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		2 Total pages filed: 5		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR		мі Е	10110-2-1-1		USE ONLY	
NAME	NICKNAME	LAST MOTHERAL	<	Date Received	Filie		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 471421 FORT WORTH TX 76147				Garcia on 1/13/25 at 10:59 AM.		
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION		Deter Use d dellares d	Dete Destrocked	
OFFICEHOLDER PHONE	(817)	731-7396			Date Hand-delivered Receipt #	Amount \$	
6 CAMPAIGN TREASURER NAME	ms / mrs / mr MRS.	^{first} MARTHA	V.		Dale Processed		
	NICKNAME	LAST	SUFFIX	×	Date Imaged		
	MARTY	LEONARD					
7 CAMPAIGN	STREET ADDRESS (N	IO PO BOX PLEASE); APT / S	UITE #; CITY;	5	STATE;	ZIP CODE	
TREASURER ADDRESS							
(Residence or Business)							
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION				
TREASURER PHONE							
9 REPORT TYPE	January 15	30lh day before e	election Runoff		15th day aff treasurer ap (Officeholde		
	July 15	8th day before ele	ection Exceeded Mo Reporting Lim			t (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year		Month	Day Year		
COVERED	07	01 / 24	THROUGH	12 /	31 / 24		
11 ELECTION	ELECTION DAT	E	ELECTIO	ON TYPE			
	Month Day	Year Primary	Runoff Othe	er cription			
	/ /	General					
			40	011	\ \		
12 OFFICE	OFFICE HELD (if any)	D OF DIRECTORS	13 OFFICE SOUGHT	(IT KNOWN)		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDI S MAY HAVE BEEN MADE WITHOUT IRED TO REPORT THIS INFORMATION	THE CANL	DIDATE'S OR OFFICEHOU	DER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TR	EASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS						
	1	GOTO	PAGE 2				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME PAXTON E MOT		16 Filer 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)	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	^{\$} 180.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	* THE \$			
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information			
	- Lay 21	Well-			
	Signature of Ca	ndidate or Officeholder			
	Please complete either option below	<i>/</i> :			
(1) Affidavit EMILY DOTSON Notary Public, State of Texas Comm. Expires 08-05-2028 Notary ID 130766642					
NOTARY STAMP/SEA					
Sworn to and subscribed	before me by Paxton E. Motheral this the	13th day of danuary			
	which, witness my hand and seal of office.	5			
Signature of ficer administer		Notary Public Title of officer administering oath			
Signature or micer administe	OR				
(2) Unsworn Declarati					
My name is	, and my date of birth is	·			
My address is		······································			
		state) (zip code) (country)			
Executed in	County, State of, on the day of (month	h) (year)			
	Signature of Candi	date/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

20	Filer	ID	(Ethics	Commission	Filers)
20	1 1101		(Lunca	Commission	r nors/

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLIT	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY	(IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRI	BUTIONS		\$
4. SCHEDULE E: LOANS			\$
5. SCHEDULE F1: POLITICAL EXPE	ENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	^{\$} 180.00
6. SCHEDULE F2: UNPAID INCURRE	ED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF	NVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES	MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPE	NDITURES MADE FROM PERSONAL FUND	os	\$
10. SCHEDULE H: PAYMENT MADE	FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EX	PENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CRED TO FILER	ITS, GAINS, REFUNDS, AND CONTRIBUTI	ONS RETURNED	\$

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/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel In District Travel Out Of Distri	pment & Related Expense		
1 Total pages Schedule F1: 2	2 FILER NAME PAXTON E MOTHERAL		3 Filer ID (Ethic	cs Commission Filers)		
4 Date 07/31/2024	5 Payee name FROST BANK					
6 Amount (\$) \$30.00	7 Payee address: 640 TAYLOR ST #2400	City; FORT WORTI	State; H TX	Zip Code 76102		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this ACCOUNTING/BANKING	schedule) (b) Description SERVICE/BAN	K FEE			
	(c) Check if travel outside of Texas, Complete S	chedule T, Check if Aust	in, TX, officeholder livir	ng expense		
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office			Office held			
Date	Payee name					
08/30/24	FROST BANK					
Amount (\$) \$30.00	Payee address; 640 TAYLOR ST #2400	city; FORT WORTI	State; H TX	^{Zip Code} 76102		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this t ACCOUNTING/BANKING	Schedule) Description SERVICE/BAN	K FEE			
	Check if travel outside of Texas. Complete S	chedule T. Check if Aust	in, TX, officeholder livi	ng expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
09/30/24	FROST BANK					
Amount (\$) \$30.00	Payee address;	City;	State;	Zip Code		
	640 TAYLOR ST #2400	FORT WORT	тн тх	76102		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this ACCOUNTING/BANKING	schedule) Description SERVICE/BAN	NK FEE			
	Check if travel outside of Texas, Complete S	Schedule T. Check if Aust	tin, TX, officeholder livi	X, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED			

Forms provided by Texas Ethics Commission

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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Sift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		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 F1: 2		AME N E MOTHERAL			3 Filer ID (E	thics Commission Filers)		
4 Date 10/31/24	5 Payee na FROST							
6 Amount (\$) \$30.00	7 Payee ad 640 TAY	^{Idress;} LOR ST #2400		city; FORT WORT	State; H TX	•		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description ACCOUNTING/BANKING SERVICE/BANKING				IK FEE			
	(c)	Check if travel outside of Texas, Complete S	Schedule T.	Check if Aust	stin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held		
Date 11/29/24	Payee na FROST							
Amount (\$) \$30.00	Payee at 640 TA	ddress; YLOR ST #2400		City; FORT WORTH	State TX	zip Code 76102		
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this NTING/BANKING	schedule)	Description SERVICE/BAN	IK FEE			
		Check if travel outside of Texas, Complete S	Schedule T.	Check if Aust	in, TX, officeholder	living expense		
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			
Date	Payee n	ame						
12/31/24	FROST BANK							
Amount (\$) \$30.00	Payee a	ddress		City;	State	; Zip Code		
	640 TAY	LOR ST #2400		FORT WORT	гн тх	76102		
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this NTING/BANKING	schedule)	Description SERVICE/BANK F	EE			
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense		living expense	_	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								