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: 4 4			ed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MR	FIRST PAXTON		E	OFFICE	USE ONLY	
NAME	NICKNAME	LAST	SUFFIX	Date Received			
	ADDRESS / PO BOX; P.O. BOX 471421 APT / SUITE #; CITY; STATE; ZIP CODE FORT WORTH TX 76147				Received by Kelly		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS					Harper on July 9, 2024 at 10:15am.		
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	area code (817)	PHONE NUMBER	EXTE	NSION		or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$	
TREASURER NAME	MRS.	MARTHA		V	Date Processed		
		NICKNAME LAST SUFFIX			Date Imaged		
	MARTY	LEONARD			07475	710 0005	
7 CAMPAIGN TREASURER	STREET ADDRESS (I	NO PO BOX PLEASE); APT / SU	JITE #; C	ITY:	STATE;	ZIP CODE	
ADDRESS							
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTE	NSION			
9 REPORT TYPE					hanna an		
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after cam treasurer appointm (Officeholder Only)					ppointment	
	July 15	8th day before ele		Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	r	
0011111	01 / 01 / 24 THROUGH 06 / 30 / 24						
11 ELECTION	ELECTION DA	те		ELECTION TYPE			
	Month Day Year Primary Runoff Other Description						
	General Special						
12 OFFICE	OFFICE HELD (if any)		13 OFFI	CE SOUGHT (if know	n)		
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	S			
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	^{\$} 518.67			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD				
Please complete either option below:					
(1) Affidavit	Notary Public, State of Texas Comm. Expires 08-05-2028 Notary ID 130766642				
NOTARY STAMP/SEA	The by <u>Payton E, Motheval</u> this the which, witness my hand and seal of office. <u>Emily Dotson</u> Printed name of officer administering path				
Sworn to and subscribed	before me by Payton E, Motheral this the	Bth day of July,			
20 <u>74</u> , to certify	which, witness my hand and seal of office.	11 to making			
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath			
Place and the second	OR	Constant of the South of the			
(2) Unsworn Declarat	ion				
My name is	, and my date of birth	s			
		[]			
	()	(state) (zip code) (country)			
Executed in	County, State of, on the day of (mon	th), 20			
		lidate/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)			
	PAXTON E MOTHERAL				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11a	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

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 Candidate/Officeholder/Politi Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)			
1 Total pages Schedule G:	ages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
1	PAXTON E MOTHERAL						
4 Date	5 Payee name						
02/15/2024	UNITED STATES POST OFFICE						
6 Amount (\$) \$400.00 Reimbursement from political contributions intended					Zip Code 76107		
8	(a) Category (See Categories listed at the top of this schedule) (b) Description						
PURPOSE OF	FEES PO BOX						
EXPENDITURE		Ohen half the set of Tanana Commented & Co	hedule T		TV officeholder living over		
	(c)	Check if travel outside of Texas, Complete Sc	nedule I.			X, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
Date	Payee na	me					
01/26/2024							
Amount (\$) \$118.67 Reimbursement from political contributions intended	Payee address; 2155 E GODADDY WAY		city; TEMPE	State; ARIZONA	Zip Code 85284		
	Categor	y (See Categories listed at the top of this :	schedule)	Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE WEE			WEBSITE HO	BSITE HOSTING		
	Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			pense			
	Candidate / Officeholder name		Office sought Office held		Office held		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH							
Date	Payee na	ame					
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 Iravel outside of Texas, Complete S	chedule T.	Check if Auslin	n, TX, officeholder living ex	pense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Condidate / Officeholder name Office sought Office held						Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

Forms provided by Texas Ethics Commission