# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm 00081932		2 Total pages fil	ed: 6
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Angela			Date Received	
INAME					ELECTRONICA	N I V EII ED
						ALLI FILED
	NICKNAME	LAST		SUFFIX	10/07/2024	
		Paxton				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER MAILING	5613 S. Woodcreek Circle					
ADDRESS					Receipt #	Amount
Change of Address	McKinney, TX 75071					
Ш '	Moralinoy, 170 10011				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Dean		IVII		
NAME	IVII.	Dean				
		LAST		SUFFIX		
		Kennedy				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	; STA	ATE; ZIP CODE
ADDRESS	5601 Granite Parkway					
(Residence or Business)	Suite 800					
,	Plano, TX 75024					
7 CAMPAIGN	ADEA CODE DUON	E NUMBER - F	VTENCION			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(972) 701-9106					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	mpaign treasurer
		J com any solore	ы.	L	appointment (office	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
				reporting iiriit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	IROUGH	09/26/20	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P .	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	<b>I</b>		12 OFFICE SOUGH	T (if known)	
11 011102	State Senator District 8 Co	llin		State Senator D		
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 36

13 C / OH NAME	Paxton, Angela (The	Honorable)	<b>14</b> Filer ID (E 00081932	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual expenditual expenditures may have been made without distributed officeholders are required to report this information	the candidate's or officel	holder's knowledge or			
Additional Pages	COMMITTEE TYPE COMMITTEE NAME						
	X GENERAL	Texas Alliance for Life PAC					
		COMMITTEE ADDRESS					
	SPECIFIC	8000 Centre Park Drive					
		Suite 380					
		Austin, TX 78754					
		COMMITTEE CAMPAIGN TREASURER NAME					
		Shaw, James					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
		4505 Corazon Cv					
		Round Rock, TX 78681					
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 62,675.00			
EXPENDITURE TOTALS	RE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.00						
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 21,582.92			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 1,293,256.73			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 1,140,000.00			
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.					
		The Hon	orable Angela Paxton				
		Signature of	Candidate or Officehold	er			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
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 offi	cer administering	Printed name of officer administering	Title of officer	administering oath			

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

			3 (	of 36
<b>18</b> FILER NA Paxton, A	ME Angela (The Honorable)	<b>19</b> Filer ID 00081932	(Ethics Commission File	ers)
	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOU	JNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 62,	675.00
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	S	\$ 21,	582.92
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.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/36
2	FILER NAME Paxton, Ang	ela (The Honorable)		3	Filer ID (Ethics Commission Filers) 00081932
4	Date 09/25/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Action Behavior Centers Texas PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$) \$1,500.00
8	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	9 Employer (See Instructions	)	
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions)  Print Sales  Employer (See Instruction Self				
	Date 08/22/2024				Amount of Contribution (\$) \$25.00
	Principal occu Print Sales	Gordon, TX 76453 pation / Job title (See Instructions)	Employer (See Instructions Self	)	
Date Full name of contributor out-of-state PAC (ID#:  09/22/2024 Blackwell, Christy  Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$25.00	
	Principal occu Print Sales	pation / Job title (See Instructions)	Employer (See Instructions Self	)	
	Date 08/21/2024				Amount of Contribution (\$) \$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	.E <b>A1</b>	
	The Instru	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/36		
2	FILER NAME Paxton, Ang	ela (The Honorable)			3	Filer ID (Ethics Commission 00081932	on Filers)	
4	Date 09/20/2024	<ul> <li>Full name of contributor  o connor Harrington Republican</li> <li>Contributor address; City; State; Z</li> </ul>		)	7	Amount of Contribution (\$)	\$600.00	
8	Principal occu	Plano, TX 75075 pation / Job title (See Instructions)	T.	9 Employer (See Instructions				
•				Employer (See Instructions	)			
	Date 09/09/2024	Full name of contributor		)		Amount of Contribution (\$)	\$100.00	
	Plano, TX 75075							
	Principal occupation / Job title (See Instructions)  Retired  Employer (See Instruction Retired			) 				
	Date 09/26/2024			00097568)		Amount of Contribution (\$)	\$1,000.00	
	Arlington, VA 22209							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:)  09/25/2024 Fuentes, Jr., Francisco  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2,000.00		
	Austin, TX 78759  Principal occupation / Job title (See Instructions)  Architect  Employer (See Instruction Self		Employer (See Instructions Self	)				
	Date 08/14/2024				Amount of Contribution (\$)	\$150.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Retired	)			
				. 104100				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1	
	The Instru	ction Guide explains how to c	omplete this form.	1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/36
2	FILER NAME Paxton, Ang	ela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4	Date 09/20/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$) \$2,500.00
8	Principal occu	Houston, TX 77007-7730 pation / Job title (See Instructions)	9 Employer (See Instructions	)
	Date Full name of contributor out-of-state PAC (ID#:)  07/23/2024 Hu, Shirley  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00	
	Principal occu Retired	Greenville, DE 19807 pation / Job title (See Instructions)	)	
	Date 09/20/2024	Isbell, J.J.  Contributor address; City; State; Zi	ut-of-state PAC (ID#:) ip Code	Amount of Contribution (\$) \$2,500.00
	Principal occu	Pasadena, TX 77508 pation / Job title (See Instructions)	Employer (See Instructions Texas TransEastern	)
	Date 09/26/2024	Full name of contributor X ou JPMorgan Chase & Co, PAC Contributor address; City; State; Zi Washington, DC 20005	ut-of-state PAC (ID#: C00128512 ) ip Code	Amount of Contribution (\$) \$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
	Date 07/24/2024	Full name of contributor out	it-of-state PAC (ID#:)	Amount of Contribution (\$) \$100.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions The Revel Patio Grill	)
			1	

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/36			
2	FILER NAME Paxton, Ange	ela (The Honorable)			3	Filer ID (Ethics Commission 00081932	on Filers)		
4	Date 07/30/2024	<ul> <li>Full name of contributor  out-of-stall out-o</li></ul>			7	Amount of Contribution (\$)	\$25.00		
_	Deireitad	Plano, TX 75075	- la	Faradaya (Carabasta at					
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	<del></del>				
	Date Full name of contributor out-of-state PAC (ID#:) 07/30/2024 McCahon, Ann Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00				
	Plano, TX 75025				·/				
	Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)  Retired			•)					
	Date Full name of contributor out-of-state PAC (ID#:)  09/20/2024 North Texas Automobile Dealers PAC  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5,000.00			
		Irving, TX 75026							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 07/23/2024	Omberg, Roger				Amount of Contribution (\$)	\$25.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)				
	Date 08/01/2024	Pack, Sam	ate PAC (ID#:			Amount of Contribution (\$)	\$2,000.00		
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Pack Automotive Group					
			I						

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains hov	v to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/36	
2	FILER NAME Paxton, Ange	ela (The Honorable)				3	Filer ID (Ethics Commission 00081932	n Filers)
4	Date 07/28/2024			7	Amount of Contribution (\$)	\$25.00		
_		Las Vegas, NV 89130	·	_		L		
8	Officer	pation / Job title (See Instructions	5)	9	Employer (See Instructions US Air Force	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  08/28/2024 Paxton Amedia, Abigail  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
	Principal occur	Las Vegas, NV 89130	s)		Employer (See Instructions	<u>''</u>		
	Principal occupation / Job title (See Instructions)  Officer  Employer (See Instructions  US Air Force		·)					
	Date Full name of contributor out-of-state PAC (ID#:)  07/04/2024 Ramsey, David  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00			
	Principal occur	Plano, TX 75024 pation / Job title (See Instructions			Employer (See Instructions	<u>-,                                     </u>		
	Director	pation / oob title (See Instruction)			Hext Financial Group	"		
	Date 09/25/2024	Full name of contributor Ryan Texas PAC Contributor address; City; S Dallas, TX 75240			)		Amount of Contribution (\$) \$	310,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 07/18/2024	Full name of contributor Scholz, Ben Contributor address; City; S Lavon, TX 75166	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00
	Principal occu Farmer	pation / Job title (See Instruction:	5)		Employer (See Instructions Self	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to comple	te this forn	n.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/36		
2	FILER NAME Paxton, Ange	ela (The Honorable)			3	Filer ID (Ethics Commission Filers) 00081932		
4	Date 07/30/2024	_ `		7	Amount of Contribution (\$) \$2,000.00			
0	Dringing aggu	McKinney, TX 75069	lo.	Employer (See Instructions				
8	Investor	pation / Job title (See Instructions)		Employer (See Instructions Self	)			
	Date Full name of contributor out-of-state PAC (ID#:)  09/21/2024 Stephenson, Frank  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$100.00				
	Greenville, TX 75402  Principal occupation / Job title (See Instructions)  Employer (See Instruction				)			
	Retired	(**************************************		Retired	,			
Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$) \$250.00				
		Sachse, TX 75048						
	Principal occu Contractor	pation / Job title (See Instructions)		Employer (See Instructions Self	)			
	Date 08/21/2024	Terrall, Thomas	PAC (ID#:			Amount of Contribution (\$) \$50.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)			
	Date 09/25/2024	Full name of contributor out-of-state Texans for Conservative Leadership Pa Contributor address; City; State; Zip Code Fort Worth, TX 76126	AC			Amount of Contribution (\$) \$10,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
			l					

	MONET		SCH	łEDU	JLE <b>A1</b>		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedu Sch: 7/7 Rpt: 10/3		
2	FILER NAME Paxton, Ang	ela (The Honorable)		3	Filer ID (Ethics Co		ion Filers)
4	Date 09/26/2024	Full name of contributor	)	7	Amount of Contribut	ion (\$)	\$10,000.00
		Austin, TX 78768-2246					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s) 			
	Date 08/01/2024	Full name of contributor out-of-state PAC (ID#: Wallis, Michael Contributor address; City; State; Zip Code		•	Amount of Contribut	ion (\$)	\$10,000.00
		Richardson, TX 75082					
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Quality Air Products, Inc.				
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#: Whitt, Maggie Contributor address; City; State; Zip Code  Murphy, TX 75094		•	Amount of Contribut	ion (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Retired	<u> </u> 			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula E1.	2 Files ID (Ethics Commission Files)
1	Total pages Schedule F1: Sch: 1/25 Rpt: 11/36	2 FILER NAME Paxton, Angela (The Honorable)  3 Filer ID (Ethics Commission Filers) 00081932
4	Date	5 Payee name
	07/19/2024	Alamo Letter Society
6	Amount (\$) \$4,500.00	7 Payee address; City; State; Zip Code 3716 McFarlin  Dallas, TX 75205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense charitable contribution to 501(c)(3)
		(-)(-)
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/16/2024	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.50	1200 12th Avenue South
		Suite 1200
		Seattle, WA 98144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		office supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/20/2024	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.18	1200 12th Avenue South
		Suite 1200
		Seattle, WA 98144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  office supplies
		Onioc Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/25 Rpt: 12/36	Paxton, Angela (The Honorable) 00081932
4	Date	5 Payee name
	08/20/2024	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.18	1200 12th Avenue South
		Suite 1200
		Seattle, WA 98144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  office supplies
		onice supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/22/2024	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.18	1200 12th Avenue South
		Suite 1200
		Seattle, WA 98144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/26/2024	Anedot.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$149.06	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		merchant fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/25 Rpt: 13/36	Paxton, Angela (The Honorable)		00081932
4	Date	5 Payee name		·
	09/19/2024	Arturo's Cafe		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$9.86	314 West 17th Street		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				officeholder meal/travel
0	Complete ONLY if direct	Candidate/Officeholder name Office soud	hŧ	Office held
9	expenditure to benefit C/OI		ıı IL	Office field
	Date	Davies were		
	09/16/2024	Payee name Bank OZK		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$2,082.11	7197 Lebanon Road		
		Frisco, TX 75034		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				periodic payment on loan
				policula payment on loan
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	08/14/2024	Bank OZK		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$1,074.64	7197 Lebanon Road	-	
	, _,			
		Frisco, TX 75034		
	PURPOSE		h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement	,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	25an repayment rembursement		Check if Austin, TX, officeholder living expense
				periodic payment on loan
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
_	expenditure to benefit C/OI	<u> </u>		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			Legal Services	us Expense	Salaries/V		e /Contract Labor		OTHER (enter a	a category not listed above)	
	Credit Card Payment			The Instruction (	Guide explain	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)
	Sch: 4/25 Rpt: 14/36		Paxton, Ang	ela (The Hono	orable)					00081932		
4	Date	5	Payee name									
	07/01/2024		Brent Hager	ıbuch Campai	gn							
6	Amount (\$)	7	Payee addres	s; City;	Stat	te; Zip Co	de					
	\$2,000.00		2800 Shorel	ine Drive #310	0							
			Denton, TX	76210								
8	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE			s/Donations N							nplete Schedule T.	
			Candidate/C	Officeholder/Po	olitical Com	mittee		campaign cor		officeholder livin	g expense	
								campaign coi	10111	Jation		
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	aht			Office h	eld	
ľ	expenditure to benefit C/OI		Janara ato, o me	onoider name		011100 000	9			011100 11	old	
_	Date	Π	Dayoo nama									
	09/26/2024		Payee name Bryant, Della	a								
	Amount (\$)	$\vdash$	Payee addres		Stat	te; Zip Co	de					
	\$100.00	l	P. O. Box 28	•	Sidi	ic, zip cc	uc					
	4100.00		1 . O. Box 20	,,,								
			McKinney, T	X 75070								
	PURPOSE	┝					(h)	Description				
	OF	(۵)		e Categories listed a ges/Contract		chedule)	(5)	_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Galaries/ VVa	ges/Contract	Labor			Check if Austin,	, TX,	officeholder livin	g expense	
								staff salaries				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	Date		Payee name									
	09/26/2024		Bryant, Della	A								
	Amount (\$)		Payee addres		Stat	te; Zip Co	de					
	\$155.57		P. O. Box 28	378								
		┝	McKinney, T									
	PURPOSE OF	(a)		e Categories listed a	t the top of this s	chedule)	(b)	Description	outoi.	do of Toyon Con	onlote Cohodule T	
	EXPENDITURE		Travel In Dis	strict						officeholder livin	nplete Schedule T. g expense	
											ravel per 2024 IRS	;
								\$0.67/mile.				
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 5/25 Rpt: 15/36	Paxton, Angela (The Honorable)  Calculate Commission Files)  00081932
4	Date	5 Payee name
	07/31/2024	Bryant, Della
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P. O. Box 2878
		McKinney, TX 75070
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Staff salaries
		Stall Salaries
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/31/2024	Bryant, Della
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P. O. Box 2878
		McKinney, TX 75070
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff salaries
		Stall Salaties
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/05/2024	Chick Fil A
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.76	996 US-287
	φ0.70	330 03 201
		Waxahachie, TX 75165
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		officeholder meal/travel
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 6/25 Rpt: 16/36	Paxton, An	gela (The Honorabl	e)				00081932	
4	Date	5 Payee name							
	07/17/2024	Concordia I	Market						
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip C	ode				
	\$5.25	5300 South	Howell Avenue						
		Milwaukee,	WI 53207						
8	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Travel Out	of District			Check if Austin.		officeholder living	
						officeholder n			,
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	07/05/2024	CubeSmart							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$333.00	5 Old Lanca	aster Road						
		Malvern, PA	A 19355						
	PURPOSE OF		ee Categories listed at the to		(b)	Description		df.T O	olete Cohendule T
	EXPENDITURE	Office Over	head/Rental Expen	ise		_		officeholder living	plete Schedule T. g expense
						storage unit			
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office so	ught			Office he	eld
	experialitare to benefit of or								
	Date	Payee name							
	09/04/2024	CubeSmart							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$333.00	5 Old Lanca	aster Road						
		Malvern, PA	A 19355						
	PURPOSE OF		ee Categories listed at the to		(b)	Description		d- 4T -	wlata Cabadul T
	EXPENDITURE	Office Over	head/Rental Expen	ise		브		officeholder living	plete Schedule T.
						storage unit	, , , ,	S.MOCHOIGEI HVIIIQ	, onpolice
						<b>3</b> • •			
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O	Н			-				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica		nmittee	Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a		sted above)
	Credit Card Payment			The Instruction G	uide explains ho	w to cor	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Co	mmission Filers)
	Sch: 7/25 Rpt: 17/36		Paxton, Ang	ela (The Honor	able)					00081932		
4	Date	5	Payee name									
	08/05/2024		CubeSmart									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zin Co	de					
Ĭ	\$333.00	ľ	5 Old Lanca		Otato,	p	uo					
	+333.33		0 0.0 2000									
			Mohrorn DA	10255								
		_	Malvern, PA			-						
8	PURPOSE OF	(a)		e Categories listed at t		ule)	(b)	Description		df.T O	Cabadada	-
	EXPENDITURE		Office Overl	nead/Rental Ex	pense			<b>=</b>		de of Texas. Con officeholder livin		: I.
								storage unit			3 - 1	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	ice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н				•	•					
	Date		Payee name									
	07/15/2024		DoubleTree	by Hilton								
	Amount (\$)	┝	Payee addres		State:	Zin Co	de					
	\$1,624.43		•	isconsin Avenu	,	p	uo					
	Ψ1,024.40		OII WOST W	isconsiii / wene								
			Milwaukoo	WI E3303								
	DUDDOOF	(-)	Milwaukee,			ı	/I- \					
	PURPOSE OF	(a) 		e Categories listed at t	he top of this schedu	ule)	(a)	Description    X   Check if travel	outei	de of Texas. Con	anlete Schedule	. T
	EXPENDITURE		Travel Out o	of District				ш		officeholder livin		: 1.
								officeholder lo				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	ice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/20/2024		Doubletree	Suites Hotel								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$274.95		303 West 15	5th Street								
			Austin, TX 7	8701								
	PURPOSE	(a)		e Categories listed at t			(h)	Description				
	OF	(")	Travel Out of		ne top of this scheal	uie)	(5)		outsi	de of Texas. Con	nplete Schedule	• Т.
	EXPENDITURE		maron out c	n Biotriot				Check if Austin	, TX,	officeholder livin	g expense	
								officeholder lo	odg	jing		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	ice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/25 Rpt: 18/36	Paxton, Angela (The Honorable) 00081932
4	Date	5 Payee name
	09/24/2024	Dvorak, Julia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P. O. Box 2878
		McKinney, TX 75070
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  staff salaries
		Stail Salaries
9	Complete CNI V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_		
	Date	Payee name
	07/31/2024	Dvorak, Julia
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P. O. Box 2878
		McKinney, TX 75070
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  staff salaries
		Stati Salaties
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Oł	
_	_	
	Date	Payee name
	08/31/2024	Dvorak, Julia
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P. O. Box 2878
		McKinney, TX 75070
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZAI ZIADITORZ	Check if Austin, TX, officeholder living expense
		staff salaries
	Complete ONE V. C.	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Cor		Food/Beverage Expens Gift/Awards/Memorials   Legal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 9/25 Rpt: 19/36		Paxton, Ang	gela (The Honora	able)					00081932	
4	Date	5	Payee name								
	07/23/2024		Everlance								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$60.00		2443 Fillmo	re Street							
			Unit 108								
			San Francis	sco, CA 94115							
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			head/Rental Exp		,		<b>=</b>		de of Texas. Com	
	EXI ENDITORE							$\Box$		officeholder living	expense
								software subs	scri	μιση	
_	Complete ONLY if alice -t	Ļ	Condidate /Cff	aahaldar		Office as:	ıab+			O#: !-	Nd.
9	Complete ONLY if direct expenditure to benefit C/O		anuidate/Offi	ceholder name		Office sou	ignt			Office he	eiu
	Date		Payee name								
	08/01/2024		Flower Child	d							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$18.57		2101 Presto	n Road							
			Suite A								
			Plano, TX 7	5093							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			age Expense		•		<b>—</b>		de of Texas. Com	
								_		officeholder living	
								constituent m	CEI	urig/1000 & L	oeveraye
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	l ught			Office he	eld
L	expenditure to benefit C/OI										
	Date		Payee name								
L	07/12/2024		Golden Cor	ridor Republican	Women						
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$200.00		P. O. Box 1	62							
			Frisco, TX 7	'5034 					_		
	PURPOSE OF	(a)		ee Categories listed at th	e top of this sch	edule)	(b)	Description	_		
	EXPENDITURE		Advertising	Expense						de of Texas. Com officeholder living	
								sponsorship (			
								1		<b>5</b>	
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ıght			Office he	eld
	expenditure to benefit C/O	Н					-				

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/25 Rpt: 20/36	Paxton, Angela (The Honorable) 00081932
4	Date	5 Payee name
	08/01/2024	Google G Suite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  software license
		Software licerise
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	David and a second a second and
	07/01/2024	Payee name
L		Google G Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Software license
		Soltware mornise
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	09/03/2024	Google G Suite
L	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amphitheatre Parkway
	φ10.33	1000 Amphilileane Faikway
		Manustain Vienna OA 04040
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		software license
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/25 Rpt: 21/36	Paxton, Angela (The Honorable)		00081932
4	Date	5 Payee name		-
	09/04/2024	Hill Country Springs, Inc		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$20.57	P. O. Box 2220		
		Manchaca, TX 78652		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDHORL			Check if Austin, TX, officeholder living expense
				office hospitality/water
_	Complete ONLY if direct	Condidate/Officeholder name Office cours	h+	Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	nι	Office held
_				
	Date	Payee name		
	08/02/2024	Hill Country Springs, Inc		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$43.56	P. O. Box 2220		
		Manchaca, TX 78652		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				office hospitality/water
	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
	expenditure to benefit C/O	4		
	Date	Payee name		
	07/02/2024	Hill Country Springs, Inc		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$7.58	P. O. Box 2220		
	*****			
		Manchaca, TX 78652		
	PURPOSE		'h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	IJ	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Pood/Beverage Expense		Check if Austin, TX, officeholder living expense
				office hospitality/water
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/Ol	1		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 12/25 Rpt: 22/36	2 FILER NAME Paxton, Angela (The Honorable)  3 Filer ID (Ethics Commission Filers) 00081932
4	Date	5 Payee name
	09/05/2024	Mail Chimp
	Amount (\$) \$171.63	7 Payee address; City; State; Zip Code 512 Means Street Suite 404 Atlanta, GA 30318
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense voter outreach
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/05/2024	Payee name Mail Chimp
	Amount (\$) \$171.63	Payee address; City; State; Zip Code 512 Means Street Suite 404 Atlanta, GA 30318
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense voter outreach
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 07/05/2024	Payee name Mail Chimp
	Amount (\$) \$173.76	Payee address; City; State; Zip Code 512 Means Street Suite 404 Atlanta, GA 30318
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense voter outreach
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/25 Rpt: 23/36	Paxton, Angela (The Honorable) 00081932
4	Date	5 Payee name
	08/28/2024	Microsoft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.76	One Microsoft Way
		Redmond, WA 98052-6399
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  software license
		Software neerise
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/OI	
	Date	Payee name
	09/24/2024	NTTA
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	5900 West Plano Parkway
	Ψ=0.00	Unit 100
		Plano, TX 75093
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel systems of Toyon Complete Schedule T
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		toll fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/16/2024	NTTA
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	5900 West Plano Parkway
		Unit 100
		Plano, TX 75093
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		toll fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>1</b>

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Poll	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F. Sch: 14/25 Rpt: 24/3	
4 Date 09/11/2024	5 Payee name NTTA
6 Amount (\$) \$20.0	7 Payee address; City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense toll fees
Complete ONLY if direct expenditure to benefit C.	
Date 09/03/2024	Payee name NTTA
Amount (\$) \$20.0	Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense toll fees
Complete ONLY if direct expenditure to benefit Co	
Date 08/28/2024	Payee name NTTA
Amount (\$) \$20.0	Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense toll fees
Complete ONLY if direct expenditure to benefit Co	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 15/25 Rpt: 25/36	2 FILER NAME Paxton, Angela (The Honorable)  3 Filer ID (Ethics Commission Filers) 00081932
4	Date 08/20/2024	5 Payee name NTTA
6	Amount (\$) \$21.09	7 Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense toll fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/12/2024	Payee name NTTA
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense toll fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/02/2024	Payee name NTTA
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense toll fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card F ayment	The Instruction Guide explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3	Filer I	D	(Ethics Commission Filer	s)
	Sch: 16/25 Rpt: 26/36	Paxton, Angela (The Honorable)		0008	1932			
4	Date	5 Payee name						
	07/15/2024	NTTA						
6	Amount (\$)	7 Payee address; City; State; Zip Co	de					
	\$20.00	5900 West Plano Parkway						
		Unit 100						
		Plano, TX 75093						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(h)	Description				
•	OF	Travel In District	(~)	Check if travel out	side of Tex	as. Com	plete Schedule T.	
	EXPENDITURE	Travor in Biodriot		Check if Austin, T	K, officeho	der living	expense	
				toll fees				
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		0	ffice he	eld	
	expenditure to benefit C/Ol	1						
	Date	Payee name						
	08/08/2024	Panera Bread						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$27.80	951 West Bethany Drive						
		Allen, TX 75013						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF	Food/Beverage Expense		Check if travel out	side of Tex	as. Com	plete Schedule T.	
	EXPENDITURE	5		Check if Austin, T				
				staff meeting/fo	od & b	everaç	ge	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght		0	ffice he	eld	
	Date	Payee name						
	07/31/2024	Panera Bread						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$45.38	951 West Bethany Drive						
		Allen, TX 75013						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beverage Expense		Check if travel out				
	EX. ENDITORE			Check if Austin, T				
				staff meeting/fo	ou & D	everaç	ye	
	Complete ONU V Station	Condidate/Officeholder norma	a. le 4			ec -	S.I.al	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt		O	ffice he	eiu	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			Vages	/Contract Labor		OTHER (enter	a category not listed a	above)
L		_		The Instruction G	uide explains	now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME	≣					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 17/25 Rpt: 27/36	l	Paxton, An	gela (The Hono	rable)					00081932		
4	Date	5	Payee name									
	09/16/2024	l	Panera Bre									
Ļ		┡										
l٥	Amount (\$)	'	Payee addre	•	State;	Zip Co	ae					
	\$33.93	l	951 West I	Bethany Drive								
		l										
l		l	Allen, TX 7	5013								
8	PURPOSE	(a)	Category	ee Categories listed at			(b)	Description				
ľ	OF	``'		ee Categories listed at rage Expense	the top of this sch	edule)	(~)	`	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE	l	roou/beve	age Expense				<b>=</b>		officeholder livir		
		l						staff meeting/	/foc	d & bevera	ıge	
		l										
9	Complete ONLY if direct	Ц,	`andidate/Off	iceholder name		Office sou	aht			Office h	n l d	
ľ	expenditure to benefit C/OI		Janulaate/On	iceriolaei riairie		Jilice 30u	giit			Office i	Ciu	
┡		_										
	Date	l	Payee name									
	08/16/2024		Parking Sys	stems of Americ	ca							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$14.45	l	4220 Gurle	y Avenue								
		l										
		l	Dallas, TX	75222								
L		L.										
	PURPOSE OF	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b)	Description				
	EXPENDITURE	l	Event Expe	ense				<b>=</b>		de of Texas. Cor officeholder livir	nplete Schedule T.	
		l						event parking		onicendider livii	y expense	
								eveni paning	,			
⊢	Operation ONE Vitation of	Ц	2 11 - 1 - 4 - 10 ff			<b></b>				Off: I	-1-1	
l	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Off	iceholder name	C	Office sou	gnt			Office h	eia	
L												
	Date		Payee name									
	09/05/2024		ParkingMai	nagement.com								
H	Amount (\$)		Payee addre	ss; City;	State:	Zip Co	de					
	\$14.95	l	303 Red Ri	•	,							
	41.00	l	000 1100 111	101 011 001								
		l										
			Austin, TX	78701								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	l	Event Expe	ense				브			nplete Schedule T.	
	EXI ENDITORE	l								officeholder livir	g expense	
		l						event parking	J			
L												
	Complete ONLY if direct		Candidate/Off	iceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										
Г												
l												
ĺ												

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/25 Rpt: 28/36	Paxton, Angela (The Honorable) 00081932
4	Date	5 Payee name
	07/15/2024	Pharaohs Transportation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$69.76	250 East Wisconsin Avenue
		18th Floor
		Milwaukee, WI 53202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		officeholder transportation expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	07/23/2024	Plano Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	P. O. Box 940461
	,	
		Plano, TX 75094
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense sponsorship of civic organization
		Sportsorship of civic organization
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	09/24/2024	Robert Huff Designs
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P. O. Box 280595
		Memphis, TN 38168
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense officeholder office supplies
		officeriolaer office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/25 Rpt: 29/36	Paxton, Angela (The Honorable) 00081932
4	Date	5 Payee name
	07/08/2024	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.91	Eight Clarkson Street, 12th Floor
		New York, NY 10014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  web hosting
		web nosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨		
	Date	Payee name
L	08/07/2024	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.18	Eight Clarkson Street, 12th Floor
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		web hosting
L	Commists ONII V if diseast	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┕	·	
	Date	Payee name
	09/09/2024	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.18	Eight Clarkson Street, 12th Floor
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		web hosting
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
lacksquare		
L		

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card F ayment	The Instruction Guide explains how to co	mplete this form.						
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 20/25 Rpt: 30/36	Paxton, Angela (The Honorable)	00081932						
4 Date	5 Payee name							
08/30/2024	T-Mobile							
6 Amount (\$)	7 Payee address; City; State; Zip Co	de						
\$177.84	190 East Stacy Road							
	Suite 207							
	Allen, TX 75002							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		officeholder telecommunication expense						
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held						
expenditure to benefit C/O	Н							
Date	Payee name							
08/01/2024	T-Mobile							
Amount (\$)	Payee address; City; State; Zip Co							
\$177.84								
	Suite 207							
	Allen, TX 75002							
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE		Check if Austin, TX, officeholder living expense						
		officeholder telecommunication expense						
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
5.	T _							
Date	Payee name T-Mobile							
07/01/2024								
Amount (\$)	Payee address; City; State; Zip Co	de						
\$177.84	190 East Stacy Road							
	Suite 207							
	Allen, TX 75002							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		officeholder telecommunication expense						
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held						
expenditure to benefit C/O	Н							

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/25 Rpt: 31/36	Paxton, Angela (The Honorable) 00081932
4	Date	5 Payee name
	07/12/2024	The Gober Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,404.00	P. O. Box 341016
		Austin, TX 78734
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign legal services
		campaign legal services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/26/2024	The Gober Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,744.50	P. O. Box 341016
	, ,	
		Austin, TX 78734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign legal services
		ouripaign legal services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/17/2024	Uber
_	Amount (\$)	Payee address; City; State; Zip Code
	\$25.94	1455 Market Street
	Φ25.94	1433 Warker Street
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		officeholder transportation expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/25 Rpt: 32/36	Paxton, Angela (The Honorable) 00081932
4	Date	5 Payee name
	08/05/2024	Umai Sushi
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$91.32	470 Adriatic Parkway
		Suite 1106
		McKinney, TX 75070
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		constituent meeting/food & beverage
Ļ	2	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/04/2024	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	120 North Interstate 35 East Road
		Lancaster, TX 75146
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense officeholder meal/travel
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/18/2024	Zin Zen Wine Bistro
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.38	6841 Virginia Parkway
		Suite 104
		McKinney, TX 75071
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		constituent meeting/food & beverage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to beliefft G/OI	•

### SCHEDULE F1

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains	Office Overhomer Polling Expension Printing Expension Salaries/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 Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 23/25 Rpt: 33/36		Paxton, Angela (The Honorable)			00081932				
4	Date	5	Payee name							
	09/16/2024		apple.com							
6	Amount (\$)	7	Payee address; City; State	; Zip Code	9					
	\$10.81		1 Apple Park Way  Cupertino, CA 95014-0642							
8	PURPOSE	_	·	10	N Bii					
•	OF EXPENDITURE	Office Overhead/Rental Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		andidate/Officeholder name	Office sough	nt		Office held			
	Date		Payee name							
	09/19/2024	;	apple.com							
	Amount (\$)	I	Payee address; City; State	; Zip Code	)					
	\$9.99	:	L Apple Park Way							
		(	Cupertino, CA 95014-0642							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	nedule) (k	<u> </u>	, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		andidate/Officeholder name (	Office sough	nt		Office held			
	Date	ı	Payee name							
	07/22/2024	,	apple.com							
	Amount (\$) \$9.99	l	Payee address; City; State L Apple Park Way	; Zip Code	9					
		(	Cupertino, CA 95014-0642							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	nedule) (k		, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Officeholder name	Office sough	nt		Office held			
	rms provided by Tayas F	4la:-	Commission www.athics.s	atoto trave			Version V// 1.0 /18da51f:			

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 24/25 Rpt: 34/36	Paxton, Angela (The Honorable)	00081932
4	Date	5 Payee name	<u> </u>
	07/17/2024	apple.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.81	1 Apple Park Way	
		Cupertino, CA 95014-0642	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		L	Check if Austin, TX, officeholder living expense
		3	software licerise
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
Ĭ	expenditure to benefit C/O		Office field
_	Date	Davisa nama	
	08/16/2024	Payee name apple.com	
		11	
	Amount (\$) \$10.81	Payee address; City; State; Zip Code  1 Apple Park Way	
	\$10.01	1 Apple Park Way	
		Curantina CA 05014 0642	
		Cupertino, CA 95014-0642	
	PURPOSE OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if dustin, TX, officeholder living expense
		s	software license
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	08/20/2024	apple.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.99	1 Apple Park Way	
		Cupertino, CA 95014-0642	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		s	software license
			200
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	, a		

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	mmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense		nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	 E				3	Filer ID	(Ethics Commission Filers)
	Sch: 25/25 Rpt: 35/36			ngela (The Honora	ble)				00081932	
4	Date	5	Payee name	<del></del>						
	08/19/2024		apple.com							
6	Amount (\$)	7	Payee addr	ess; City;	State;	Zip Code	)			
	\$21.64		1 Apple Pa	ark Way						
			Cupertino,	CA 95014-0642						
8	PURPOSE OF	(a)	Category (	See Categories listed at the	top of this sch	edule) (b	) Description			
	EXPENDITURE		Office Ove	rhead/Rental Expe	ense		_		ide of Texas. Comp , officeholder living	
							software lic			сирение
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	C	Office sough	t		Office he	eld

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

COLLEGIUE	
SCHEDULE	
SCHEDULE	

The Instruction Guide explains how to complete this form.						1 Total pages Schedule T: Sch: 1/1 Rpt: 36/36		
2 FILER NAME	ER NAME					3 Filer ID (Ethics Commission Filers)		
Paxton, Angela (The Honorable)						00081932		
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Concordia Market								
5 Contribution / Expenditure reported on:								
Schedule A2								
Schedule F2	Schedule F4 Schedule G Schedule H					Schedule COH-UC	X Scriedule 11	
6 Dates of Travel	7 Name of person(s) traveling Paxton, Angela (Sen.)							
-								
07/17/2024	8 Departure city or name of departure location							
07/17/2024	9 Destination city or name of destination location							
10 Means of transportation   11 Purpose of travel (including name of conference, seminar, or other event) political party event								
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee								
DoubleTree by Hilton								
Contribution / Expenditure reported on:								
Schedule A2								
Schedule F2		Schedule F4	Schedule G	Schedule H		Schedule COH-UC		
Dates of Travel	Name of person(s) traveling							
	Paxton, Angela (Sen.)							
07/15/2024	Departure city or name of departure location							
-	Destination city or name of destination location							
07/15/2024								
Means of transportation Purpose of travel (including name of conference, seminar, or other ever						r event)		
political party event								
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee								
Pharaohs Transportation								
Contribution / Expenditure reported on:								
Schedule A2		Schedule B	Schedule B(J)	Schedule C2		Schedule D	X Schedule F1	
Schedule F2		Schedule F4	Schedule G	Schedule H		Schedule COH-UC		
Dates of Travel	Name of person(s) traveling Paxton, Angela (Sen.)							
-	Departure city or name of departure location							
07/15/2024								
07/15/2024	Destination city or name of destination location							
Means of transportation		Purpose of travel (including name of conference, seminar, or other event) political party event						