1340 POYDRAS STREET, #1770 Check if individual's residence address.	City; State; Zip Code NEW ORLEANS LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description CREDIT CARD PROCESSING FEE	
	(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 11/19/2025	Payee name ANEDOT		
Amount (\$) 30.60	Payee address; 1340 POYDRAS STREET, #1770 Check if individual's residence address.	City; State; Zip Code NEW ORLEANS LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description CREDIT CARD PROCESSING FEE	
	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
Date 11/21/2025	Payee name ANEDOT		
Amount (\$) 28.90	Payee address; 1340 POYDRAS STREET, #1770 Check if individual's residence address.	City; State; Zip Code NEW ORLEANS LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description CREDIT CARD PROCESSING FEE	
	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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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1 Total pages Schedule F1: 4	2 FILER NAME PAXTON E MOTHERAL	3 Filer ID (Ethics Commission Filers)	
4 Date 12/02/2025	5 Payee name ANEDOT		
6 Amount (\$) 10.30	7 Payee address; 1340 POYDRAS STREET, #1770 <small>Check if individual's residence address.</small>	City; NEW ORLEANS State; LA Zip Code 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description CREDIT CARD PROCESSING FEE	
	(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 07/07/2025	Payee name GOOGLE, LLC		
Amount (\$) 23.03	Payee address; 1600 AMPHITHEATRE PKWY <small>Check if individual's residence address.</small>	City; MOUNTAIN VIEW State; CA Zip Code 94043	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description EMAIL	
	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
Date 08/05/2025	Payee name GOOGLE		
Amount (\$) 26.81	Payee address; 1600 AMPHITHEATRE PKWY <small>Check if individual's residence address.</small>	City; MOUNTAIN VIEW State; CA Zip Code 94043	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description EMAIL	
	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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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1 Total pages Schedule F1: 4	2 FILER NAME PAXTON E MOTHERAL	3 Filer ID (Ethics Commission Filers)		
4 Date 09/05/2025	5 Payee name GOOGLE, LLC			
6 Amount (\$) 28.14	7 Payee address; 1600 AMPHITHEATRE PKWY Check if individual's residence address.	City; MOUNTAIN VIEW	State; CA	Zip Code 94043
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description EMAIL		
	(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 10/06/2025	Payee name GOOGLE, LLC			
Amount (\$) 28.14	Payee address; 1600 AMPHITHEATRE PKWY Check if individual's residence address.	City; MOUNTAIN VIEW	State; CA	Zip Code 94043
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description EMAIL		
	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	
Date 11/05/2025	Payee name GOOGLE			
Amount (\$) 28.14	Payee address; 1600 AMPHITHEATRE PKWY Check if individual's residence address.	City; MOUNTAIN VIEW	State; CA	Zip Code 94043
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description EMAIL		
	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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME PAXTON E MOTHERAL	3 Filer ID (Ethics Commission Filers)	
4 Date 12/05/2025	5 Payee name GOOGLE, LLC		
6 Amount (\$) 28.14	7 Payee address; 1600 AMPHITHEATRE PKWY Check if individual's residence address.	City; MOUNTAIN VIEW State; CA Zip Code 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description EMAIL	
	(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; Check if individual's residence address.	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; Check if individual's residence address.	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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