


# 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: 27
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <b>Mr. Paxton</b> NICKNAME      LAST      SUFFIX <b>Motheral</b>		<b>OFFICE USE ONLY</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">  </div> Date Received Date Hand-delivered or Date Postmarked Receipt #      Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>1410 Washington Terrace      Fort Worth TX 76107</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>( 817 )      312-0231</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <b>Mr. Leonard</b> NICKNAME      LAST      SUFFIX <b>Firestone</b>		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>3905 Monticello      Fort Worth TX 76107</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(817 )      269-3007</b>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>1 / 21 / 2021      THROUGH      06 / 29 / 2021</b>		
11 ELECTION	ELECTION DATE      ELECTION TYPE Month      Day      Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <b>05 / 01 / 2021</b> <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <b>Fort Worth City Council District 7</b>
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

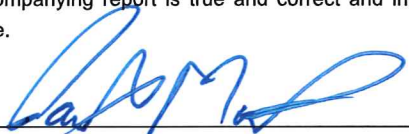
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>15 C/OH NAME</b> Paxton Motheral		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 39373.84
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 93.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 39979.46
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	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.

  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

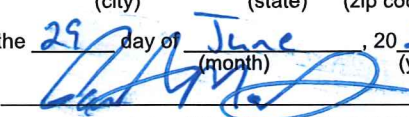
NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Paxton Motheral, and my date of birth is 7/29/1983.  
My address is 1410 Washington Terr., Fort Worth, TX, 76107, USA.  
(street) (city) (state) (zip code) (country)  
Executed in Tarrant County, State of Texas, on the 29 day of June, 20 21.  
(month) (year)  
  
Signature of Candidate/Officeholder (Declarant)

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

<b>19 FILER NAME</b> Leonard Firestone		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 39373.84
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 39373.84
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 605.62
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

**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: 11
2 FILER NAME  Paxton Motheral		3 Filer ID (Ethics Commission Filers)
4 Date 1/29/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford Barnes 6 Contributor address; City; State; Zip Code 4450 Harley Ave Fort Worth TX 76107	7 Amount of contribution (\$) 1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thei Thompson Contributor address; City; State; Zip Code 6816 Dwight Fort Worth TX 76116	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim & Eva Motheral Contributor address; City; State; Zip Code 4416 Overton Crest Fort Worth TX 76109	Amount of contribution (\$) 10000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete & Beckie Geren Contributor address; City; State; Zip Code 1200 Washington Terrace Fort Worth TX 76107	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 11
2 FILER NAME  Paxton Motheral		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlie Geren Campaign 6 Contributor address; City; State; Zip Code 2101 Ashland Fort Worth TX 76107	7 Amount of contribution (\$) 1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David & Rachel Pettit Contributor address; City; State; Zip Code 1201 Clover Fort Worth TX 76107	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Barr Contributor address; City; State; Zip Code 3101 Avondale Fort Worth TX 76109	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Lacy Contributor address; City; State; Zip Code 5204 Wintergrass Ln Fort Worth TX 76109	Amount of contribution (\$) 1000
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: 11
2 FILER NAME  Paxton Motheral		3 Filer ID (Ethics Commission Filers)
4 Date 2/6/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan Browning 6 Contributor address; City; State; Zip Code 4208 Potomac Avenue Dallas TX 75205	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Lombardi Contributor address; City; State; Zip Code 3800 Lenox Dr Fort Worth TX 76107	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rob Schumacher Contributor address; City; State; Zip Code 2004 Saint Charles Place Fort Worth TX 76107	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph & Claire Berkes Contributor address; City; State; Zip Code 6263 Halifax Fort Worth TX 76116	Amount of contribution (\$) 2500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.**

**2 FILER NAME**

3 Filer ID (Ethics Commission Filers)

**9 Employer (See Instructions)**

Employer (See Instructions)

Employer (See Instructions)

Employer (See Instructions)

**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: 11
2 FILER NAME  Paxton Motheral		3 Filer ID (Ethics Commission Filers)
4 Date 2/7/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory Scheideman	7 Amount of contribution (\$) 500
6 Contributor address; City; State; Zip Code 1313 Washington Terrace Fort Worth TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Dike	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code 209 Summersby Lane Fort Worth TX 76114		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willard Kelly	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code 107 N. Rivercrest Dr Fort Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Deen	Amount of contribution (\$) 110
Contributor address; City; State; Zip Code 813 E Northside Dr 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**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: 11
2 FILER NAME  Paxton Motheral		3 Filer ID (Ethics Commission Filers)
4 Date 2/8/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amar Tanna 6 Contributor address; City; State; Zip Code 201 Main St #3200 Fort Worth TX 76102	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Webb Contributor address; City; State; Zip Code 4955 Riverbend Court Fort Worth TX 76109	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Concho Minick Contributor address; City; State; Zip Code 3667 Monticello Dr Fort Worth TX 76107	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trent Prim Contributor address; City; State; Zip Code 252 Roberts Cut Off Fort Worth TX 76107	Amount of contribution (\$) 500
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 A1

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$) 500

8 Principal occupation / Job title (See Instructions)

Amount of contribution (\$) 1000

Principal occupation / Job title (See Instructions)

Amount of contribution (\$)	
200	

Principal occupation / Job title (See Instructions)

Amount of contribution (\$) 25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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: 11
2 FILER NAME  Paxton Motheral		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Poteet 6 Contributor address; City; State; Zip Code 4532 Elm River Ct. Fort Worth TX 76116	7 Amount of contribution (\$) 1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Galbreath Contributor address; City; State; Zip Code 11717 Cambria Court Aledo TX 76008	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Ray Contributor address; City; State; Zip Code 5914 El Campo Ave Fort Worth TX 76107	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Purvis Contributor address; City; State; Zip Code 5301 Byers Avenue Fort Worth TX 76107	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 11
2 FILER NAME <b>Paxton Motheral</b>		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edwin Ryan</b> 6 Contributor address; City; State; Zip Code <b>5401 Benbridge Dr Fort Worth TX 76107</b>	7 Amount of contribution (\$) <b>500</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Motheral</b> Contributor address; City; State; Zip Code <b>2333 Winton Terrace West Fort Worth TX 76109</b>	Amount of contribution (\$) <b>500</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WA Landreth</b> Contributor address; City; State; Zip Code <b>913 Hillcrest St Fort Worth TX 76107</b>	Amount of contribution (\$) <b>250</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Houston Simmons</b> Contributor address; City; State; Zip Code <b>424 Virginia Place Fort Worth TX 76107</b>	Amount of contribution (\$) <b>250</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 11
2 FILER NAME  Paxton Motheral		3 Filer ID (Ethics Commission Filers)  1
4 Date 2/23/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim & Eva Motheral 6 Contributor address; City; State; Zip Code 4416 Overton Crest Fort Worth TX 76109	7 Amount of contribution (\$)  1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig & Kate Barbolla Contributor address; City; State; Zip Code 3508 Overton View Fort Worth TX 76109	Amount of contribution (\$)  1500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill & Pati Meadows Contributor address; City; State; Zip Code 121 Rivercrest Fort Worth TX 76107	Amount of contribution (\$)  500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Diane Wright Contributor address; City; State; Zip Code 4008 Hildring Dr E Fort Worth TX 76109	Amount of contribution (\$)  500
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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>11</b>
<b>2</b> FILER NAME <p style="text-align: center; font-size: 1.2em;">Paxton Motheral</p>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <p style="text-align: center;">2/23/2021</p>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center; font-size: 1.2em;">Fred &amp; Stephanie Spradley</p> <hr/> <b>6</b> Contributor address; City; State; Zip Code <p style="text-align: center;">4008 Bent Elm Fort Worth TX 76109</p>	<b>7</b> Amount of contribution (\$) <p style="text-align: center; font-size: 1.2em;">250</p>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date <p style="text-align: center;">2/23/2021</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center; font-size: 1.2em;">Fred Rabalais</p> <hr/> Contributor address; City; State; Zip Code <p style="text-align: center;">1419 Washington Terrace Fort Worth TX 76107</p>	Amount of contribution (\$) <p style="text-align: center; font-size: 1.2em;">200</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">3/1/2021</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center; font-size: 1.2em;">Paxton Motheral</p> <hr/> Contributor address; City; State; Zip Code <p style="text-align: center;">1410 Washington Terrace Fort Worth TX 76107</p>	Amount of contribution (\$) <p style="text-align: center; font-size: 1.2em;">2988.84</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME Paxton Motheral		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 1/29/2021		<b>5</b> Payee name Raise The Money			
<b>6</b> Amount (\$) 49.25		<b>7</b> Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fundraising Expense		<b>(b)</b> Description Fees		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 1/30/2021		<b>Payee name</b> Raise The Money			
<b>Amount (\$)</b> 24.75		<b>Payee address; City; State; Zip Code</b> PO Box 26466 Little Rock AR 72221			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fundraising Expense		<b>Description</b> 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	
<b>Date</b> 2/6/2021		<b>Payee name</b> Raise The Money			
<b>Amount (\$)</b> 318.05		<b>Payee address; City; State; Zip Code</b> PO Box 26466 Little Rock AR 72221			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fundraising Expense		<b>Description</b> 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**

# 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.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME Paxton Motheral		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 2/7/2021		<b>5</b> Payee name Raise The Money			
<b>6</b> Amount (\$) 270		<b>7</b> Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fundraising Expense		<b>(b)</b> Description Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
<b>Date</b> 2/8/2021		<b>Payee name</b> Raise The Money			
<b>Amount (\$)</b> 159.54		<b>Payee address; City; State; Zip Code</b> PO Box 26466 Little Rock AR 72221			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fundraising Expense		<b>Description</b> Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Office sought Office held					
<b>Date</b> 2/9/2021		<b>Payee name</b> Raise The Money			
<b>Amount (\$)</b> 11.52		<b>Payee address; City; State; Zip Code</b> PO Box 26466 Little Rock AR 72221			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fundraising Expense		<b>Description</b> Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b> 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  
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.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME Paxton Motheral		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 2/10/2021		<b>5</b> Payee name Raise The Money			
<b>6</b> Amount (\$) 66.90		<b>7</b> Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fundraising Expense		<b>(b)</b> Description Fees		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/11/2021		Payee name Raise The Money			
Amount (\$) 37.25		Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description 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
Date 2/12/2021		Payee name Raise The Money			
Amount (\$) 49.75		Payee address; City; State; Zip Code PO Box 26466 Little Rock AR 72221			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description 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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## 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.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME Paxton Motheral		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 2/21/2021		<b>5</b> Payee name The Eppstein Group			
<b>6</b> Amount (\$) 7500		<b>7</b> Payee address; City; State; Zip Code 2830 S Hulen #361 Fort Worth TX 76109			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting		<b>(b)</b> Description Consulting		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check If Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 2/23/2021		Payee name USPS			
Amount (\$) 13.20		Payee address; City; State; Zip Code 3101 W 6th Fort Worth TX 76107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage		Description Postage		
	<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 2/25/2021		Payee name The Eppstein Group			
Amount (\$) 5185		Payee address; City; State; Zip Code 2830 S Hulen #361 Fort Worth TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Web & Creative services		
	<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					

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 10	<b>2</b> FILER NAME Paxton Motheral	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/25/2021	<b>5</b> Payee name The Eppstein Group	
<b>6</b> Amount (\$) 3339.51	<b>7</b> Payee address; City; State; Zip Code 2830 S Hulen #361 Fort Worth TX 76109	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
<b>Date</b> 3/21/2021	<b>Payee name</b> Leonard Firestone Campaign	
<b>Amount (\$)</b> 10000	<b>Payee address; City; State; Zip Code</b> PO Box 471121 Fort Worth TX 76147	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contribution By Candidate	Description Campaign Contribution
	<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	
<b>Date</b> 3/22/2021	<b>Payee name</b> J Brooks	
<b>Amount (\$)</b> 5000	<b>Payee address; City; State; Zip Code</b> 2308 Winton Terrace West Fort Worth TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Refund Contribution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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: 10		2 FILER NAME Paxton Motheral		3 Filer ID (Ethics Commission Filers)	
4 Date 3/22/2021		5 Payee name Craig Barbolla			
6 Amount (\$) 1500		7 Payee address; 3508 Overton View Fort Worth TX 76109 City: State: Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Refund Contribution		
	(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 3/22/2021		Payee name Thomas Lacy			
Amount (\$) 700		Payee address; 5204 Wintergrass Ln Fort Worth TX 76109 City: State: Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other		Description Refund Contribution		
	<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 3/22/2021		Payee name Bill Poteet			
Amount (\$) 1000		Payee address; 4532 Elm River Ct. Fort Worth TX 76116 City: State: Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other		Description Refund Contribution		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## 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.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME Paxton Motheral		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/22/2021		<b>5</b> Payee name Steve Lombardi			
<b>6</b> Amount (\$) 500		<b>7</b> Payee address; City; State; Zip Code 3800 Lenox Dr Fort Worth TX 76107			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other		<b>(b)</b> Description Refund Contribution		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 3/22/2021		Payee name Win Ryan			
Amount (\$) 500		Payee address; City; State; Zip Code 5401 Benbridge Dr. Fort Worth TX 76107			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other		Description Refund Contribution		
	<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 3/22/2021		Payee name Reagan Browning			
Amount (\$) 250		Payee address; City; State; Zip Code 4208 Potomac Avenue Dallas TX 75205			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other		Description Refund Contribution		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## 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.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME Paxton Motheral		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/22/2021		<b>5</b> Payee name Tom Galbreath			
<b>6</b> Amount (\$) 250		<b>7</b> Payee address; City; State; Zip Code 11717 Cambria Court Aledo TX 76008			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other		<b>(b)</b> Description Refund Contribution		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 3/22/2021		Payee name Fred Spradley			
Amount (\$) 250		Payee address; City; State; Zip Code 4008 Bent Elm Fort Worth TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Refund Contribution		
	<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 3/22/2021		Payee name Kenneth Barr			
Amount (\$) 200		Payee address; City; State; Zip Code 3101 Avondale Fort Worth TX 76109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Refund Contribution		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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# 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.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME Paxton Motheral		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/22/2021		<b>5</b> Payee name Fred Rabalais			
<b>6</b> Amount (\$) 200		<b>7</b> Payee address; City; State; Zip Code 1419 Washington Terrace Fort Worth TX 76107			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other		<b>(b)</b> Description Refund Contribution		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/22/2021		Payee name Ken Schaefer			
Amount (\$) 200		Payee address; City; State; Zip Code 2705 Manorwood Trail Fort Worth TX 76109			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other		Description Refund Contribution		
	<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 3/22/2021		Payee name Paul Ray			
Amount (\$) 100		Payee address; City; State; Zip Code 5914 EL CAMPO AVE Fort Worth TX 76107			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other		Description Refund Contribution		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME Paxton Motheral		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/22/2021		<b>5</b> Payee name Greg Scheideman			
<b>6</b> Amount (\$) 500		<b>7</b> Payee address; City; State; Zip Code 1313 Washington Terrace Fort Worth TX 76107			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other		<b>(b)</b> Description Refund Contribution		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date Payee name 6/20/2021 Paxton Motheral					
Amount (\$) Payee address; City; State; Zip Code 605.62 1410 Washington Terrace Fort Worth TX 76107					
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Reimbursement		Description Repay Sch G Pol Expenditures from Personal Funds		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date Payee name 3/24/2021 Trent Prim					
Amount (\$) Payee address; City; State; Zip Code 500.00 252 Roberts Cut Off Fort Worth TX 76107					
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other		Description Refund Contribution		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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# 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Paxton Motheral	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/29/21	<b>5</b> Payee name City Secretary	
<b>6</b> Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 200 Texas Street Fort Worth TX 76102	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description Filing Fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description PO Box rental
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Paxton Motheral		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/25/21	<b>5</b> Payee name GoDaddy		
<b>6</b> Amount (\$) 208.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 14455 Hayden Road Scottsdale AZ 85260		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Web Expenses
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 1/21/21	Payee name USPS		
Amount (\$) 288.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3101 W 6th St Fort Worth TX 76107		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other		Description PO Box rental
	<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 1/28/21	Payee name Press Cafe		
Amount (\$) 9.08 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4801 Edwards Ranch Rd #105 Fort Worth TX 76109		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/beverage expense		Description Campaign meeting
	<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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

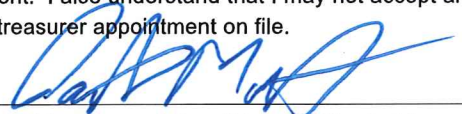
1 C/OH NAME

Paxton Motheral

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

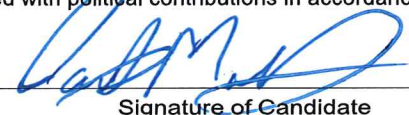
☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder