CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00081932		2 Total pages	filed: 79
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER	The Honorable	Angela			OFFICE	
NAME		Aligeia			Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023	
	-	Paxton				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	d or Date Postmarked
OFFICEHOLDER MAILING	5613 S. Woodcreek Circle					
ADDRESS					Receipt #	Amount
Change of Address	McKinney, TX 75071					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Dean				
NAME						
	NICKNAME	LAST		SUFFIX		
		Kennedy				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	/ SUITE #; CITY;	S	TATE; ZIP CODE
TREASURER	5601 Granite Parkway					
ADDRESS	Suite 800					
(Residence or Business)						
	Plano, TX 75024					
7 CAMPAIGN	AREA CODE PHON	E NUMBER				
TREASURER		E NUMBER I	EXTENSION			
PHONE	(972) 701-9106					
8 REPORT TYPE		-	_	_		
TIPE	January 15	30th day before	e election	Runoff		campaign treasurer ifficeholder only)
	X July 15	8th day before		Exceeded modified	•	ttach C/OH-FR)
				reporting limit		
	Marstle Davis Marst			Marstle Davi	Maar	
9 PERIOD COVERED	Month Day Year	-		Month Day	Year	
OOVERED	01/01/2023	11	IROUGH	06/30/2023	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	F	Primary	Runoff	Other	
			Seneral	Special		
44.055105					~~ ~	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(If known)	
	State Senator District 8 Co	ollin				
	1					
		~~~				
		GO	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	S	Vers	sion V3.5.1.a18ea2ca

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 79

13 C / OH NAME	Paxton, Angela (The	Honorable)	14 Filer ID ( 00081932	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
<b>16</b> CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		<b>\$</b> 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 194,513.36
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		<b>\$</b> 2,440.66
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 58,344.25
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LI RIOD	AST DAY OF THE	<b>\$</b> 1,207,097.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 1,200,000.00
17 AFFIDAVIT	-			
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hone	orable Angela Paxto	n
			Candidate or Officehol	
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of offic	cer administering	Printed name of officer administering	Title of office	administering oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca

S	UBT	OTALS - C/OH		COVE	FORM C/OH R SHEET PG 3 3 of 79
-	ER NAN xton, A	//E ngela (The Honorable)	19 Filer ID 0008193		s Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	194,513.36
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	55,903.59
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,440.66
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	646.25

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	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/16 Rpt: 4/79	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
		ela (The Honorable)				00081932	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/30/2023	Adams, Carol					\$10,000.00
		6 Contributor address; City; St			1		
		Dallas, TX 75225					
8		pation / Job title (See Instructions	)	9 Employer (See Instructions	5)		
	Energy			Self			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	06/29/2023	Adams, Carol					\$20,000.00
		Contributor address; City; St			1		
		Dallas, TX 75225					
	•	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Energy			Self			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	06/29/2023	Albers, John					\$500.00
		Contributor address; City; St	ate; Zip Code				
		Makingay TX 75072					
┝	Drineinel eeu	McKinney, TX 75072	\ \	Frankryer (Cas Instructions			
	CEO	pation / Job title (See Instructions	)	Employer (See Instructions Albers Aerospace	5)		
		r			_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	06/30/2023						\$50.00
		Contributor address; City; St	ate; Zip Code				
		Plano, TX 75023					
⊢	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u>		
	Retired		)	Retired	>)		
╞				ricurcu	-		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	¢2 500 00
	06/27/2023	Andro, Richard					\$2,500.00
		Contributor address; City; St	ate; Zip Code				
		Rowlett, TX 75088					
⊢	Princinal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u> ເ)		
	President		7	Refund Advisory Corp	~)		
⊢	. 10010011						

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/16 Rpt: 5/79
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
[		ela (The Honorable)		00081932
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	06/30/2023	Anwar, Javaid		\$10,000.00
		6 Contributor address; City; State; Zip Code		
		Midland, TX 79701		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	CEO		Midland Energy, Inc.	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/30/2023	Bales, Leslie		\$100.00
		Contributor address; City; State; Zip Code		
		The Colony, TX 75056		
	-	pation / Job title (See Instructions)	Employer (See Instructions	
	Teacher		Legacy Christian Acade	my
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/29/2023	Bartek, Douglas		\$500.00
		Contributor address; City; State; Zip Code		
		The Colony, TX 75056		
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)
	CEO		Tango Networks	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/30/2023	Bennett, Bruce		\$25.00
		Contributor address; City; State; Zip Code		
		Plano, TX 75024		
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Retired		Retired	
	Date	Full name of contributor Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	06/30/2023	Blackwell, Christy		\$50.00
		Contributor address; City; State; Zip Code		
		Gordon, TX 76453		
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Sales		Self	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 3/16 Rpt: 6/79
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Paxton, Ang	ela (The Honorable)		00081932
4 Date 06/29/2023	5 Full name of contributor out-of-state PAC (ID#: Blake, Gary	)	7 Amount of Contribution (\$) \$10,000.00
	6 Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76109		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
President/CE	ΞΟ	Creative Solutions in He	althcare
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/30/2023	Boyd, Ron		\$20.00
	Contributor address; City; State; Zip Code		1
	Allen, TX 75002	<u>.</u>	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/27/2023	Brumbaugh, Kay Lynn		\$500.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75220	-	
	pation / Job title (See Instructions)	Employer (See Instructions	
Attorney		London Stock Exchange	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/30/2023	Callaghan, Deborah		\$100.00
	Contributor address; City; State; Zip Code		]
	Plano, TX 75093		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Executive As	ssistant	Redwood Phillips Partne	ership, LTD
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/30/2023	Canright, Robert		\$50.00
	Contributor address; City; State; Zip Code		1
	Plano, TX 75025		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Engineer		L3Harris	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 4/16 Rpt: 7/79
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Paxton, Angela (The Honorable)	00081932
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/30/2023 Catherine Taylor 2016 Rev Family Trust	\$1,000.00
6 Contributor address; City; State; Zip Code	
Dallas, TX 75209	
<ul><li>8 Principal occupation / Job title (See Instructions)</li><li>9 Employer (See Instructions)</li></ul>	)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/30/2023 Connor, Ellen	\$25.00
Contributor address; City; State; Zip Code	
Plano, TX 75075	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Retired Retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/30/2023 Daley, Carol	\$150.00
Contributor address; City; State; Zip Code	
Arlington, TX 76005	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Rental Management Self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/28/2023 Davenport, Lynda	\$100.00
Contributor address; City; State; Zip Code	
Plano, TX 75075	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Retired Retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/28/2023 Deason, Darwin	\$20,000.00
Contributor address; City; State; Zip Code	
Dallas, TX 75219	
Dallas, TX 75219       Principal occupation / Job title (See Instructions)     Employer (See Instructions)	)

	The Instru	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 5/16 Rpt: 8/79	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Paxton, Ang	ela (The Honorable)			00081932	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/28/2023	Deason, Doug				\$10,000.00
	l	6 Contributor address; City; State; Zip Code		·		
	I					
	I					
		Dallas, TX 75229				
		pation / Job title (See Instructions)	9 Employer (See Instructions			
	President		Deason Capital Services	s		
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	06/19/2023 Dorsey, William					\$25.00
		Contributor address; City; State; Zip Code		"		
	I					
	l					
		Frisco, TX 75036				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Teacher	1	Legacy Christian Acade	emy		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/30/2023	Dubner, Ronald				\$50.00
	l	Contributor address; City; State; Zip Code		·		
	I					
	l					
	I	Plano, TX 75093				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Attorney	!	Self			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/25/2023	Elswick, Roger				\$6,000.00
		Contributor address; City; State; Zip Code		"		
	l					
	l					
		Houston, TX 77068				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Dealer		Community Toyota Hone	ıda I	<ia< td=""><td></td></ia<>	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	06/30/2023	Family Empowerment Coalition PAC				\$10,000.00
		Contributor address; City; State; Zip Code		"		
	I	1				
	I	1				
		Austin, TX 78734				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
		1				

	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 6/16 Rpt: 9/79	
2	FILER NAME				3	Filer ID (Ethics Commiss	ion Filers)
		ela (The Honorable)				00081932	,
4	Date	5 Full name of contributor out-of-state PA	C (ID#:	)	7	Amount of Contribution (\$)	
	06/30/2023	Fisher, Kenneth					\$5,000.00
		6 Contributor address; City; State; Zip Code					
	Dringinglassy	Plano, TX 75093					
8	Executive Cl	pation / Job title (See Instructions)	9	Employer (See Instructions Fisher Investments	5)		
╘							
	Date		C (ID#:	)		Amount of Contribution (\$)	+
	06/30/2023						\$25.00
		Contributor address; City; State; Zip Code					
		Frisco, TX 75035					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ວ		
	Housewife			Housewife	''		
⊨		Full name of contributor Out-of-state PA				Amount of Contribution (\$)	
	Date 06/30/2023	Fritcher, Sam	⊂ (ID#:	)		Amount of Contribution (\$)	\$5,000.00
	00/30/2023						ψ0,000.00
		Contributor address, City, State, Zip Code					
		Plano, TX 75024					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<b>-</b> 5)		
	CEO			Airborne Aspect, Inc			
	Date	Full name of contributor out-of-state PAG	C (ID#:	)		Amount of Contribution (\$)	
	06/30/2023	Frost, Holly					\$10,000.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77024					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor out-of-state PAG	C (ID#:	)		Amount of Contribution (\$)	
	06/30/2023	Gibb, Catherine					\$50.00
		Contributor address; City; State; Zip Code					
		Plano, TX 75074					
⊢	Principal accu		l	Employer (Soo Instructions	<u>ا</u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<i>י</i> ו		
⊢	Neuleu						

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	Sch: 7/16 Rpt: 10/79
Paxton, Angela (The Honorable)	<ul> <li>Filer ID (Ethics Commission Filers)</li> <li>00081932</li> </ul>
Date 5 Full name of contributor out-of-state PAC (ID#:) 7 06/30/2023 Graf, Peter	7 Amount of Contribution (\$) \$500.0
	φοσο.
6 Contributor address; City; State; Zip Code	
Dallas, TX 75204-4064	
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
EVP Republican Title	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/30/2023 Greer, Patricia	\$100.0
Contributor address; City; State; Zip Code	
Plano, TX 75075	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Retired Retired	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/30/2023 Griffin, Ryan	\$2,500.0
Contributor address; City; State; Zip Code	
Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Managing Partner Rockhill Capital & Investm	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/30/2023 Haggard, Rodney	\$500.0
Contributor address; City; State; Zip Code	
Plano, TX 75075	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Real Estate Fairview Farm Land Com	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
Date     Full name of contributor     out-of-state PAC (ID#:)       06/29/2023     Hock, Stacy	Amount of Contribution (\$) \$5,000.0
Date     Full name of contributor     out-of-state PAC (ID#:)	
Date     Full name of contributor     out-of-state PAC (ID#:)       06/29/2023     Hock, Stacy	
Date       Full name of contributor       out-of-state PAC (ID#:)         06/29/2023       Hock, Stacy         Contributor address; City; State; Zip Code	
Date       Full name of contributor       out-of-state PAC (ID#:)         06/29/2023       Hock, Stacy         Contributor address; City; State; Zip Code         Austin, TX 78746	\$5,000.0
Date       Full name of contributor       out-of-state PAC (ID#:)         06/29/2023       Hock, Stacy         Contributor address; City; State; Zip Code	\$5,000.0

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 8/16 Rpt: 11/79
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Paxton, Angela (The Honorable)	00081932
4 Date     5 Full name of contributor     out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/30/2023 Hoover Slovacek LLP	\$500.00
6 Contributor address; City; State; Zip Code	
Houston, TX 77210	
8 Principal occupation / Job title (See Instructions)       9 Employer (See Instruction)	ons)
Date         Full name of contributor         out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/30/2023 House, Karen	\$100.00
Contributor address; City; State; Zip Code	
Denton, TX 76205	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
CFO Kolder, Inc.	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/30/2023 Hsia, Shirley	\$1,000.00
Contributor address; City; State; Zip Code	
Greenville, DE 19897	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Retired Retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/30/2023 Huang, Paul	\$50.00
Contributor address; City; State; Zip Code	
Richardson, TX 75080	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
Realtor Richland Real Estate	
	Amount of Contribution (\$)
Date     Full name of contributor     out-of-state PAC (ID#:)       06/30/2023     Jordan, Mark	4mount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code	
Culturbulur address, Gity, State, Zip Code	
Dallas, TX 75251	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Real Estate Sooner Management	

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	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/16 Rpt: 12/79	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		ela (The Honorable)				00081932	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/30/2023	Kern, Skip					\$15.00
		6 Contributor address; City; State			1		
		Molicea TX 75454					
	Principal occu	Melissa, TX 75454 pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>		
ľ	Retired			Retired	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/24/2023	Lambert, Maurice					\$100.00
		Contributor address; City; State			1		
		Frisco, TX 75034					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/30/2023	Lewis, Ricky					\$1,000.00
		Contributor address; City; State					
		Makinnov TX 75702					
┝	Bringinal occu	McKinney, TX 75702 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Banker			American National Bank		Texas	
╞		Full name of contributor			T		
	Date 06/30/2023	Lobb, Pat	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5,000.00
	00/30/2023		a Zin Cada				φ3,000.00
		Contributor address; City; State	e, zip Code				
		Frisco, TX 75034					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Automobile I	Dealer		Pat Lobb Toyota			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/30/2023	Loveless, Ellen					\$25.00
		Contributor address; City; State	e; Zip Code		1		
		Sachse, TX 75048	i				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Sales			Self			

			I	
The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 10/16 Rpt: 13/79	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Paxton, Ang	ela (The Honorable)		00081932	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
06/30/2023	Manning, Maryjane		\$	50.00
	6 Contributor address; City; State; Zip Code			
	Van Alstyne, TX 75495			
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)	_
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/27/2023	Moayedi, Mehrdad		\$5,0	00.00
	Contributor address; City; State; Zip Code			
	Farmers Branch, TX 75234			
	pation / Job title (See Instructions)	Employer (See Instructions		
Real Estate		Centurion American Dev	velopment Group	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/29/2023	Morfin, Ryan		\$2	50.00
	Contributor address; City; State; Zip Code			
	Frisco, TX 75034			
	pation / Job title (See Instructions)	Employer (See Instructions	6)	
CEO		Wentworth		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/30/2023	Pack, Sam		\$5,0	00.00
	Contributor address; City; State; Zip Code			
	Carrollton, TX 75011	-		
-	pation / Job title (See Instructions)	Employer (See Instructions		
Owner		Pack Automotive Group		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/30/2023	Patterson, Sheila		\$	50.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75025			
	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Sales		Pattent, Inc.		

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	The Instru	ction Guide explains how to con	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 11/16 Rpt: 14/79	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
[		ela (The Honorable)			-	00081932	
4	Date	5 Full name of contributor out-of	of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/19/2023	Paxton Amedia, Abigail					\$25.00
		6 Contributor address; City; State; Zip C	Code				
		Las Vegas, NV 89130					
8		pation / Job title (See Instructions)	ć	9 Employer (See Instructions)	)		
	Officer			US Air Force			
	Date	Full name of contributor out-of	of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/28/2023	Paxton Amedia, Abigail					\$25.00
		Contributor address; City; State; Zip C					
		Las Vegas, NV 89130					
⊢	Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions)	)		
	Officer			US Air Force			
╞	Date	Full name of contributor	of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/30/2023	Pikl, Jim	/		Amount of Contineation (+)	\$500.00	
	00,00,2020		Code				<b>4000100</b>
		Contributor address; City; State; Zip C	Joue				
		McKinney, TX 75071					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
	Attorney			Scheef & Stone, LLC			
F	Date	Full name of contributor	of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/29/2023	Pogue, Paul					\$5,000.00
		McKinney, TX 75069					
⊢	Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions)	)		
	Retired			Retired			
⊨	Date	Full name of contributor out-of	of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/30/2023	Popolo, Joe					\$1,000.00
		Contributor address; City; State; Zip C	Code				
		Dallas, TX 75225					
⊢	Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions)	)		
	CEO			Charles & Potomac Cap		, LLC	
⊢			L				

Paxton, Angela (The Honorable) 00081932						
Paxton, Angela (The Honorable)       00081932         4 Date       5 Full name of contributor       out-of-state PAC (DB*	The Instruc	ction Guide explains how to compl	ete this form.	1		
Paxton, Angela (The Honorable)       00081932         4 Date       5 Full name of contribution address; City: State; Zip Code       7 Amount of Contribution (S)         9 Prince, David       • Contributor address; City: State; Zip Code       7 Amount of Contribution (S)         9 Prince, David       • Contributor address; City: State; Zip Code       • Principal occupation / Job title (See Instructions)         Owner       • Principal occupation / Job title (See Instructions)       • Employer (See Instructions)       Amount of Contribution (S)         Odd       • Principal occupation / Job title (See Instructions)       • Contributor address; City: State; Zip Code       Amount of Contribution (S)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (S)         Odd       • Pull name of contributor       out-of-state PAC (DP.       Amount of Contribution (S)         Principal occupation / Job title (See Instructions)       Toruchstone Imaging       Amount of Contribution (S)         Odd       • Pull name of contributor       out-of-state PAC (DP.       Amount of Contribution (S)         Puente, Vince       Contributor address; City: State; Zip Code       Amount of Contribution (S)         Poincipal occupation / Job title (See Instructions)       Employer (See Instructions)       S20.00         Odda       Full name of contributor       out-of-state PAC (	2 FILER NAME			3	-	on Filers)
06/30/2023       Prince, David       \$25.00         6       Contributor address; City; State; Zip Code       Frisco, TX 75035         7       Principal occupation / Job title (See Instructions)       9         Date       Full name of contributor       out-of-state PAC (De:		ela (The Honorable)				- ,
6       Contributor address: City; State: Zip Code         Frisco, TX 75035       Principal occupation / Job title (See Instructions)         Owner       Eagle Gun Range, Inc         Date       Full name of contributor       Inu-ne-state PAC (IDI:	4 Date	<b>5</b> Full name of contributor out-of-sta	tte PAC (ID#:)	7	Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         Frisco, TX 75035       9         8       Principal occupation / Job title (See Instructions)         Date       Owner         Date       Full name of contributor         06/30/2023       Full name of contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Rad Technologist       Full name of contributor       out-of-state PAC (Der	06/30/2023					\$25.00
8       Principal occupation / Job title (See Instructions) Owner       9       Employer (See Instructions) Eagle Gun Range, Inc         Date 06/30/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$100.00         Date 06/30/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$100.00         Principal occupation / Job title (See Instructions) Rad Technologist       Employer (See Instructions) Touchstone Imaging       Amount of Contribution (\$) \$1,000.00         Date 06/28/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$1,000.00         Date 06/28/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$1,000.00         Principal occupation / Job title (See Instructions) President Sales and Marketing       Employer (See Instructions) Southwest Operating       \$200.00         Date 06/30/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$200.00       \$200.00         Date 06/30/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$200.00       \$200.00         Of contributor address; City; State; Zip Code Utitle Elm, TX 75068       Employer (See Instructions) Volunteer       Amount of Contribution (\$) \$100.00         Oa/27/2023       Full name of				····		
8       Principal occupation / Job title (See Instructions) Owner       9       Employer (See Instructions) Eagle Gun Range, Inc         Date 06/30/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$100.00         Date 06/30/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$100.00         Principal occupation / Job title (See Instructions) Rad Technologist       Employer (See Instructions) Touchstone Imaging       Amount of Contribution (\$) \$1,000.00         Date 06/28/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$1,000.00         Date 06/28/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$1,000.00         Principal occupation / Job title (See Instructions) President Sales and Marketing       Employer (See Instructions) Southwest Operating       \$200.00         Date 06/30/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$200.00       \$200.00         Date 06/30/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$200.00       \$200.00         Of contributor address; City; State; Zip Code Utitle Elm, TX 75068       Employer (See Instructions) Volunteer       Amount of Contribution (\$) \$100.00         Oa/27/2023       Full name of						
8       Principal occupation / Job title (See Instructions) Owner       9       Employer (See Instructions) Eagle Gun Range, Inc         Date 06/30/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$100.00         Date 06/30/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$100.00         Principal occupation / Job title (See Instructions) Rad Technologist       Employer (See Instructions) Touchstone Imaging       Amount of Contribution (\$) \$1,000.00         Date 06/28/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$1,000.00         Date 06/28/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$1,000.00         Principal occupation / Job title (See Instructions) President Sales and Marketing       Employer (See Instructions) Southwest Operating       \$200.00         Date 06/30/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$200.00       \$200.00         Date 06/30/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) \$200.00       \$200.00         Of contributor address; City; State; Zip Code Utitle Elm, TX 75068       Employer (See Instructions) Volunteer       Amount of Contribution (\$) \$100.00         Oa/27/2023       Full name of						
Owner         Eagle Gun Range, Inc           Date 06/30/2023         Full name of contributor address; City: State: Zip Code Contributor address; City: State: Zip Code         Amount of Contribution (\$) \$100.00           Farmersville, TX 75442         Employer (See Instructions) Rad Technologist         Employer (See Instructions) Touchstone Imaging           Date 06/28/2023         Full name of contributor         out-of-state PAC (De: Contributor address; City: State; Zip Code         Amount of Contribution (\$) \$1,000.00           Date 06/28/2023         Full name of contributor         out-of-state PAC (De: Fort Worth, TX 76112         Amount of Contribution (\$) \$1,000.00           Principal occupation / Job title (See Instructions) President Sales and Marketing         Employer (See Instructions) Southwest Operating         \$1,000.00           Date 06/30/2023         Full name of contributor         out-of-state PAC (De: Date         Amount of Contribution (\$) \$200.00         \$200.00           Date 06/30/2023         Full name of contributor         out-of-state PAC (De: Date         Amount of Contribution (\$) \$200.00         \$200.00           Principal occupation / Job title (See Instructions) Volunteer         Employer (See Instructions) Volunteer         Amount of Contribution (\$) \$100.00         \$100.00           Date         Full name of contributor         out-of-state PAC (De: Date         Amount of Contribution (\$) \$200.00         \$200.00           Oald         Full	2 Driveinel eeu			>		
Date       Full name of contributor       out-of-state PAC (DF       Amount of Contribution (\$)         06/30/2023       Priolo, Cheryle       \$100.00         Contributor address; City; State; Zip Code       Farmersville, TX 75442         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Rad Technologist       Full name of contributor       out-of-state PAC (DF         Date       Full name of contributor       out-of-state PAC (DF       Amount of Contribution (\$)         06/28/2023       Puente, Vince       \$1,000.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         President Sales and Marketing       Employer (See Instructions)         Pate       Full name of contributor       out-of-state PAC (IDF         06/30/2023       Full name of contributor       out-of-state PAC (IDF         06/30/2023       Full name of contributor       out-of-state PAC (IDF         0ate       Full name of contributor       out-of-state PAC (IDF<		pation / Job title (See Instructions)				
06/30/2023       Priolo, Cheryle       \$100.00         Contributor address; City; State; Zip Code       Farmersville, TX 7542       Finitipal occupation / Job title (See Instructions)         Rad Technologist       Employer (See Instructions)       Touchstone Imaging         Date       Full name of contributor       out-of-state PAC (IDF:				;		
Contributor address; City; State; Zip Code         Farmersville, TX 75442         Principal occupation / Job title (See Instructions)         Rad Technologist         Date         06/28/2023         Puente, Vince         Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)         Touchstone Imaging         Date         06/28/2023         Puente, Vince         Contributor address; City; State; Zip Code         Fort Worth, TX 76112         Principal occupation / Job title (See Instructions)         President Sales and Marketing         Date         06/30/2023         Purvis, Melissa         Contributor address; City; State; Zip Code         Little Elm, TX 75068         Principal occupation / Job title (See Instructions)         Principal occupation / Job title (See Instructions)         Volunteer         Volunteer         Date         Principal occupation / Job title (See Instructions)         Volunteer         Volunteer         Date         Principal occupation / Job title (See Instructions)         Volunteer         Date       Full name of contributor			.te PAC (ID#:)		Amount of Contribution (\$)	±100.00
Farmersville, TX 75442       Employer (See Instructions) Touchstone Imaging         Date       Full name of contributor or out-of-state PAC (IDE:	06/30/2023					\$100.00
Principal occupation / Job title (See Instructions) Rad Technologist       Employer (See Instructions) Touchstone Imaging         Date       Full name of contributor       out-of-state PAC (ID#:		Contributor address; City; State; Zip Code	е			
Principal occupation / Job title (See Instructions) Rad Technologist       Employer (See Instructions) Touchstone Imaging         Date       Full name of contributor       out-of-state PAC (ID#:						
Principal occupation / Job title (See Instructions) Rad Technologist       Employer (See Instructions) Touchstone Imaging         Date       Full name of contributor       out-of-state PAC (D#:		Farmersville TX 75442				
Rad Technologist       Touchstone Imaging         Date       Full name of contributor       out-of-state PAC (ID#:	Drincinal occu		Employer (See Instructio	<u>)</u>		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/28/2023       Puente, Vince       \$1,000.00         Contributor address; City; State; Zip Code       Fort Worth, TX 76112       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Southwest Operating         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/30/2023       Purvis, Melissa       Southwest Operating       \$200.00         Contributor address; City; State; Zip Code       Ittle Elm, TX 75068       \$200.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$200.00         Odi/30/2023       Purvis, Melissa       Employer (See Instructions)       \$200.00         Volunteer       Volunteer       Amount of Contribution (\$)       \$200.00         Odi/27/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.00         Odi/27/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.00         Odi/27/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.00	•	, ,		115)		
06/28/2023       Puente, Vince       \$1,000.00         Contributor address; City; State; Zip Code       Fort Worth, TX 76112         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Southwest Operating       Southwest Operating         Date       Full name of contributor out-of-state PAC (ID#:				<u> </u>	Amount of Contribution (C)	
Contributor address; City; State; Zip Code         Fort Worth, TX 76112         Principal occupation / Job title (See Instructions)         President Sales and Marketing         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)         06/30/2023       Purvis, Melissa         Contributor address; City; State; Zip Code         Little Elm, TX 75068         Principal occupation / Job title (See Instructions)         Volunteer         Date         O6/27/2023         Richardson, Keresa         Contributor address; City; State; Zip Code         Kinney, TX 75070         Principal occupation / Job title (See Instructions)         Kekinney, TX 75070         Employer (See Instructions)				Amount of Contribution (\$)	<u>ቀ1 000 00</u>	
Fort Worth, TX 76112       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         President Sales and Marketing       Southwest Operating         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/30/2023       Purvis, Melissa       \$200.00         Contributor address; City; State; Zip Code       \$200.00         Little Elm, TX 75068       Employer (See Instructions)         Volunteer       Volunteer         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Volunteer       Volunteer         Date       Full name of contributor out-of-state PAC (ID#:)         06/27/2023       Richardson, Keresa         Contributor address; City; State; Zip Code	0012012023				\$1,000.00	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         President Sales and Marketing       Southwest Operating         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Purvis, Melissa       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$200.00         Little Elm, TX 75068       Employer (See Instructions)       \$200.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$200.00         Volunteer       Volunteer       Volunteer       \$200.00         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.00         06/27/2023       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.00         06/27/2023       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.00         McKinney, TX 75070       McKinney, TX 75070       Employer (See Instructions)       \$200.00		Contributor address; City; State; Zip Cour	e			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         President Sales and Marketing       Southwest Operating         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Purvis, Melissa       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$200.00         Little Elm, TX 75068       Employer (See Instructions)       \$200.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$200.00         Volunteer       Volunteer       Volunteer       \$200.00         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.00         06/27/2023       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.00         06/27/2023       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.00         McKinney, TX 75070       McKinney, TX 75070       Employer (See Instructions)       \$200.00						
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         President Sales and Marketing       Southwest Operating         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Purvis, Melissa       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Little Elm, TX 75068       Employer (See Instructions)         Volunteer       Volunteer       Volunteer         Date       Full name of contributor       out-of-state PAC (ID#:		Fort Worth, TX 76112				
President Sales and Marketing       Southwest Operating         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/30/2023       Purvis, Melissa       \$200.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$200.00         Little Elm, TX 75068       Employer (See Instructions)       \$200.00         Volunteer       Volunteer       \$200.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/27/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/27/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/27/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/27/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/27/2023       McKinney, TX 75070       Employer (See Instructions)       \$100.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$100.00	Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)		
06/30/2023       Purvis, Melissa       \$200.00         Contributor address; City; State; Zip Code       \$200.00         Little Elm, TX 75068       Employer (See Instructions)         Volunteer       Volunteer         Date       Full name of contributor       out-of-state PAC (ID#:)         Richardson, Keresa       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       \$100.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Volunteer       Volunteer	President Sa	les and Marketing	Southwest Operating			
Contributor address; City; State; Zip Code         Little Elm, TX 75068         Principal occupation / Job title (See Instructions)         Volunteer         Date         Full name of contributor         06/27/2023         Richardson, Keresa         Contributor address; City; State; Zip Code         McKinney, TX 75070         Principal occupation / Job title (See Instructions)         Volunteer         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         S100.00         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)	Date	Full name of contributor out-of-sta	ite PAC (ID#:)		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Little Elm, TX 75068         Principal occupation / Job title (See Instructions)         Volunteer         Date         Full name of contributor         Ob/27/2023         Richardson, Keresa         Contributor address; City; State; Zip Code         McKinney, TX 75070         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Volunteer         Date         Full name of contributor         Ob/27/2023         Richardson, Keresa         McKinney, TX 75070         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)	06/30/2023					\$200.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Volunteer       Volunteer         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/27/2023       Richardson, Keresa       \$100.00         Contributor address; City; State; Zip Code       McKinney, TX 75070       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)						
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Volunteer       Volunteer         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/27/2023       Richardson, Keresa       \$100.00         Contributor address; City; State; Zip Code       McKinney, TX 75070       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)						
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Volunteer       Volunteer         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/27/2023       Richardson, Keresa       \$100.00         Contributor address; City; State; Zip Code       McKinney, TX 75070       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)						
Volunteer       Volunteer         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/27/2023       Richardson, Keresa       \$100.00         Contributor address; City; State; Zip Code       McKinney, TX 75070       Full control         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)						
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/27/2023       Richardson, Keresa       \$100.00         Contributor address; City; State; Zip Code       McKinney, TX 75070         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		pation / Job title (See Instructions)		ons)		
06/27/2023       Richardson, Keresa       \$100.00         Contributor address; City; State; Zip Code       McKinney, TX 75070         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Volunteer		Volunteer			
Contributor address; City; State; Zip Code         McKinney, TX 75070         Principal occupation / Job title (See Instructions)         Employer (See Instructions)		Full name of contributor out-of-sta	te PAC (ID#:)		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         McKinney, TX 75070         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	06/27/2023					\$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	- · · ·					
Business Owner Lawton Group				ons)		
	Business Ow	/ner	Lawton Group			

The Instruction Guide explains how to complete this form.		Total pages Schedule A1: Sch: 13/16 Rpt: 16/79	
2 FILER NAME	3	Filer ID (Ethics Commissio	on Filers)
Paxton, Angela (The Honorable)		00081932	
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) 7	Amount of Contribution (\$)	
06/30/2023 Sampson, Ann			\$50.00
6 Contributor address; City; State; Zip Code			
McKinney, TX 75071			
8Principal occupation / Job title (See Instructions)9Employer (See Instructions)	ctions)		_
Retired			
Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/30/2023 Sewell, Carol			\$100.00
Contributor address; City; State; Zip Code			
Plano, TX 75075			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)		
Realtor Self			
Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/30/2023 Sewell, Stanford			\$100.00
Contributor address; City; State; Zip Code			
Plano, TX 75075			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)		
Commercial Real Estate Self			
Date Full name of contributor in out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/29/2023 Slagel, Gary			\$50.00
Contributor address; City; State; Zip Code			
Richardson, TX 75080			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)		
CEO CapitalSoft			
Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/30/2023 Smith, Greg			\$5,000.00
Contributor address; City; State; Zip Code			
Dallas, TX 75254			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)		
President GTN Technical Staff			
President GTN Technical Staf	ffing		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/16 Rpt: 17/79	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Paxton, Ang	ela (The Honorable)			00081932	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/30/2023	Stallings, Kyle				\$20,000.00
	I	6 Contributor address; City; State; Zip Code		1		
		1				
		Midland, TX 79702				
8			9 Employer (See Instructions)	3)		
	Oil & gas inv	estments	Self			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/30/2023	Stanton, James				\$5,000.00
	I	Contributor address; City; State; Zip Code		1		
		1				
		Dallas, TX 75225				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Retired	!	Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/30/2023	Stevens, Jennifer				\$2,500.00
	1	Contributor address; City; State; Zip Code		1		
		1				
		1				
		Cedar Park, TX 78613	]			
		pation / Job title (See Instructions)	Employer (See Instructions)	3)		
	Education C	onsultant	Self	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/30/2023	Texas Agape, LLC				\$100.00
	I	Contributor address; City; State; Zip Code		]		
		1				
		Diana TV 75004				
⊢	Dringing oog	Plano, TX 75024				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	3)		
╞	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	06/29/2023	Texas Optometric PAC	/			\$1,000.00
	00,20,20	Contributor address; City; State; Zip Code		ł		+=,
		1				
		Austin, TX 78705				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
		, i i i i i i i i i i i i i i i i i i i	1			
⊢		ł				

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	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/16 Rpt: 18/79	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		jela (The Honorable)				00081932	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/30/2023	The Suster Law Group, PL					\$2,500.00
	1	6 Contributor address; City; Sta	tate; Zip Code				
0	- Principal Occu	Plano, TX 75093		La Employer (See Instructions			
δ	РППСіраї осси	upation / Job title (See Instructions)	/	9 Employer (See Instructions	.) 		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	06/30/2023	Vickers, Rodney					\$25.00
	I	Contributor address; City; Sta					
⊢		Houston, TX 77079			Ĺ		
	Principal occu Retired	upation / Job title (See Instructions)	) !	Employer (See Instructions Retired	;)		
╘		•	out-of-state PAC (ID#:		—		
	Date	Full name of contributor	)		Amount of Contribution (\$)	<u> </u>	
	06/30/2023	Wallace, Mark/Dianne					\$100.00
		Contributor address; City; Sta	ate; Zip Code				
		Keller, TX 76244					
	Principal occu	upation / Job title (See Instructions)	.) )	Employer (See Instructions	;)		
	Co-owners			Dimar & Associates			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/30/2023	Warren, Tammy					\$18.36
	1	Contributor address; City; Sta	tate; Zip Code				
		Makingay TV 75070					
⊢	Drincinal occu	McKinney, TX 75070 upation / Job title (See Instructions)		Employer (See Instructions			
	Executive As	,	, ,	Employer (See Instructions	9		
⊨					F	Amount of Contribution (¢)	
	Date 06/27/2023	Full name of contributor Wied, Matthew	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	00/2112020	Contributor address; City; Sta	ato: Zin Code				Ψ10.00
			ale, Zip Coue				
		Wylie, TX 75098					
	Principal occu	upation / Job title (See Instructions)	)	Employer (See Instructions	;)		
	Project Mana	ager	!	Siemens Healthineers			
				1			
1							ſ

	The Instru	ction Guide explains hov	v to complete this f	form		1	Total pages Schedule A1: Sch: 16/16 Rpt: 19/79	
2	FILER NAME					3	Filer ID (Ethics Commissio	on Filers)
ľ		ela (The Honorable)				Ŭ	00081932	
4	Date	5 Full name of contributor	)	7	Amount of Contribution (\$)			
	06/30/2023	Williams, Ben			\$250.00			
		6 Contributor address; City; S	tate; Zip Code					
		Dallas, TX 75225						
8	Principal occu Self	pation / Job title (See Instruction	5)		Employer (See Instructions Self	)		
╞								
	Date	Full name of contributor	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	<b>*5000</b>
	06/28/2023	Wolgemuth, Debra						\$50.00
		Contributor address; City; S	tate; Zip Code					
		Maga TV 70700						
	<u> </u>	Waco, TX 76708	\ \					
		pation / Job title (See Instruction	5)		Employer (See Instructions	)		
	Accounting				Self			
	Date	Full name of contributor	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	
	06/30/2023	Wood, Vala						\$25.00
		Contributor address; City; S						
		Little Elm, TX 75068						
	Principal occu	pation / Job title (See Instruction	s)	E	Employer (See Instructions	)		
	IT			5	SCC			
	Date	Full name of contributor	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	
	06/30/2023	Zepp, Eric						\$1,000.00
		Contributor address; City; S	tate; Zip Code					
		Plano, TX 75024						
	Principal occu	pation / Job title (See Instruction	S)	E	Employer (See Instructions	)		
	Tech Sales			E	EZepp, LLC			
I								

			EXPENDITURE	CATEGO	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/59 Rpt: 20/79		kton, Angela (The Honora	ble)				00081932	
4	Date	5 Pay	ree name						
	02/08/2023	AC	CESS Valet						
6	Amount (\$)	<b>7</b> Pay	ee address; City;	State;	; Zip Coo	le			
	\$17.00	149	10 Hartsmith Drive						
		Au	stin, TX 78725						
8	PURPOSE	<b>(a)</b> Cat	egory (See Categories listed at the	top of this sch	edule)	b) Description			
	OF EXPENDITURE	Tra	vel Out of District					de of Texas. Compl	
	-							officeholder living e	
						onicenoider l	ran	sportation ex	pense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		lidate/Officeholder name	(	Office soug	ht		Office hel	d
	Date	Pay	ree name						
	01/03/2023	Am	azon.com						
	Amount (\$)	Pay	ee address; City;	State;	; Zip Co	le			
	\$131.30	120	0 12th Avenue South						
			te 1200						
		Se	attle, WA 98144						
	PURPOSE OF		egory (See Categories listed at the		edule)	b) Description			
	EXPENDITURE	Off	ice Overhead/Rental Expe	ense				de of Texas. Compl officeholder living e	
						office supplie		onicendider inning e	shpenae
						enice cappile			
	Complete ONLY if direct	Cano	lidate/Officeholder name	(	Office sou	ht		Office hel	d
	expenditure to benefit C/OI								-
	Date	Pav	ree name						
	01/12/2023		azon.com						
	Amount (\$)		ee address; City;	Stato	; Zip Coo				
	\$7.57		00 12th Avenue South	Siale,	, Zip Cot				
	Φ1.51								
		Su	te 1200						
		Se	attle, WA 98144						
	PURPOSE	(a) Cat	egory (See Categories listed at the	top of this sch	iedule)	<b>b)</b> Description			
	OF EXPENDITURE	Off	ice Overhead/Rental Expe	ense				de of Texas. Compl	
								officeholder living e	expense
						office supplie	s		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office sou	ht		Office hel	d
		·							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/M	aymen erhead, pense kpense /ages/	t/Reimbursement /Rental Expense Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)
	Sch: 2/59 Rpt: 21/79			gela (The Honora	ble)					00081932	
4	Date	5	Payee name								
	01/17/2023		Amazon.co								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de				
	\$28.13		1200 12th	Avenue South							
			Suite 1200								
			Seattle, WA	A 98144							
8	PURPOSE	(a)	Category (	ee Categories listed at the	top of this col	adula)	(b)	Description			
-	OF			head/Rental Expe		ieuuie)			outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		0					Check if Austin,	, TX,	officeholder living	expense
								office supplie	S		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	(	Office sou	ght			Office he	eld
	Date		Payee name	•							
	01/30/2023		Amazon.co	m							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de				
	\$38.98			Avenue South		· •					
			Suite 1200								
				00144							
			Seattle, WA								
	PURPOSE OF	(a)		ee Categories listed at the		nedule)	(b)	Description			alada Oakaalula T
	EXPENDITURE		Office Over	head/Rental Expe	ense					de of Texas. Com officeholder living	
								office supplie			
_	Complete ONLY if direct	(	Candidate/Off	iceholder name	(	Office sou	aht			Office he	eld
	expenditure to benefit C/OI						5				
_	Date										
	02/07/2023		Payee name Amazon.co								
						7: 0					
	Amount (\$)		Payee addre		State	; Zip Co	de				
	\$25.96			Avenue South							
			Suite 1200								
			Seattle, WA	A 98144							
	PURPOSE	(a)	Category (S	see Categories listed at the	top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE			head/Rental Expe				Check if travel of	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE									officeholder living	expense
								office supplie	S		
	Complete ONLY if direct		Candidate/Off	iceholder name	(	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	1									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 3/59 Rpt: 22/79			gela (The Honora	ble)				00081932		
4	Date	5	Payee name	9							
	02/17/2023		Amazon.co	om							
6	Amount (\$)	7	Payee addre	ess; City;	State;	; Zip Co	de				
	\$8.65		1200 12th	Avenue South							
			Suite 1200								
			Seattle, W	A 98144							
8	PURPOSE	(a)					(b) Description				
ľ	OF	("		See Categories listed at the rhead/Rental Expe		iedule)		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Onice Ove		51130				, officeholder living		
							office supplie	s			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	C	Dffice sou	Jht		Office he	eld	
	Date		Payee name	9							
	02/22/2023		Amazon.co	om							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de				
	\$5.40			Avenue South							
	40.10		Suite 1200								
			Seattle, W	4 98144							
	PURPOSE OF	(a)		See Categories listed at the		edule)	(b) Description				
	EXPENDITURE		Office Ove	rhead/Rental Expe	ense				ide of Texas. Com , officeholder living		
							office supplie			j expense	
							enice cappie	0			
	Complete ONLY if direct		Candidato/Of	ficeholder name		Office sour	t		Office he	ald	
	expenditure to benefit C/OI		Sanuluale/On				jiit		Onice ne	5lu	
		-									
	Date		Payee name								
	04/19/2023		Amazon.co	om							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de				
	\$64.92		1200 12th	Avenue South							
			Suite 1200								
			Seattle, W	A 98144							
-	PURPOSE	(a)					(b) Description				
	OF	("		See Categories listed at the rhead/Rental Expe		iedule)		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Onice Ove		EIISE				, officeholder living		
							office supplie	s			
-	Complete ONLY if direct	L(	Candidate/Of	ficeholder name	(	Dffice sou	aht		Office he	eld	
	expenditure to benefit C/OI						, ,				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense ages/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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 4/59 Rpt: 23/79		Paxton, Angela (The Honorable)				00081932				
4	Date	5	Payee name								
	06/06/2023		Amazon.com								
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de						
	\$24.32		1200 12th Avenue South	· •							
			Suite 1200								
			Seattle, WA 98144								
8	PURPOSE	(2)			(b) Description						
ľ	OF	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Once Overhead/Kental Expense				, officeholder living expense				
					office supplie	S					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
	01/05/2023		Amazon.com								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$8.49		1200 12th Avenue South								
			Suite 1200								
			Seattle, WA 98144								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	adula)	(b) Description						
	OF	ľ	Office Overhead/Rental Expense	ieuuie)		outs	ide of Texas. Complete Schedule T.				
	EXPENDITURE						, officeholder living expense				
					office supplie	S					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				
		_									
	Date		Payee name								
	01/03/2023		Amazon.com								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$131.30		1200 12th Avenue South								
			Suite 1200								
			Seattle, WA 98144								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Office Overhead/Rental Expense	,	Check if travel		ide of Texas. Complete Schedule T.				
							, officeholder living expense				
					office supplie	S					
_	Operation Operation			D.4% -			Office heads				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	jnt		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 5/59 Rpt: 24/79		Paxton, Ang	ela (The Honora	ble)				00081932		
4	Date	5	Payee name								
	02/04/2023		Amazon.cor	n							
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	le				
	\$13.83		1200 12th A	venue South							
			Suite 1200								
			Seattle, WA	98111							
_	DUDDOOF						(I-) _ · · ·				
8	PURPOSE OF	(a)		e Categories listed at the		nedule)	(b) Description	outoi	ide of Texas. Com	nloto Schodulo T	
	EXPENDITURE		Office Overr	nead/Rental Expe	ense				, officeholder living		
							office supplie		,3	,	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Offic	eholder name	C	Dffice sou	Jht		Office he	əld	
	Date		Payee name								
	06/30/2023		Anedot.com								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	le				
	\$3,626.37		1340 Poydra			· •					
	\$0,020101		Suite 1770								
			New Orlean	s, la 70112							
	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Fees	e Categories listed at the	top of this sch	iedule)		, TX	ide of Texas. Com , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	(	Office sou	ıht		Office he	eld	
⊨	Date	Γ	Payee name								
	01/05/2023		Bank OZK								
-	Amount (\$)		Payee addres	s; City;	State	; Zip Co	10				
	\$1,202.04		7197 Leban		Olule,	, 20 00					
	Ψ1,202.04		1101 LODUIT	on Roda							
			Frisco, TX 7	5034							
	PURPOSE OF	(a)		e Categories listed at the		nedule)	(b) Description	o	ide of Tours C	nlata Cabadula T	
	EXPENDITURE		Loan Repay	ment/Reimburse	ment			, тх	ide of Texas. Com , officeholder living nt on Ioan		
-	Complete ONLY if direct	Ľ	Candidate/Offic	eholder name	(	Office sou	iht		Office he	ble	
	expenditure to benefit C/Oł				, c	- mee 300	ji n		Onice He		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens nittee Legal Services The Instruction Guide e:		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	Contract Labor		Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/59 Rpt: 25/79		Paxton, Angela (The Honorable)	)					00081932		
4	Date 02/06/2023		Payee name Bank OZK								
6	Amount (\$) \$2,331.99	-	Payee address; City; 7197 Lebanon Road Frisco, TX 75034	State;	; Zip Co	de					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o oan Repayment/Reimburseme		iedule)			TX,	officeholder living	nplete Schedule T. g expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld	
	Date	F	Payee name								
	03/06/2023	1	Bank OZK								
	Amount (\$)		Payee address; City; 7197 Lebanon Road	State;	; Zip Co	de					
	\$2,049.33 PURPOSE		Frisco, TX 75034 Category (See Categories listed at the top of	of this sch	edule)	(b)	Description				
	OF EXPENDITURE		oan Repayment/Reimburseme	nt				TX,	officeholder living	ıplete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name								
	04/05/2023		Bank OZK								
	Amount (\$) \$1,978.66		Payee address; City; 7197 Lebanon Road	State;	; Zip Co	de					
			Frisco, TX 75034								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Loan Repayment/Reimburseme		iedule)			TX,	officeholder living	nplete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld	

			EXPENDITURE	CATEGO	RIES FOF	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 FII		•		•	2	Filer ID	(Ethics Commission Filers)	
-	Sch: 7/59 Rpt: 26/79		kton, Angela (The Honorab	ole)				00081932		
4	Date 05/05/2023		ree name nk OZK							
6	6 Amount (\$) 7 Payee address; City; State; Zip Code									
-	\$2,120.00 7197 Lebanon Road									
		Fris	sco, TX 75034							
8	8       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         0F       Loan Repayment/Reimbursement       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense periodic payment on loan									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office sou	Jht		Office he	eld	
	Date	Pay	ree name							
	06/05/2023	Ba	ık OZK							
	Amount (\$)	Pay	ee address; City;	State;	; Zip Co	de				
	\$2,261.34		97 Lebanon Road sco, TX 75034							
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the t an Repayment/Reimburser		iedule)		n, TX,	de of Texas. Com officeholder living It on Ioan		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office sou	jht		Office he	eld	
	Date	Pa	ree name							
	06/30/2023		nk OZK							
	Amount (\$)	Pay	ee address; City;	State;	; Zip Co	de				
	\$10.00	719	97 Lebanon Road							
			sco, TX 75034			<u></u>				
	PURPOSE OF EXPENDITURE	(a) Cat Fee	egory (See Categories listed at the t	top of this sch	iedule)			de of Texas. Com officeholder living	plete Schedule T. I expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office sou	Jht		Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						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	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 8/59 Rpt: 27/79		Paxton, Angela (The Honorable)				00081932		
4	Date	5	Payee name			<u> </u>			
	03/01/2023		Brothers Valet, LLC						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$18.54		2203 Treday Drive						
			Austin, TX 78745						
Ļ	PURPOSE			r					
8	OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description Check if travel	outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Event Expense				, officeholder living expense		
					staff parking				
9	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	Jht		Office held		
	expenditure to benefit C/OI	-1							
	Date		Payee name						
	06/30/2023		Bryant, Della						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$100.00 P. O. Box 2878								
			McKinney, TX 75070						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor	ouulo)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITORE		-		Check if Austin, TX, officeholder living expense				
					staff salaries				
	-								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	Int		Office held		
╘		_							
	Date		Payee name						
	05/31/2023		Bryant, Della						
	Amount (\$)			Zip Co	le				
	\$100.00		P. O. Box 2878						
			McKinney, TX 75070						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense		
					staff salaries		, oncentitier hving expense		
⊢	Complete ONLY if direct	L(	Candidate/Officeholder name C	Office sou	iht		Office held		
	expenditure to benefit C/OI				, -				
⊢									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	ffice Overh olling Expe rinting Expe alaries/Wag	ense ges/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 Cabadula F1	12	•			2	Filer ID (Ethics Commission Filers)			
L.	Total pages Schedule F1: Sch: 9/59 Rpt: 28/79		PILER NAME Paxton, Angela (The Honorable)			3	Filer ID     (Ethics Commission Filers)       00081932	,		
4	Date	5	Payee name							
	04/30/2023	/30/2023 Bryant, Della								
6	Amount (\$)	7	Payee address; City; State; Z	Zip Code	9					
	\$200.00		P. O. Box 2878							
			McKinney, TX 75070							
8	PURPOSE	(a)	-	0	<b>)</b> Description			-		
°	OF	(a)	Category (See Categories listed at the top of this schedule Salaries/Wages/Contract Labor	le) (	Description Check if travel	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Salanes/Wages/Contract Labor				, officeholder living expense			
					staff salaries					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Offic	ce sough	nt		Office held			
	Date		Payee name							
	02/28/2023		Bryant, Della							
	Amount (\$)	-	Payee address; City; State; Z	7in Code	2			_		
	\$100.00		P. O. Box 2878		2					
	\$100.00		F. O. BUX 2018							
			McKinney, TX 75070							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule Salaries/Wages/Contract Labor	le) (I			ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Offic	ce sough	nt		Office held			
_	Date		Payee name					-		
	01/31/2023		Bryant, Della							
	Amount (\$)		Payee address; City; State; Z	Zin Code	2			$\neg$		
	\$100.00		P. O. Box 2878		-					
	Φ100.00		F. O. D0X 2070							
			McKinney, TX 75070							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	le) (I	Description	_				
	OF EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense			
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name Offic	ce sougł	nt		Office held	$\neg$		
	expenditure to benefit C/OI			se sougi			Childe Hold			
								-		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           -         Gift/Awards/Memorials Expense         Printing Expense         T						Travel in District Travel Out of Dist	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 10/59 Rpt: 29/79		Paxton, Angela (1	The Honorable)					00081932	· · · ·	
4	Date 01/31/2023	5	Payee name Bryant, Della								
6	Amount (\$)	7	Payee address;	City; Stat	te; Zip Co	de					
	\$143.45		P. O. Box 2878 McKinney, TX 75								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel In District       (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mileage paid for campaign travel per 2023 IRS \$0.655/mile.								expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officehold	er name	Office sou	ght	nt Office held				
	Date		Payee name								
	02/28/2023		Bryant, Della								
	Amount (\$) \$90.91		Payee address; P. O. Box 2878	City; Stat	te; Zip Coo	de					
	PURPOSE OF	(a)		ories listed at the top of this s	chedule)	(b) [	Description		le ef Teuros Comm	alata Cabadula T	
	EXPENDITURE		Travel Out of Dist	rict			Check if Austin,	TX,	le of Texas. Comp officeholder living campaign tr		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officehold	er name	Office sou	ght			Office he	ld	
_	Date	Γ	Payee name								
	03/31/2023		Bryant, Della								
	Amount (\$) \$74.28		Payee address; P. O. Box 2878	City; Stat	te; Zip Coo	de					
			McKinney, TX 75	070							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categ Travel Out of Dist	ories listed at the top of this s rict	chedule)		Check if Austin,	TX,	le of Texas. Comp officeholder living campaign tr		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	er name	Office sou	ght			Office he	ld	

			EXPENDITURE CATE	GORIES FO	R BO	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Ov Polling Ex Printing E Salaries/V	erhea kpense xpens Vages	se s/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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 11/59 Rpt: 30/79		Paxton, Angela (The Honorable)					00081932
4	Date	5	Payee name					
	05/31/2023		Bryant, Della					
6	Amount (\$)	7	Payee address; City; St	ate; Zip Co	ode			
	\$23.58		P. O. Box 2878					
			McKinney, TX 75070					
8	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description		
	OF EXPENDITURE		Travel In District	,				ide of Texas. Complete Schedule T.
	EXFENDITORE							, officeholder living expense
						Mileage paid \$0.655/mile.	for	campaign travel per 2023 IRS
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	04/30/2023		Bryant, Della					
	Amount (\$)	┝	Payee address; City; St	ate; Zip Co	ode			
	\$34.06		P. O. Box 2878	, <b>I</b>				
	+000							
			McKinney, TX 75070					
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description		
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.
								, officeholder living expense campaign travel per 2023 IRS
						\$0.655/mile.	101	campaign travel per 2023 IRS
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	06/30/2023		Bryant, Della					
	Amount (\$)	┢	Payee address; City; St	ate; Zip Co	ode			
	\$70.35		P. O. Box 2878					
	\$10,000							
			McKinney, TX 75070					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description		
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.
	-							, officeholder living expense
						\$0.655/mile.	ior	campaign travel per 2023 IRS
					<u> </u>	,		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Loai Offic Polli Dense Prin Sala	n Repayn ce Overhe ng Exper ting Expe tries/Wag	nent/Reimbursement ead/Rental Expense nse ense jes/Contract Labor	Ti Ti Ti	ansportation I avel in Distric avel Out of D		e
1	Total pages Schedule F1:	2 FILER	NAME				<b>3</b> Fi	iler ID	(Ethics Commission Fi	lers)
	Sch: 12/59 Rpt: 31/79		n, Angela (The Honorab	le)				0081932		ŕ
4	Date	5 Payee	name				1			
	05/30/2023		l Extension Gift Shop							
6	Amount (\$)	7 Payee	address; City;	State; Zip	Code	)				
	\$68.20	1400 (	Congress Avenue							
	Suite E1.006									
	Austin, TX 78701									
8	PURPOSE OF		ry (See Categories listed at the t		(b	) Description				
	EXPENDITURE	Gift/A	vards/Memorials Expen	se		Check if travel			nplete Schedule T.	
									for end of session	
9         Complete ONLY if direct expenditure to benefit C/OH         Candidate/Officeholder name office sought         Office sought         Office								Office h	eld	
	Date	Payee	name							
	03/08/2023		I Extension Gift Shop							
	Amount (\$)		address; City;	State; Zip		<u>,                                     </u>				
	\$145.06		Congress Avenue	σιαιε, Ζιμ		-				
	Φ145.00		0							
			E1.006							
		Austin	, TX 78701							
	PURPOSE	(a) Catego	ry (See Categories listed at the t	op of this schedule)	(b	) Description				
	OF EXPENDITURE	Gift/A	vards/Memorials Expen	se					nplete Schedule T.	
		Check if Austin, TX, officeholder living expension commemorative mementos						y expense		
						commernora	uve m	lementos		
	Complete ONLY if direct	Candida	te/Officeholder name	Office	sough	+		Office h	old	
	expenditure to benefit C/OI			Onec	Sough	it.		Onice h		
	Date	Payee	name							
	02/09/2023		ark Valet							
-	Amount (\$)	-	address; City;	State; Zip		2				
	\$14.00		h Street West	οιαιο, Ζη		, ,				
	φ14.00	000 01								
		Austin	, TX 78701							
	PURPOSE	(a) Catego	ry (See Categories listed at the t	op of this schedule)	(b	) Description				
	OF EXPENDITURE		Out of District	,					nplete Schedule T.	
	EXPENDITORE					Check if Austin				
						officeholder t	transp	ortation e	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		te/Officeholder name	Office	sough	it		Office h	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Comr	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex		Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/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 F1:	<b>2</b> F	ILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 13/59 Rpt: 32/79		axton, Angela (The Honorable)					00081932		
4	Date		ayee name							
	02/24/2023									
6	Amount (\$) 7 Payee address; City; State; Zip Code \$14.00 800 6th Street West									
		Å	ustin, TX 78701							
8       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       Travel Out of District       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Officeholder transportation expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	0	office soug	nt		Office held		
	Date	F	ayee name							
	04/25/2023	0	Clayton Spangler Photographic	Designs	S					
	Amount (\$) \$511.00		ayee address; City; 35 Point Lick Drive	State;	Zip Cod	9				
		C	Charleston, WV 25306							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Gift/Awards/Memorials Expense		edule) (	Check if Austin	ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense rvices for officeholder		
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder name	0	office soug	nt		Office held		
	Date	F	ayee name							
	04/10/2023		Compuzone							
	Amount (\$) \$108.24		ayee address; City; 011 West 5th Street	State;	Zip Cod	e				
		A	ustin, TX 78703							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Office Overhead/Rental Expense		edule) (	Check if Austin	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense communication expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ndidate/Officeholder name	O	ffice soug	nt		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/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 F1:	2	ILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 14/59 Rpt: 33/79	F	Paxton, Angela (The Honorable)	)				00081932			
4	Date 04/11/2023		Payee name Compuzone								
6	Amount (\$) \$32.46	7       Payee address;       City;       State;       Zip Code         \$32.46       1011 West 5th Street         Austin, TX 78703									
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder telecommunication expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	yht		Office held			
	Date	F	Payee name								
	01/04/2023		CubeSmart								
	Amount (\$) \$268.00		Payee address; City; 5 Old Lancaster Road	State;	; Zip Co	de					
		١	Malvern, PA 19355								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top) Office Overhead/Rental Expens		iedule)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ght		Office held			
	Date	F	Payee name								
	02/06/2023		CubeSmart								
	Amount (\$) \$268.00		Payee address; City; 5 Old Lancaster Road	State;	; Zip Co	de					
		1	Malvern, PA 19355								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Office Overhead/Rental Expens		nedule)			de of Texas. Complete Schedule T. . officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	yht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhea Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Expens	se Travel Out of District /Contract Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	ILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 15/59 Rpt: 34/79	axton, Angela (The Honorable)	00081932							
4	Date 03/06/2023	Payee name CubeSmart								
6	Amount (\$) \$268.00									
8	8       PURPOSE OF EXPENDITURE       (a) Category       (See Categories listed at the top of this schedule)       (b) Description         0       Office Overhead/Rental Expense       Check if travel outside of Texas. Complete Schedule T.         0       Check if Austin, TX, officeholder living expense         0       Storage unit									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office sought	Office held							
	Date	ayee name								
	04/04/2023	ubeSmart								
	Amount (\$)	ayee address; City; State; Zip Code								
	\$299.00	Old Lancaster Road Ialvern, PA 19355								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) (b) office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense storage unit							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held							
	Date	ayee name								
	05/04/2023	ubeSmart								
	Amount (\$)	ayee address; City; State; Zip Code								
	\$299.00	Old Lancaster Road								
		lalvern, PA 19355								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) (b) office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage unit							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 16/59 Rpt: 35/79		Paxton, Angela (The Honorab	le)				00081932		
4	Date 06/05/2023		Payee name CubeSmart							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de				
\$299.00 5 Old Lancaster Road										
		<u> </u>	Malvern, PA 19355							
8	PURPOSE		Category (See Categories listed at the to		edule)	(b) Description				
OF       Office Overhead/Rental Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         storage unit       Storage unit										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ght		Office hel	d	
	Date		Payee name							
	01/30/2023		Dallas County Council of Repu	ublican W	Vomen					
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$250.00		11617 North Central Expressv	vay						
			Suite 240							
			Dallas, TX 75243							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to	op of this sch	edule)	Check if Austi	n, TX	ide of Texas. Compl , officeholder living e Civic organiza	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	С	Dffice sou	ght		Office hel	d	
	Date		Payee name							
	03/17/2023		Doubletree Suites Hotel							
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$381.70		303 West 15th Street							
			Austin, TX 78701							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Travel Out of District	op of this sch	edule)	X Check if Austi	n, TX	ide of Texas. Compl , officeholder living e I <b>g expense - l</b>	expense	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	ght		Office hel	d	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Corr	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide expla	Office Ov Polling Ex Printing E Salaries/V	erhea kpense xpens Wages	se s/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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
_	Sch: 17/59 Rpt: 36/79		Paxton, Angela (The Honorable)					00081932			
4	Date	5	Payee name								
	02/27/2023	Dropbox									
6	6 Amount (\$) 7 Payee address; City; State; Zip Code										
	\$127.79 333 Brannan Street										
	San Francisco, CA 94103										
8	PURPOSE	(a)	Category (See Categories listed at the top of this		(b)	Description					
-	OF		Office Overhead/Rental Expense	schedule)	()		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	, тх,	, officeholder living expense			
						software licer	nse				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ight			Office held			
	Date		Payee name								
	05/31/2023		Dropbox								
_	Amount (\$) Payee address; City; State; Zip Code										
	\$21.31 333 Brannan Street										
	\$21.01										
			San Francisco, CA 94103								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Office Overhead/Rental Expense	s schedule)	(b)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	Office sou	ught			Office held			
	Date		Payee name								
	04/04/2023		Dropbox								
	Amount (\$)		Payee address; City; St	ate; Zip Co	ode						
	\$21.31		333 Brannan Street								
	+==:0=										
			San Francisco, CA 94103								
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b)	Description					
	EXPENDITURE		Office Overhead/Rental Expense				, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct	C	andidate/Officeholder name	Office sou	ı .ght			Office held			
	expenditure to benefit C/Oł				3						
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	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica 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   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:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 18/59 Rpt: 37/79	Paxton, Angela (The Honorable)	00081932								
4	Date 03/04/2023	Payee name Dropbox									
6 Amount (\$)       7 Payee address; City; State; Zip Code         \$21.31       333 Brannan Street         San Francisco, CA 94103											
8       PURPOSE       OF         0F       OF         EXPENDITURE       Office Overhead/Rental Expense         (b)       Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         software license											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/04/2023	Dropbox									
Amount (\$)     Payee address;     City;     State;     Zip Code       \$21.31     333 Brannan Street											
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense ENSE								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/04/2023	Dropbox									
	Amount (\$) \$21.31	Payee address;City;State;Zip Code333 Brannan Street									
		San Francisco, CA 94103									
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense ENSE								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing	verhea Expense Expense Wages	se s/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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 19/59 Rpt: 38/79		Paxton, Angela (The Honorable)				00081932				
4	Date 06/04/2023	5	Payee name Dropbox								
6	Amount (\$) \$21.31	7	Payee address; City; State; Zip C 333 Brannan Street San Francisco, CA 94103	ode							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description 											
9 Complete <u>QNLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							Office held				
	Date		Payee name								
	06/09/2023		Fed Ex Office								
Amount (\$)Payee address;City;State;Zip Code\$69.27715 Central Expressway South											
	PURPOSE		Allen, TX 75013	(b)	Description						
	OF	(α)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			, тх,	de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office so	ught			Office held				
	Date		Payee name								
	05/15/2023		Golden Corridor Republican Women								
	Amount (\$) \$200.00		Payee address; City; State; Zip C P. O. Box 162	ode							
			Frisco, TX 75034								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees	(b)	Check if Austin,	, тх,	de of Texas. Complete Schedule T. officeholder living expense ivic organization				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Office so	ught			Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Transportation E Travel in District Travel Out of Dis			
1	Total pages Schedule F1:	FILER NA	ME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 20/59 Rpt: 39/79	Paxton, A	ngela (The Honorabl	e)				00081932			
4	Date	Payee nar	ne				1				
	01/03/2023	Google G									
6	Amount (\$)	Payee add	Iress; City;	State;	Zip Cod	е					
	\$12.74	1600 Am	phitheatre Parkway								
		Mountain	View, CA 94043								
_											
8	PURPOSE OF		(See Categories listed at the to	op of this sched	dule)	b) Description Check if travel	outsi	ide of Texas. Com	nplete Schedule T.		
	EXPENDITURE	Auventisii	ng Expense					, officeholder living			
software license											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/C	Officeholder name	Of	ffice soug	ht		Office h	eld		
	Date	Payee nar	ne								
	02/02/2023 Google G Suite										
	Amount (\$)	Payee add	Iress; City;	State;	Zip Cod	e					
	\$12.74	1600 Am	phitheatre Parkway								
			View, CA 94043								
	PURPOSE OF		(See Categories listed at the to	op of this sched	dule)	b) Description	outoi	ide of Toyac, Com	nplete Schedule T.		
	EXPENDITURE	Advertisir	ng Expense					, officeholder living			
						software lice					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/0	Officeholder name	Of	ffice soug	ht		Office h	eld		
	Date	Payee nar	ne								
	03/01/2023	Google G									
	Amount (\$)	Payee add		State:	Zip Cod	٩					
	\$12.74		phitheatre Parkway	otatoj	p 000	•					
	···										
Mountain View, CA 94043											
	PURPOSE	) Category	(See Categories listed at the to	op of this sched	dule)	b) Description					
	OF EXPENDITURE	Office Ov	erhead/Rental Exper	ise					nplete Schedule T.		
						software lice		, officeholder living	g expense		
							130				
	Complete ONLY if direct	Candidate/	Officeholder name	Of	ffice soug	ht		Office h	eld		
	expenditure to benefit C/Oł	24.1010000		0							
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	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Distric	pment & Related Expense		
1	Total pages Schedule F1:	<b>2</b> F	LER NAME				3	Filer ID (I	Ethics Commission Filers)		
	Sch: 21/59 Rpt: 40/79		axton, Angela (The Honorable	e)				00081932			
4	Date	5 P.	ayee name				I				
	04/03/2023	G	oogle G Suite								
6	Amount (\$)		ayee address; City;	State;	Zip Coo	e					
	\$12.74	1	600 Amphitheatre Parkway								
			ountain View, CA 94043								
8     PURPOSE     (a) Category (See Categories listed at the top of this schedule)     (b) Description       0F     Office Overhead/Rental Expense     Check if travel outside of Texas. Complete Schedule T.								te Oshadula T			
	EXPENDITURE	0	ffice Overhead/Rental Expens	se				, officeholder living ex			
software license											
9	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	office soug	ht		Office held			
	Date	P	ayee name								
	05/02/2023 Google G Suite										
Amount (\$) Payee address; City; State; Zip Code											
	\$12.74	1	500 Amphitheatre Parkway								
		N	ountain View, CA 94043								
	PURPOSE OF		ategory (See Categories listed at the top		edule)	b) Description					
	EXPENDITURE	0	ffice Overhead/Rental Expens	se				ide of Texas. Complet , officeholder living ex			
						software lice			pende		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	0	)ffice soug	ht		Office held			
	Date	P	ayee name								
	06/01/2023		oogle G Suite								
	Amount (\$)	P	ayee address; City;	State:	Zip Coo	e					
	\$12.74		500 Amphitheatre Parkway		·						
Mountain View, CA 94043											
	PURPOSE OF		ategory (See Categories listed at the top		edule)	b) Description	outo:	ido of Toyoo Comela	to Schodulo T		
	EXPENDITURE	0	ffice Overhead/Rental Expens	se				ide of Texas. Complet , officeholder living ex			
						software lice					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	)ffice soug	ht		Office held			
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	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	kpense /ages/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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 22/59 Rpt: 41/79		Paxton, Angela (The Honorable)				00081932				
4	Date 03/31/2023		Payee name HEB								
6	Amount (\$) \$32.55		Payee address; City; State 8711 Burnet Road Austin, TX 78757	e; Zip Co	de						
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Office Overhead/Rental Expense	chedule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held				
	Date		Payee name								
	01/07/2023 HEB										
Amount (\$)       Payee address;       City;       State;       Zip Code         \$120.40       16900 RR 620       Round Rock, TX 78681											
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Office Overhead/Rental Expense	chedule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held				
	Date		Payee name								
	04/17/2023		HEB								
	Amount (\$) \$20.26		Payee address; City; State 1801 East 51st Street	e; Zip Co	de						
			Austin, TX 78723								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Office Overhead/Rental Expense	chedule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/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 F1:	2			• • • • • •	3	Filer ID (Ethics Commission Filers)				
-	Sch: 23/59 Rpt: 42/79		Paxton, Angela (The Honorable)			ľ	00081932				
4	Date 05/03/2023		Payee name HEB								
6	Amount (\$) \$33.56		Payee address; City; State; 1000 East 41st Street Austin, TX 78751	Zip Co	le						
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense office hospitality											
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH							Office held				
	Date		Payee name								
	06/30/2023		HEB								
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$41.43     5808 Burnet Road       Austin, TX 78756										
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense ,				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	Jht		Office held				
	Date		Payee name								
	03/23/2023		Hampton Inn								
	Amount (\$) \$216.65		Payee address; City; State; 1701 Lavaca Street	Zip Co	le						
			Austin, TX 78701								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	X Check if Austin	, TX	ide of Texas. Complete Schedule T. , officeholder living expense Ig expense - utilities				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ıht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp	ense	Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa	/ment/Rei head/Ren ense oense ages/Cont	mbursement tal Expense ract Labor	ר ר ר	Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2						3 1	iler ID	(Ethics Commission Filers)
1		<b> </b> ²		- )						
	Sch: 24/59 Rpt: 43/79		Paxton, Angela (The Honorabl	e)					0081932	
4	Date	5	Payee name							
	03/31/2023		Harmony Real Estate Group, L	LC						
6	Amount (\$)	7	Payee address; City;	State	; Zip Coo	۵				
ľ	\$5,480.00	Ľ	2525 Wallingwood Drive	Olule,	, 210 000					
	φ0,400.00		-							
			Building 8, Suite 801							
			Austin, TX 78746							
8	PURPOSE	(a)	Category (See Categories listed at the to	n of this sch	(eluber	b) Des	cription			
OF Travel Out of District								outside	e of Texas. Com	nplete Schedule T.
EXPENDITURE X Check if Austin, TX, officeholder living expense									g expense	
officeholder living expense - utilities									utilities	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	ht			Office he	eld
⊨	Date		Payee name							
	03/31/2023		Harmony Real Estate Group, L	10						
			, , , , , , , , , , , , , , , , , , , ,							
	Amount (\$)		Payee address; City;	State	; Zip Coo	le				
	\$2,000.00		2525 Wallingwood Drive							
			Building 8, Suite 801							
			Austin, TX 78746							
-	PURPOSE	(a)				(h) Doc	cription			
	OF	[(")	Category (See Categories listed at the to Travel Out of District	p of this sch	iedule)	_	•	outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE								fficeholder living	
						offi	ceholder li	ving	expense -	utilities
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name		 Office soug	ht			Office he	eld
	expenditure to benefit C/OI									
_		_								
	Date		Payee name							
	05/02/2023		Harmony Real Estate Group, L	LC						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$4,500.00		2525 Wallingwood Drive							
			Building 8, Suite 801							
			Austin, TX 78746							
	PURPOSE OF	(a)	Category (See Categories listed at the to	p of this sch	nedule)		scription		-(	alata Oshadula T
	EXPENDITURE		Travel Out of District						e of Texas. Com fficeholder living	nplete Schedule T.
									expense -	
						UIII		ving	copense -	uunues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office soug	ht			Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/M	yment/Reimbursement rhead/Rental Expense pense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)			
	Sch: 25/59 Rpt: 44/79	_	Paxton, Angela (The Honorable)			-	00081932	· · · · · · · · · · · · · · · · · · ·			
4	Date	5	Payee name								
	05/31/2023		Harmony Real Estate Group, LLC								
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de						
	\$4,500.00		2525 Wallingwood Drive								
			Building 8, Suite 801								
			Austin, TX 78746								
_	BUBBAAF				<b>4</b> X						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	iedule)	(b) Description	outo	ide of Texas. Com	alata Cabadula T			
	EXPENDITURE		Travel Out of District								
Image: Check if Austin, TX, officeholder living expense         officeholder living expense - utilities											
9         Complete ONLY if direct expenditure to benefit C/OH         Candidate/Officeholder name         Office sought								ld			
⊨	Data										
	Date		Payee name								
	05/04/2023		Hill Country Springs, Inc								
	Amount (\$)		Payee address; City; State;	; Zip Co	de						
	\$65.07		P. O. Box 2220								
			Manchaca, TX 78652								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Comp				
					office hospita		, officeholder living	expense			
					Unice nospita	inty	/walei				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	abt		Office he	ld			
	expenditure to benefit C/OI			Jince Sou	giit		Once ne				
-	Date		Payee name								
	05/25/2023		Hill Country Springs, Inc								
	Amount (\$)		Payee address; City; State;	; Zip Co	de						
	\$31.99		P. O. Box 2220	,p 00							
	<b>401.00</b>		1. 0. Box 2220								
			Manchaca, TX 78652								
⊢	PURPOSE	(a)	Category (See Categories listed at the top of this sch	uodulo)	(b) Description						
	OF	(,	Food/Beverage Expense	ieuuie)		outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE				Check if Austin, TX, officeholder living expense						
					office hospita	lity	/water				
	Complete ONLY if direct	(	Candidate/Officeholder name C	Office sou	ght		Office he	ld			
	expenditure to benefit C/OI	H									
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/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 F1:	2	FII FR NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 26/59 Rpt: 45/79		Paxton, Angela (The Honorable)				00081932				
4	Date 04/13/2023		Payee name Hill Country Springs, Inc								
6	Amount (\$) \$71.07		Payee address; City; State; P. O. Box 2220 Manchaca, TX 78652	Zip Co	le						
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense office hospitality/water											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ht		Office held				
	Date		Payee name								
	03/30/2023		Hill Country Springs, Inc								
Amount (\$)Payee address;City;State;Zip Code\$80.07P. O. Box 2220											
	PURPOSE OF EXPENDITURE	(a)	Manchaca, TX 78652 Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense /water				
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name C	Diffice sou	ht		Office held				
	Date		Payee name								
	02/17/2023		Hill Country Springs, Inc								
	Amount (\$) \$48.99		Payee address; City; State; P. O. Box 2220	Zip Co	le						
			Manchaca, TX 78652								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense /water				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/wards/Memorials Expense ittee Legal Services The Instruction Guide expl	Office Ov Polling Ex Printing E Salaries/	erhead kpense Expens Wages	e /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 F1:	<b>2</b> F	LER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 27/59 Rpt: 46/79		axton, Angela (The Honorable)					00081932			
4	Date 01/04/2023		ayee name ill Country Springs, Inc								
6	Amount (\$) \$17.99	P	ayee address; City; S . O. Box 2220 lanchaca, TX 78652	itate; Zip Co	ode						
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense       Image: Check if Austin, TX, officeholder living expense         Image: Check if Austin, TX, officeholder living expense       Office hospitality/water											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	Office sou	ught			Office held			
	Date	Р	ayee name								
	01/26/2023	F	ill Country Springs, Inc								
Amount (\$)Payee address;City;State;Zip Code\$30.99P. O. Box 2220											
	PURPOSE OF EXPENDITURE	<b>(a)</b> C	lanchaca, TX 78652 ategory (See Categories listed at the top of th ood/Beverage Expense	is schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense /water			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Officeholder name	Office sou	ught			Office held			
	Date	Р	ayee name								
	06/15/2023		ill Country Springs, Inc								
	Amount (\$) \$39.57		ayee address; City; S . O. Box 2220	itate; Zip Co	ode						
		N	lanchaca, TX 78652		1						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of th ood/Beverage Expense	is schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense /water			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	Office sou	ught			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Exp Fees Food/Beve Gift/Award nmittee Legal Serv	ense Irage Expense s/Memorials Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense bense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)		
1	Sch: 28/59 Rpt: 47/79	<b>[</b>	Paxton, Angela (Th	e Honorable)			ľ	00081932			
	-							00061932			
4	Date	5	Payee name								
	04/27/2023		Jack Allen's Kitcher	า							
6	Amount (\$)	7	Payee address; C	City; State;	Zip Co	de					
	\$46.94		3010 West Anderso	on Lane							
			Unit D								
			Austin, TX 78757								
_						<i>"</i> 、					
8	PURPOSE OF	(a)	Category (See Categori		edule)	(b) Description					
	EXPENDITURE		Food/Beverage Exp	bense				ide of Texas. Com , officeholder living	•		
						constituent m					
						Constituent	100		levelage		
_	Operation ONITY if all an at							Office h	- 1-1		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder	name C	Office sou	gnt		Office he	eiα		
	Date		Payee name								
	02/09/2023		Julia Faye Consulti	ng LLC							
_	Amount (\$)		Payee address; 0	City; State;	Zip Co	de					
	\$5,000.00		19101 Scoria Drive								
	40,000.00										
			Pflugerville, TX 786	60							
	PURPOSE	(a)	Category (See Categori	es listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Consulting Expense	9				ide of Texas. Com	•		
								, officeholder living	) expense		
						campaign co	nsı	litant			
	Complete ONLY if direct		Candidate/Officeholder	name C	Office soug	ght		Office he	eld		
	expenditure to benefit C/OI	Π									
	Date		Payee name								
	05/27/2023		Kendra Scott								
	Amount (\$)		Payee address; 0	City; State;	Zip Co	Ab					
	\$129.90		888 Watters Creek								
	\$129.90		ooo wallers creek	Bivu Bullulity A							
			Allen, TX 75013								
	PURPOSE	(a)	Category (See Categori	es listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Gift/Awards/Memor	ials Expense		Check if travel	outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITORE							, officeholder living			
						commemoral	tive	mementos	for end of session		
	Complete ONLY if direct		Candidate/Officeholder	name C	Office soug	ght		Office he	eld		
	expenditure to benefit C/OI	Н									
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Fees         Off           Food/Beverage Expense         Po           Gift/Awards/Memorials Expense         Pri	ffice Overh olling Expe inting Expe alaries/Wag	ense Jes/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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 29/59 Rpt: 48/79		Paxton, Angela (The Honorable)				00081932			
4	Date 05/23/2023		Payee name Kendra Scott							
6	Amount (\$) \$418.66		Payee address; City; State; Zi 888 Watters Creek Blvd Building A Allen, TX 75013	ip Code	2					
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense commemorative mementos for end of session										
9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH							Office held			
	Date		Payee name							
	03/28/2023		LAZ Parking							
Amount (\$)     Payee address;     City;     State;     Zip Code       \$10.83     616 San Jacinto Boulevard										
	PURPOSE OF EXPENDITURE	(a)	Austin, TX 78701 Category (See Categories listed at the top of this schedule Event Expense	e) (I			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ce sough	t		Office held			
	Date		Payee name							
	03/29/2023		LAZ Parking							
	Amount (\$) \$10.83		Payee address; City; State; Zi 616 San Jacinto Boulevard	ip Code	2					
			Austin, TX 78701							
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Event Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff parking										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ce sough	t		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	office Overh olling Expe rinting Exp alaries/Wa	ense ges/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 F1:	2	•			2	Filer ID (Ethics Commission Filers)			
-	Sch: 30/59 Rpt: 49/79	2	Paxton, Angela (The Honorable)				00081932			
4	Date 02/27/2023	5	Payee name La Madeleine							
6	6 Amount (\$)       7 Payee address; City; State; Zip Code         \$32.39       8008 State Hwy 121 Suite 100         Frisco, TX 75034									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         (b) Description       Check if travel outside of Texas. Complete Schedule T.         (c) Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         (c) Check if Austin, TX, officeholder living expense       Constituent meeting/food & beverage										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce soug	nt		Office held			
	Date		Payee name							
	06/12/2023		La Parisienne							
	Amount (\$) \$20.82		Payee address; City; State; Z 6740 Winning Drive Suite 1000 Frisco, TX 75034	Zip Cod	e					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule Food/Beverage Expense	le) (	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ting/food & beverage			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce soug	nt		Office held			
	Date		Payee name							
	01/06/2023		Lowes							
	Amount (\$) \$63.79		Payee address; City; State; Z 13201 North Rand Road 620	Zip Cod	e					
			Austin, TX 75717							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule Office Overhead/Rental Expense	le) (		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce soug	nt		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	aymei erhead kpense xpens Xpens Wages	nt/Reimbursement d/Rental Expense e e /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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 31/59 Rpt: 50/79		Paxton, Angela (The Honorable)					00081932		
4	Date 02/05/2023	5	Payee name Lowes							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	nde					
Ŭ	\$7.10 \$									
			Allen, TX 75013							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense										
						office supplie	S			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	01/05/2023		Mail Chimp							
	Amount (\$)		Payee address; City; State	e; Zip Co	ode					
	\$218.53		512 Means Street							
			Suite 404							
			Atlanta, GA 30318							
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T.		
	-					Voter outreac		officeholder living expense		
						voler ourread				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	l ught			Office held		
	Date		Payee name							
	02/06/2023		Mail Chimp							
	Amount (\$)		Payee address; City; State	e; Zip Co	ode					
	\$218.53		512 Means Street							
			Suite 404							
			Atlanta, GA 30318							
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Advertising Expense				, тх,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	l Ight			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fee Foo Gifi nmittee Leg	ent Expense 25 pd/Beverage Expense /Awards/Memorials Exp pal Services e Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 32/59 Rpt: 51/79			a (The Honorab	le)				00081932	· · ·
4	Date 03/06/2023	5	Payee name Mail Chimp							
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Coo	le			
\$205.74 512 Means Street										
			Suite 404							
			Atlanta, GA 30	318						
	DUDDOCE									
8	PURPOSE OF	(a)		ategories listed at the to	op of this sch	edule)	(b) Description	outsi	de of Texas. Com	nlete Schedule T
	EXPENDITURE		Advertising Ex	pense					officeholder living	
							voter outread		Ū	
9	9       Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held								ld	
	Date		Payee name							
	04/05/2023		Mail Chimp							
_	Amount (\$)		Payee address;	City;	State:	; Zip Coo	le			
	\$205.74		512 Means St		,					
	\$200111		Suite 404							
				210						
			Atlanta, GA 30	318						
	PURPOSE OF EXPENDITURE	(a)	Category (See C Advertising Ex	ategories listed at the to pense	op of this sch	edule)		, тх,	de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	nolder name	С	Dffice soug	ht		Office he	łd
	Date		Payee name							
	05/05/2023		Mail Chimp							
-	Amount (\$)		Payee address;	City;	State:	; Zip Coo	le			
	\$205.74		512 Means St		etato,	, <u> </u>				
	\$200.14		Suite 404							
				04.0						
			Atlanta, GA 30	318						
	PURPOSE OF	(a)		ategories listed at the to	op of this sch	edule)	(b) Description			
	EXPENDITURE		Advertising Ex	pense				, TX,	de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officel	nolder name	C	Office soug	ht		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense ense pense ages/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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 33/59 Rpt: 52/79		Paxton, Angela (The Honorable)				00081932			
4	Date	5	Payee name							
	06/05/2023		Mail Chimp							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de					
	\$205.74		512 Means Street							
			Suite 404							
			Atlanta, GA 30318							
_	DUDDOOF	(-)			(J_)					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description	oute	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Advertising Expense				a, officeholder living expense			
					voter outread					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght		Office held			
	Date		Payee name							
	06/30/2023		Mail Pro USA							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$936.23		2016 East Randol Mill Road							
			Suite 408							
			Arlington, TX 76011							
	PURPOSE	(a)	-		(b) Description					
	OF	(,	Category (See Categories listed at the top of this sch Printing Expense	iedule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, тх	a, officeholder living expense			
					constituent high school graduation certificates					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght		Office held			
	Date		Payee name							
	04/17/2023		Marriott Dallas Allen Hotel							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$20.00		777 Watters Creek Boulevard							
			Allen, TX 75013							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description	outo	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Food/Beverage Expense				and officeholder living expense			
							eting/food & beverage			
							5 5 -			
	Complete ONLY if direct	L(	Candidate/Officeholder name	Office sou	aht		Office held			
	expenditure to benefit C/Oł				<b>,</b> -					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage E: Gift/Awards/Memo mmittee Legal Services	pense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/M	yment/Reimbursement rhead/Rental Expense pense pense lages/Contract Labor		Transportation E Travel in District Travel Out of Dis	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	FII FR NAME				3	Filer ID	(Ethics Commission Filers)		
-	Sch: 34/59 Rpt: 53/79	[	Paxton, Angela (The Ho	norable)			ľ	00081932	(		
1	Date	5	Payee name	,							
-	03/15/2023		Must Read Texas								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de					
	\$30.00		807 Brazos Street								
	Suite 202										
	Austin, TX 78701										
•	DUDDOCE					(b) p · · · ·					
8	PURPOSE OF	(a)	Category (See Categories lister	d at the top of this sch	edule)	(b) Description	outei	de of Texas. Com	alete Schedule T		
	EXPENDITURE		Fees					officeholder living			
						newsletter su			•		
								•			
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held									eld		
	Date		Payee name								
	01/17/2023		NTTA								
	Amount (\$)		Payee address; City;	State:	Zip Co	de					
	\$40.00		5900 West Plano Parkw	-	•						
	\$ 10100		Unit 100	ay .							
			Plano, TX 75093								
	PURPOSE OF	(a)	Category (See Categories lister	d at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Travel In District					de of Texas. Com			
						toll fees	Check if Austin, TX, officeholder living expense				
_	Complete ONLV if direct		Candidate/Officeholder name			abt.		Office he	ld		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI				Office sou	Jiit		Office fie	iu -		
		1									
	Date		Payee name								
	01/24/2023		NTTA								
	Amount (\$)		Payee address; City;	State;	Zip Co	de					
	\$20.00		5900 West Plano Parkw	ay							
			Unit 100								
			Plano, TX 75093								
	PURPOSE	(2)				(b) Description					
	OF	^(a)	Category (See Categories lister Travel In District	at the top of this sche	edule)	(b) Description	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		Traver in District					officeholder living			
						toll fees		-			
-	Complete ONLY if direct	Ľ	Candidate/Officeholder name	<u>م</u>	Office sou	aht		Office he	ld		
	expenditure to benefit C/OI				21100 300	g					
_											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ov Polling E: Printing E Salaries/	payme verhea xpens Expen Wage	ent/Reimbursement ad/Rental Expense se se s/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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 35/59 Rpt: 54/79		Paxton, Angela (The Honorable)					00081932			
4	Date	5	Payee name								
	01/30/2023	23 NTTA									
6	6 Amount (\$) 7 Payee address; City; State; Zip Code										
\$20.00 5900 West Plano Parkway											
	Unit 100										
	Plano, TX 75093										
8       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       Travel In District       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense toll fees       Check if Austin, TX, officeholder living expense											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held			
	Date		Payee name								
	02/17/2023 NTTA										
	Amount (\$)		Payee address; City; S	State; Zip Co	ode						
\$20.00 5900 West Plano Parkway											
			Unit 100								
			Plano, TX 75093								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Travel In District	his schedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held			
	Date	Γ	Payee name								
	03/07/2023		NTTA								
	Amount (\$) \$20.00		Payee address; City; S 5900 West Plano Parkway Unit 100 Plano, TX 75093	State; Zip Co	ode						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Travel In District	his schedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memor mmittee Legal Services	pense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 36/59 Rpt: 55/79		Paxton, Angela (The Hor	orable)				00081932		
4	Date	5	Payee name							
	04/03/2023		NTTA							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le				
	\$20.00		5900 West Plano Parkwa	۰. ۱۷	·					
			Unit 100	-						
			Plano, TX 75093							
8	PURPOSE	(a)				(b) Description				
	OF	(")	Category (See Categories listed Travel In District	at the top of this sche	edule)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin	, тх	officeholder living	expense	
						toll fees				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	Jht		Office he	eld	
	Date		Payee name							
	04/24/2023		NTTA							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$20.00		5900 West Plano Parkwa	ıy						
			Unit 100							
			Plano, TX 75093							
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Travel In District		ouuloj		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE					Check if Austin, TX, officeholder living expense				
						toll fees				
			Sandidata (Office halder name			- la 4		Office he	.1.4	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Ĺ	Office sou	Int		Office he	20	
	_	_								
	Date		Payee name							
	05/01/2023		NTTA							
	Amount (\$)		Payee address; City;		Zip Co	le				
	\$20.00		5900 West Plano Parkwa	ıy						
			Unit 100							
			Plano, TX 75093							
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Travel In District					de of Texas. Com		
						toll fees	, IX,	officeholder living	expense	
-	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	iht		Office he	ld	
	expenditure to benefit C/Oł					,				
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ov Polling Ex Printing E Salaries/N	payme verhea xpens Expen Wage	ent/Reimbursement ad/Rental Expense se se s/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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 37/59 Rpt: 56/79		Paxton, Angela (The Honorable)					00081932			
4	Date	5	Payee name								
	05/08/2023	8/2023 NTTA									
6	6 Amount (\$) 7 Payee address; City; State; Zip Code										
\$20.00 5900 West Plano Parkway											
	Unit 100										
	Plano, TX 75093										
8       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       Travel In District       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Voter outreach											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held			
	Date		Payee name								
	05/22/2023 NTTA										
	Amount (\$)			State; Zip Co	ode						
\$20.00 5900 West Plano Parkway											
			Unit 100								
			Plano, TX 75093		_						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Travel In District	nis schedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held			
	Date	Γ	Payee name								
	06/06/2023		NTTA								
	Amount (\$) \$20.00		Payee address; City; S 5900 West Plano Parkway Unit 100 Plano, TX 75093	State; Zip Co	ode						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Travel In District	nis schedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	ayme erhea kpense xpens Xpens Wages	nt/Reimbursement d/Rental Expense e se s/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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 38/59 Rpt: 57/79		Paxton, Angela (The Honorable)					00081932			
4	Date	5	Payee name								
	06/12/2023	23 NTTA									
6	Amount (\$)	7	Payee address; City; St	tate; Zip Co	ode						
\$20.00 5900 West Plano Parkway											
	Unit 100										
	Plano, TX 75093										
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Travel In District</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense toll fees</li> </ul>											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	l ıght			Office held			
	Date	$\square$	Payee name								
	06/20/2023 NTTA										
	Amount (\$)	$\square$	Payee address; City; St	tate; Zip Co	ode						
\$20.00 5900 West Plano Parkway											
			Unit 100								
			Plano, TX 75093								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Travel In District	s schedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	l .ght			Office held			
	Date	Γ	Payee name								
	06/29/2023		NTTA								
	Amount (\$) \$20.00		Payee address; City; Si 5900 West Plano Parkway Unit 100 Plano, TX 75093	tate; Zip Co	ode						
	PURPOSE OF EXPENDITURE	-	Category (See Categories listed at the top of this Travel In District	s schedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense pense ages/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 F1:	2	· · · ·			3	Filer ID (Ethics Commission Filers)			
-	Sch: 39/59 Rpt: 58/79		Paxton, Angela (The Honorable)			ľ	00081932			
4	Date 01/12/2023	5	Payee name P. Terry's Burger Stand							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
-	\$5.36		5701 N Interstate Hwy 35 Austin, TX 78742							
8	PURPOSE	(a)	Category (See Categories listed at the tap of this cate	odulo)	(b) Description					
8       PURPOSE         OF         EXPENDITURE    (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder meal (b) Description Check if Austin, TX, officeholder living expense Officeholder meal (c) Description (c) Descr										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	ght		Office held			
	Date		Payee name							
	06/12/2023		PF Changs							
Amount (\$) Payee address; City; State; Zip Code										
	\$53.90		915 West Bethany Drive Allen, TX 75013							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense od & beverage			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	)ffice sou	ght		Office held			
	Date		Pavee name							
	06/30/2023		Paxton, Angela							
-	Amount (\$)	-	-	Zip Co	de					
	\$2,440.66		P. O. Box 2878	210 00						
			McKinney, TX 75070							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel In District	edule)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense campaign travel per 2023 IRS			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen	L ( F ISE F	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	ment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2		<u> </u>		•	2	Filer ID	(Ethics Commission Filers)	
1	Sch: 40/59 Rpt: 59/79	<u>۲</u>	Paxton, Angela (The Honorable	<b>`</b>			ľ	00081932		
			Faxion, Angela (The Honorable	)				00001932		
4	Date	5	Payee name							
	05/30/2023		Payton Interests, Inc.							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le				
	\$262.00		1609 Chisholm Trail							
	Suite 400									
	Round Rock, TX 78681									
L										
8	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sched	ule)	(b) Description		ide of Tourse Oren	alata Oshashula T	
	EXPENDITURE		Event Expense					ide of Texas. Com , officeholder living		
						souvenir t-sh				
	Complete ONI V if direct		Condidate (Office helder name	Off	Fine cour	b+		Office he		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	UII	fice soug	m		Office he	210	
	Date		Payee name							
	02/16/2023		Plano Republican Women							
⊢	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$150.00		P. O. Box 940461	·						
	+=00.00									
			Plano, TX 75094							
	PURPOSE	(a)	Category (See Categories listed at the top	of this sched	ule)	(b) Description				
	OF EXPENDITURE		Fees					ide of Texas. Com		
	-							, officeholder living		
						sponsorship	01 0	civic organiza	allon	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Off	fice sou	ht		Office he	eld	
	Date		Payee name							
	03/15/2023		Platinum Parking							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$10.00		221 West 6th Street	·						
			Austin TX 79701							
			Austin, TX 78701							
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sched	ule)	(b) Description				
	EXPENDITURE		Event Expense					ide of Texas. Com , officeholder living		
						staff parking	1, 1 A	, onicendider nving	Jexpense	
						stan parking				
⊢										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Off	fice souç	nt		Office he	eia	
	Superioration to benefit 0/01									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide expla	Office Ov Polling Ex Printing E Salaries/	verhe xpen Exper Wage	nse es/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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 41/59 Rpt: 60/79		Paxton, Angela (The Honorable)					00081932		
4	Date 03/24/2023	5	Payee name RentSpree							
6	Amount (\$)	7	Payee address; City; St	ate; Zip Co	ode					
\$38.00 15303 Ventura Boulevard										
	Suite 1150									
	Sherman Oaks, CA 91403									
8	PURPOSE	(0)			(h					
°	OF	(a)	Category (See Categories listed at the top of this Travel Out of District	s schedule)		Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE							officeholder living expense		
						officeholder l	ivin	g expense - utilities		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ughi	t		Office held		
	Date		Payee name							
	05/31/2023		Samuelson, Randy							
	Amount (\$)		Payee address; City; St	ate; Zip Co	ode					
	\$100.00		P. O. Box 2878							
			McKinney, TX 75070							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	s schedule)	(b)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught	t		Office held		
	Date		Payee name							
	05/01/2023		Samuelson, Randy							
	Amount (\$)		-	ate; Zip Co	ode					
	\$100.00		P. O. Box 2878	alo, <u>Lip</u> ol	oue					
			McKinney, TX 75070							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	s schedule)	(b)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ughi	t		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 42/59 Rpt: 61/79		Paxton, Angela (The Honorable)				00081932			
4	Date 03/31/2023	5	Payee name Samuelson, Randy							
6	Amount (\$) \$100.00	7	Payee address; City; State; P. O. Box 2878 McKinney, TX 75070	Zip Coo	le					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Salaries/Wages/Contract Labor	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held			
	Date		Payee name							
	03/31/2023		Samuelson, Randy							
	Amount (\$) \$39.84		P. O. Box 2878	Zip Coo	le					
	PURPOSE OF EXPENDITURE	(a)	McKinney, TX 75070 Category (See Categories listed at the top of this scher Travel Out of District	dule)	Check if Austin	, TX	ide of Texas. Complete Schedule T. , officeholder living expense r campaign travel per 2023 IRS			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held			
	Date		Payee name							
	02/28/2023		Samuelson, Randy							
	Amount (\$) \$100.00		Payee address; City; State; P. O. Box 2878	Zip Coo	le					
			McKinney, TX 75070							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Salaries/Wages/Contract Labor	dule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/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 F1:	2	FII FR NAME		-	3	Filer ID (Ethics Commission Filers)			
	Sch: 43/59 Rpt: 62/79		Paxton, Angela (The Honorable)				00081932			
4	Date 01/25/2023	5	Payee name Samuelson, Randy							
6	Amount (\$) \$19.92	7	Payee address; City; State; P. O. Box 2878 McKinney, TX 75070	Zip Coo	le					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Travel Out of District	dule)	Check if Austin	, TX	ide of Texas. Complete Schedule T. , officeholder living expense r campaign travel per 2023 IRS			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held			
	Date		Payee name							
	01/31/2023		Samuelson, Randy							
	Amount (\$) \$100.00		Payee address; City; State; P. O. Box 2878	Zip Coo	le					
	PURPOSE OF EXPENDITURE	(a)	McKinney, TX 75070 Category (See Categories listed at the top of this scher Salaries/Wages/Contract Labor	dule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held			
	Date		Payee name							
	06/30/2023		Samuelson, Randy							
	Amount (\$) \$100.00		Payee address; City; State; P. O. Box 2878	Zip Coo	le					
			McKinney, TX 75070							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Salaries/Wages/Contract Labor	dule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide exp	Office Pollin Printin Salari	Overhe g Expen ng Expe les/Wag	nse es/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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 44/59 Rpt: 63/79		Paxton, Angela (The Honorable)					00081932			
4	Date	5	Payee name								
	01/13/2023		Senate Purchasing								
6	Amount (\$)	7	Payee address; City;	State; Zip	Code						
	\$25.00		201 East 14th Street								
			Austin, TX 78701								
8	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b	) Description			_		
	OF EXPENDITURE		Advertising Expense	,				ide of Texas. Complete Schedule T.			
								, officeholder living expense			
						campaign ad	ver	rtising expense			
_					<u> </u>				_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office	sough	t		Office held			
	Date		Payee name								
	01/03/2023		Sprint								
	Amount (\$)		Payee address; City;	State; Zip	Code						
	\$254.24		P. O. Box 4191								
			Carol Stream, IL 60197								
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b	) Description					
	OF		Office Overhead/Rental Expense				outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE							X, officeholder living expense			
						officeholder t	ele	communications expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office	sough	t		Office held			
	Date		Payee name						=		
	02/01/2023		Sprint								
	Amount (\$)		•	State; Zip	Code				_		
	\$177.84		P. O. Box 4191	Olulo, Zip	Couc						
	Q111.04		1.0.0004101								
			Carol Stream, IL 60197								
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)	(b	) Description					
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T. , officeholder living expense			
								communication expense			
							510				
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office	Souch	t		Office held	$\dashv$		
	expenditure to benefit C/OI			Onice	Sough	L		Once field			
									$\dashv$		

			EXPENDITURE CATEGO	RIES FOF	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Exp Salaries/W	pense ages/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 F1:	2	•			2	Filer ID (Ethics Commission Filers)	
1	Sch: 45/59 Rpt: 64/79	2	Pitter NAME Paxton, Angela (The Honorable)			J	00081932	
4	Date	5	Payee name					
	03/01/2023		Sprint					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de			
	\$177.84		P. O. Box 4191					
			Carol Stream, IL 60197					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.	
	-						, officeholder living expense	
					Unicendider (	eie	communication expense	
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	nht		Office held	
	expenditure to benefit C/OF				jin			
	Date		Payee name					
	03/31/2023		Sprint					
_	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$177.84		P. O. Box 4191	,				
	<i>Q</i> 11101							
			Carol Stream, IL 60197					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.	
				k if Austin, TX, officeholder living expense Iolder telecommunication expense				
					onicenciaeri			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		Office held	
	expenditure to benefit C/OI	Н			-			
	Date		Payee name					
	05/01/2023		Sprint					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$177.84		P. O. Box 4191	, 1				
	·-····							
			Carol Stream, IL 60197					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.	
							, officeholder living expense	
					onicenoider t	ele	communication expense	
_	Complete ONU V if dire at	Ļ	Condidate/Officebolder as an	Office com	abt			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	JIIL		Office held	
_	-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Ove Polling Ex Printing Ex Salaries/W	kpense /ages/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 F1:	2				•	3	Filer ID (Ethics Commission Fil	ers)
-	Sch: 46/59 Rpt: 65/79	2	Paxton, Angela (The Honorabl	e)				00081932	(13)
4	Date	5	Payee name						
	06/01/2023		Sprint						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de			
	\$177.84		P. O. Box 4191						
			Carol Stream, IL 60197						
8	PURPOSE	(a)	Category (See Categories listed at the to	n of this sch	vedule)	(b) Description			
	OF		Office Overhead/Rental Expen		icuaic)		louts	side of Texas. Complete Schedule T.	
	EXPENDITURE		·					K, officeholder living expense	
						officeholder	tele	ecommunication expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						
	06/30/2023		Sprint						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$177.84		P. O. Box 4191		· •				
	+=								
			Carol Stream, IL 60197						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Office Overhead/Rental Expen		nedule)	Check if Austi	n, TX	side of Texas. Complete Schedule T. K, officeholder living expense ecommunication expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	(	Office sou	ght		Office held	
	Date		Payee name						
	01/09/2023		Squarespace						
_	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$31.39		Eight Clarkson Street, 12th Flo		,p 00				
	+01.00		g.it elanoon ettoot,						
			New York, NY 10014						
	PURPOSE OF	(a)	Category (See Categories listed at the to		nedule)	(b) Description			
	EXPENDITURE		Office Overhead/Rental Expen	ISE				side of Texas. Complete Schedule T. K, officeholder living expense	
-	Complete ONLY if direct	L	Candidate/Officeholder name	(	Office sou	ght		Office held	
	expenditure to benefit C/OI					J -			
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	Overhea Expens Expen s/Wage	se s/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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 47/59 Rpt: 66/79		Paxton, Angela (The Honorable)				00081932				
4	Date 02/07/2023	5	Payee name Squarespace								
6	Amount (\$)	-	Payee address; City; State; Zip	Codo							
0	\$31.39	'	Eight Clarkson Street, 12th Floor New York, NY 10014	Joue							
•	DUDDOCE			6							
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(0)			de of Texas. Complete Schedule T. officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office s	ought			Office held				
	Date		Payee name								
	03/07/2023		Squarespace								
	Amount (\$)		Payee address; City; State; Zip	Code							
	\$31.39		Eight Clarkson Street, 12th Floor New York, NY 10014								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)			de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name Office s	ought			Office held				
	Date		Payee name								
	04/07/2023		Squarespace								
	Amount (\$) \$31.39		Payee address; City; State; Zip Eight Clarkson Street, 12th Floor	Code							
			New York, NY 10014								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)			de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		candidate/Officeholder name Office s	ought			Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Offi Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prir	fice Overh Iling Expe nting Expe Iaries/Wag	ense Jes/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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 48/59 Rpt: 67/79		Paxton, Angela (The Honorable)				00081932			
4	Date 05/08/2023	5	Payee name Squarespace							
6	Amount (\$) \$31.39	7	Payee address; City; State; Zi Eight Clarkson Street, 12th Floor	ip Code	2					
	01.00		New York, NY 10014							
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule Office Overhead/Rental Expense	_{e)} (k			de of Texas. Complete Schedule T. officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office	e sough	t		Office held			
	Date		Payee name							
	06/07/2023		Squarespace							
	Amount (\$) \$31.39		Payee address; City; State; Zi Eight Clarkson Street, 12th Floor	ip Code	3					
	PURPOSE	(a)	New York, NY 10014 Category (See Categories listed at the top of this schedule		) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense	=) (	Check if travel		de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sough	it		Office held			
	Date		Payee name							
	02/12/2023		Staples							
	Amount (\$) \$34.63		Payee address; City; State; Zi 812 West McDermott Drive	ip Code	9					
			Allen, TX 75013							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule Office Overhead/Rental Expense	∍) <b>(</b> t		, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office	e sough	t		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 49/59 Rpt: 68/79		Paxton, Angela (The Honorable)				00081932				
4	Date	5	Payee name			I					
	01/17/2023		T-Mobile								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le						
-	\$64.94	ľ	190 East Stacy Road								
			Suite 207								
		Allen, TX 75002									
8	PURPOSE	(0)			(h) Description						
ð	OF	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	(b) Description	outs	side of Texas. Complete Schedule T.				
	EXPENDITURE		Office Overhead/Rental Expense				C, officeholder living expense				
					officeholder t	ele	ecommunication expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held				
	Date		Payee name								
	02/07/2023		Taco Deli								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$666.88		301 Congress Avenue								
			Austin, TX 78701								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austin	I, TX	side of Texas. Complete Schedule T. K, officeholder living expense e for peer luncheon				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	t		Office held				
	expenditure to benefit C/OF				jiit		Once held				
_	Date	_	Pavee name								
	01/23/2023		Texas Senate								
				710 00							
	Amount (\$)		Payee address; City; State; P. O. Box 12068	Zip Co	le						
	\$1,000.00		P. O. B0X 12008								
			Austin, TX 78711								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Food/Beverage Expense		Check if Austin	I, TX	side of Texas. Complete Schedule T. K, officeholder living expense h session meals				
	Complete ONLY if direct	L(	Candidate/Officeholder name C	Office sou	aht		Office held				
	expenditure to benefit C/OF						-				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
A C C	dvertising Expense accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica rredit Card Payment			Event Expense Fees Food/Beverage E Gift/Awards/Men Legal Services The Instruction		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense (ages/	e /Contract Labor		Travel in District Travel Out of Di	Equipment strict	pense & Related Expense not listed above)
<b>1</b> To	tal pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics	Commission Filers)
So	ch: 50/59 Rpt: 69/79		Paxton, Ang	jela (The Ho	onorable)					00081932		
<b>4</b> Da	ate	5	Payee name									
06	6/30/2023		The Gober	Group								
6 An	nount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$1,050.00		P. O. Box 3	41016								
			Austin, TX 7	'8734								
8	PURPOSE OF				ed at the top of this sch	nedule)	(b)	Description				
E			Legal Servio	ces						de of Texas. Con officeholder livin	•	edule T.
											g expense	
			campaign legal services									
	omplete <u>ONLY</u> if direct penditure to benefit C/OF		Candidate/Offi	ceholder nam	ne o	Office sou	ght			Office h	eld	
Da	ate		Payee name									
01	/06/2023		The Hope C	enter Book	store							
An	nount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$503.03		2001 West	Plano Parkv	vay							
			Suite 1700									
			Plano, TX 7	5075								
	PURPOSE				ed at the top of this sch	a a dula)	(b)	Description				
_	OF		Gift/Awards			ieuuie)	(-)	·	outsic	de of Texas. Con	plete Sche	edule T.
E	XPENDITURE				<b>I</b>			Check if Austin	, TX,	officeholder living	g expense	
								commemorat	ive	mementos	for legi	slative session
	omplete <u>ONLY</u> if direct penditure to benefit C/OF		Candidate/Offi	ceholder nam	ne (	Office sou	ght			Office h	eld	
Da	ate		Payee name									
01	/17/2023		Uber									
An	nount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$26.89		1455 Marke	t Street								
			San Francis	co, CA 941	03							
	PURPOSE OF				ed at the top of this sch	nedule)	(b)	Description				
E			Travel Out of	of District						de of Texas. Con		
								officeholder ti		officeholder living	y expense	
									i ca i i	oportation		
	omplete ONLY if direct		Candidate/Offi	ceholder nam	าย	Office sou	ght			Office h	eld	
ex	penditure to benefit C/OI	Н										

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Glif/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 F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 51/59 Rpt: 70/79	Paxton, Angela (The Honorable)	00081932
4	Date 01/25/2023	Payee name Uber	
6	Amount (\$) \$22.96	Payee address;       City;       State;       Zip       Code         1455 Market Street       San Francisco, CA 94103       San Francisco, CA 94103       San Francisco, CA 94103	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ransportation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/25/2023	Uber	
	Amount (\$) \$20.94	Payee address; City; State; Zip Code 1455 Market Street	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ransportation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/23/2023	Uber	
	Amount (\$) \$11.81	Payee address;City;State;Zip Code1455 Market Street	
		San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense <b>'ansportation</b>
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 52/59 Rpt: 71/79		Paxton, Angela (The Honorable)				00081932			
4	Date	5	Payee name			I				
	02/23/2023		Uber							
6	Amount (\$)	7		; Zip Co	de					
	\$12.97		1455 Market Street							
			San Francisco, CA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Travel Out of District	,			ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					officeholder t	Ian	sponation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Dffice sou	ght		Office held			
	Date		Payee name							
	03/09/2023		Uber							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$10.99		1455 Market Street	•						
			San Francisco, CA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense			
							isportation expense			
	Complete ONLY if direct		Candidate/Officeholder name C	Dffice sou	ght		Office held			
	expenditure to benefit C/OI	H								
	Date		Payee name							
	03/09/2023		Uber							
	Amount (\$)		Payee address; City; State;	; Zip Co	de					
	\$10.91		1455 Market Street							
			San Francisco, CA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense			
							isportation expense			
							. ,			
-	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held			
	expenditure to benefit C/OI	H								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office OV Polling E Printing E Salaries/	verhea xpense Expense Wages	se s/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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 53/59 Rpt: 72/79		Paxton, Angela (The Honorable)					00081932		
4	Date	5	Payee name							
	03/14/2023		Uber							
6	Amount (\$)	7		ite; Zip C	ode					
	\$43.97		1455 Market Street							
			San Francisco, CA 94103							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T. , officeholder living expense		
								isportation expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office so	ught			Office held		
	Date		Payee name							
	04/24/2023		Uber							
	Amount (\$)		Payee address; City; Sta	te; Zip C	ode					
	\$28.14		1455 Market Street							
			San Francisco, CA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s Travel Out of District	schedule)	(b)	Description Check if travel	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE							, officeholder living expense		
						officeholder t	ran	sportation expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	Office so	ught			Office held		
	Date		Payee name							
	05/26/2023		Uber							
	Amount (\$)		Payee address; City; Sta	te; Zip C	ode					
	\$5.31		1455 Market Street	· •						
			San Francisco, CA 94103		ī					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description		ide of Taylog, Complete Catashila T		
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T. , officeholder living expense		
								isportation expense		
-	Complete ONLY if direct		andidate/Officeholder name	Office so	L ught			Office held		
	expenditure to benefit C/Oł			2	9					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         1           Food/Beverage Expense         Polling Expense         1           -         Gift/Awards/Memorials Expense         Printing Expense         1						Travel in District Travel Out of District	oment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME			-	3	Filer ID (E	thics Commission Filers)
	Sch: 54/59 Rpt: 73/79		Paxton, Angela (The Honorable)					00081932	
4	Date 05/26/2023	5	Payee name Uber						
6	Amount (\$) \$7.88	7	Payee address; City; St 1455 Market Street San Francisco, CA 94103	ate;	Zip Co	de			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Travel Out of District	s sche	dule)	Check if Au	stin, TX	side of Texas. Complete (, officeholder living exp nsportation expe	bense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	ffice sou	ght		Office held	
	Date		Payee name						
	06/01/2023		United States Postal Service						
	Amount (\$) \$248.00		Payee address; City; St 475 L'Enfant Plaza SW	ate;	Zip Co	de			
	PURPOSE OF EXPENDITURE		Washington, DC 20260 Category (See Categories listed at the top of this Office Overhead/Rental Expense	sche	dule)			side of Texas. Complete	
	mailbox rental								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	ffice sou	ght		Office held	
	Date		Payee name						
	04/16/2023		Walgreens						
	Amount (\$) \$37.16		Payee address; City; St 6812 North Lamar Boulevard	ate;	Zip Co	de			
			Austin, TX 78752						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Office Overhead/Rental Expense	s sche	dule)		stin, TX	side of Texas. Complete K, officeholder living exp /	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	ffice sou	ght		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office C           Food/Beverage Expense         Polling           Gift/Awards/Memorials Expense         Printing	epayment/Reimbursement werhead/Rental Expense Expense Expense /Wages/Contract Labor 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:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Filer ID (Ethics Commission Filers)					
-	Sch: 55/59 Rpt: 74/79	axton, Angela (The Honorable)		00081932					
4	Date 01/30/2023	ayee name /algreens							
6	Amount (\$) \$24.64	ayee address; City; State; Zip ( 525 West Anderson Lane ustin, TX 78757	Code						
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) ffice Overhead/Rental Expense		tside of Texas. Complete Schedule T. X, officeholder living expense ty					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office s	pught	Office held					
	Date	ayee name							
	02/11/2023	/almart							
	Amount (\$) \$25.68	ayee address; City; State; Zip ( 30 West Exchange Parkway Ilen, TX 75013	Code						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) ffice Overhead/Rental Expense		tside of Texas. Complete Schedule T. X, officeholder living expense X					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	pught	Office held					
	Date	ayee name							
	02/09/2023	/almart							
	Amount (\$) \$100.00	ayee address; City; State; Zip ( 030 Norwood Park Boulevard	Code						
		ustin, TX 78753	İn						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) ffice Overhead/Rental Expense		tside of Texas. Complete Schedule T. X, officeholder living expense ty					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	bught	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/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 F1:	2				3	Filer ID (Ethics Commission Filers)		
-	Sch: 56/59 Rpt: 75/79		Paxton, Angela (The Honorable)			5	00081932		
4	Date 04/22/2023		Payee name Walmart						
6	Amount (\$) \$24.48		Payee address; City; State; 730 West Exchange Parkway Allen, TX 75013	Zip Coo	le				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	dule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	ht		Office held		
	Date		Payee name						
	04/17/2023		Whataburger						
	Amount (\$) \$11.68		Payee address; City; State; 928 South 7th Street Waco, TX 76706	Zip Coo	le				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Travel Out of District	dule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense al/travel		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	ht		Office held		
	Date		Payee name						
	01/05/2023		apple.com						
	Amount (\$) \$2.99		Payee address; City; State; 1 Apple Park Way	Zip Coo	le				
			Cupertino, CA 95014-0642						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schee Office Overhead/Rental Expense	dule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expens Imittee Legal Services The Instruction Guide ex		Office Ove Polling Exp Printing Ex Salaries/W	head/Rei ense pense ages/Con	imbursement ntal Expense tract Labor <b>his form.</b>		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2						2	Filer ID	(Ethics Commission Filers)	
1	Sch: 57/59 Rpt: 76/79		Paxton, Angela (The Honorable)	1					00081932		
4	Date 01/20/2023		Payee name apple.com								
6	Amount (\$)		Payee address; City;	State [.]	Zin Co	1e					
Ũ	\$8.35										
			Cupertino, CA 95014-0642								
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Office Overhead/Rental Expense		edule)			TX,	de of Texas. Com officeholder living	plete Schedule T. g expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	Jht			Office he	eld	
	Date		Payee name								
	01/30/2023		apple.com								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$108.24		1 Apple Park Way Cupertino, CA 95014-0642								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Office Overhead/Rental Expense		edule)			TX,	de of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	jht			Office he	eld	
	Date		Payee name								
	02/21/2023		apple.com								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$9.99		1 Apple Park Way								
			Cupertino, CA 95014-0642								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Office Overhead/Rental Expense		edule)			TX,	de of Texas. Com officeholder livinç	plete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	jht			Office he	əld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	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								
	Sch: 58/59 Rpt: 77/79		Paxton, Angela (The Honorable)	00081932						
4	Date 03/20/2023	5	Payee name apple.com							
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	le					
-	\$9.99	-	1 Apple Park Way		-					
	40100									
			0							
			Cupertino, CA 95014-0642							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	<b>b)</b> Description					
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.			
					software lice		, officeholder living expense			
					soltware lice	ise				
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held			
	Date		Payee name							
	04/20/2023		apple.com							
				7: 0						
	Amount (\$)			Zip Coo	le					
	\$9.99		1 Apple Park Way							
			Cupertino, CA 95014-0642							
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dulo)	<b>b)</b> Description					
	OF	Ľ	Office Overhead/Rental Expense	uule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense			
					software lice	nse				
	Complete ONLY if direct	(	Candidate/Officeholder name Of	ffice souc	ht		Office held			
	expenditure to benefit C/OI	Н								
-	Date	<u> </u>	Payoa nama							
	Date 05/22/2023		Payee name apple.com							
	Amount (\$)			Zip Coo	le					
	\$9.99		1 Apple Park Way							
			Cupertino, CA 95014-0642							
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	<b>b)</b> Description					
	OF	Ľ	Office Overhead/Rental Expense	uuic)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin	, TX,	, officeholder living expense			
					software lice	nse				
	Complete ONLY if direct	. (	Candidate/Officeholder name Of	ffice soug	ht		Office held			
	expenditure to benefit C/OI	H								
-										

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - I Committee	EXPENDITURE CATEGO Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	teimbursement ental Expense entract Labor	Transportation E Travel in District Travel Out of Di		
	-		The Instruction Guide explains	s how to complete	this form.			
1	Total pages Schedule F1: Sch: 59/59 Rpt: 78/79		IE ngela (The Honorable)		3	Filer ID 00081932	(Ethics Commission Filers)	
4	Date	5 Payee nam						
Ī	06/20/2023	apple.com						
6	Amount (\$)	7 Payee addr	ess; City; State	e; Zip Code				
	\$9.99	1 Apple Pa	ark Way					
		Cupertino	CA 95014-0642					
L		-						
8	PURPOSE OF		See Categories listed at the top of this so	thedule) (b) Do	escription			
	EXPENDITURE	Office Ove	erhead/Rental Expense		Check if travel out	side of Texas. Com X officeholder living		
					oftware license		g expense	
						•		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office sought		Office h	eld	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

_	The Instru		pages Schedule K: L/1 Rpt: 79/79			
2	FILER NAME			3	Filer ID	D (Ethics Commission Filers)
	Paxton, Ang	ela	(The Honorable)		00081	1932
4	Date	5	Name of person from whom amount is received		8 Amount (\$)	
	02/08/2023		Remarkable			\$646.25
		6	Address of person from whom amount is received; City; State; Zip Code			
			Oslo 0473 Norway			
		7		politio	cal cont	ribution returned to filer
			officeholder tablet refund			