CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	•	cs Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00051407		57			Date Received	
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	NAME	The Honorable	W. Kenneth			07/29/2025	
		NICKNAME	LAST		SUFFIX	1	
		Ken	Paxton		Jr.	Date Hand-delivered or I	Date Postmarked
4	ORIGINAL	January 15	Runoff	Other (s	pecify)		
	REPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after camp				
		8th day before election	appointment (office	• •		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	ar	Month Day	Year	Data Imaged	
J	COVERED	01/01/2025	THROUGH	06/30/2025	rear	Date Imaged	
6	EXPLANATION OF C					<u>!</u>	
	included as inkind concontributions received	remove entries that will be ntributions on the campaigr d or the total expenditures r eriod and the total principa al report.	n finance report due to made as compared to t	a records error. There the original report. The	has been no che total political co	nange to the total mo ontributions maintain	onetary led as of the last
7	AFFIDAVIT		and	ear, or affirm, under po correct. ck the box next to any	, , , ,		report is true
			X	Semiannual reports was made in good fa misrepresent the info	aith and without	an intent to mislead	
			X	Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	the 14th busines ginally filed is in t any error or om	ss day after the date accurate or incomple	l learned ete. l
						nneth Paxton Jr.	
	AFFIX NOTARY ST	AMP / SEAL ABOVE		Signatu	ire of Candidate	or Oπiceholder	
	ATTIX NOTALLEST	WII / SEAL ADOVE					
	Sworn to and subsc	ribed before me, by the sai	d		, this th	ne	day
	of	, 20, to cer	tify which, witness my l	hand and seal of office	 ,		
	Signature of office	er administering oath	Printed name of of	fficer administering oat	th T	Fitle of officer admini	stering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete	this form.	Filer ID (Ethics Commit		2 Total pages fil	led: 57
3 CANDIDATE /	MS / MRS / MR FI	IRST		MI	OFFICE (JSE ONLY
OFFICEHOLDER NAME	The Honorable W	V. Kenneth			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME			CUEFIX	07/29/2025	
		AST 'axton		SUFFIX Jr.	0112312023	
				JI.		
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	UITE#; CITY	' ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	PO Box 3476					<u> </u>
ADDRESS					Receipt #	Amount
Change of Address	McKinney, TX 75070					
					Date Processed	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS / MRS / MR FII	RST		MI		
TREASURER		adison P.		1411		
NAME	IVI	auison F.				
	NIO(4)445					
		AST avante		SUFFIX		
	H	ayworth				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BC	DX PLEASE);	AP	r / SUITE #; CITY	; STA	ATE; ZIP CODE
ADDRESS	4616 Indigo Drive					
(Residence or Business)						
	Killeen, TX 76542					
7 CAMPAIGN	AREA CODE PHONE N	WIMPED EV	KTENSION			
TREASURER		NUMBER E	X I ENSION			
PHONE	(469) 667-3409					
8 REPORT						
TYPE	January 15	30th day before 6	election \square	Runoff	15th day after ca	mnaign treasurer
		cour day solore t		L	appointment (offi	
	X July 15	8th day before el	ection	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	THE	ROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pri	mary	Runoff	Other	
		☐Ge	neral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	Γ (if known)	
	Attorney General				()	
	, , , , , , , , , , , , , , , , , , , ,					
		GO TO	D PAGE 2			
ı						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 57

13 C / OH NAME	Paxton Jr., W. Kenne	th (The Honorable	9)	14 Filer ID (00051407	Ethics Co	mmission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	OM candidate / officeholder. These expenditures may have been made without the candidate's or officeholtrical consent. Candidates and officeholders are required to report this information only if they receive not						
Additional Pages	COMMITTEE TYPE COMMITTEE NAME						
	GENERAL	COMMITTEE ADD	RESS				
	SPECIFIC						
		COMMITTEE CAM	IPAIGN TREASURER NAME				
		COMMITTEE CAM	IPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELEC		\$	635.00	
		AL CONTRIBUTION PLEDGES, LOANS,	NS OR GUARANTEES OF LOANS	5)	\$	1,735.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EX	(PENDITURES		\$	0.00	
	4. TOTAL POLITIC	AL EXPENDITURE	S		\$	294,496.03	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IS MAINTAINED AS OF THE L	AST DAY OF THE	\$	2,664,612.97	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	850,000.00	
17 AFFIDAVIT		•	l swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.				
			The Honorab	le W. Kenneth Paxto	n Jr.		
			Signature of	Candidate or Officehold	der	_	
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subso	cribed before me, by the s	aidertify which, witness	my hand and seal of office.	, this the		day	
	er administering		of officer administering	Title of officer	administe	ering oath	

SUBTOTALS - C/OH

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

					4 of 57
-	ER NAN kton Jr.	19 Filer ID 00051407	(Ethio	cs Commission Filers)	
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,735.00
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	;	\$	250,346.65
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	44,149.38
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
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	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	20,991.86

6 Contributor address; City; State; Zip Code Schertz, TX 78154 8 Principal occupation / Job title (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)		MONETARY POLITICAL CONTRIBUTION	SCHEDULE A1	
Paxton Jr., W. Kenneth (The Honorable) 4 Date		The Instruction Guide explains how to complete this for		
A Date 06/28/2025 S Full name of contributor	2			
Principal occupation / Job title (See Instructions) retired Date O6/26/2025 Bell, BR Contributor address; City; State; Zip Code LOMBARD, IL 60148 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$1,000.0	4	Date 5 Full name of contributor out-of-state PAC (ID#: 06/28/2025 Bailey, Ernest)	
retired Date				
06/26/2025 Bell, BR Contributor address; City; State; Zip Code LOMBARD, IL 60148 Principal occupation / Job title (See Instructions) Employer (See Instructions)	8)
LOMBARD, IL 60148 Principal occupation / Job title (See Instructions) Employer (See Instructions))	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		
		Principal occupation / Job title (See Instructions))

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

	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: 1/44 Rpt: 6/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	01/21/2025	A-Team Digital
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,100.00	P.O. Box 1243
		Alexandria, VA 22313
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Compaign consulting
		Campaign consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/31/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.47	P.O. Box 536216
		Atlanta, GA 30353
	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
		campaign telecommunications
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date 05/19/2025	Payee name AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.41	P.O. Box 536216
		Atlanta, GA 30353
	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
		campaign telecommunications
		campaign telecommunications
	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 Event Expense Fees Food/Beverage Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Over Polling Ex Printing Ex Salaries/M	kpense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
┝	Total manus Cala 11 Er	<u> </u>	·		p.ete tina torini	_	Files ID	(Ethiop Commission Eller)
$ ^1$	Total pages Schedule F1:	2				3		(Ethics Commission Filers)
L	Sch: 2/44 Rpt: 7/57	L	Paxton Jr., W. Kenneth (The Honorable	e)		L	00051407	
4	Date	5	Payee name					
	03/31/2025		AT&T					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$55.86		P.O. Box 536216 Atlanta, GA 30353					
8	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Com	
					campaign tel		, officeholder living mmunication	
I					Jampaign (el		ai noau	
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name C	Office sou	ght		Office he	eld
Γ	Date		Payee name					
I	04/18/2025		AT&T					
H	Amount (\$)	\vdash	Payee address; City; State;	Zip Co	de			
	\$80.20		P.O. Box 536216					
	,,,,,,		-					
			Atlanta, GA 30353					
\vdash	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF	<u> </u> `	Office Overhead/Rental Expense	caule)	_ `	outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE				ш		, officeholder living	· ·
					campaign tel	ecc	ommunicatio	ns
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name C	Office sou	ght		Office he	eld
L		_						
	Date		Payee name					
	06/18/2025		AT&T					
Г	Amount (\$)	\vdash	Payee address; City; State;	Zip Co	de			
	\$80.53		P.O. Box 536216	-				
			Atlanta, GA 30353					
\vdash	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF	`	Office Overhead/Rental Expense	caui c)		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE						, officeholder living	
					campaign tel	eco	ommunication	ns
L		L						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed abov	/e)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 3/44 Rpt: 8/57	Paxton Jr.,	W. Kenneth (The H	onorable)				00051407		
4	Date	5 Payee name	9							
	01/03/2025	AT&T								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode					
	\$1,474.82	P.O. Box 5	36216							
		Atlanta, G	A 30353		,					
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expens	se		_		ide of Texas. Com , officeholder living		
						campaign tele				
						oapa.g to				
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	<u>l</u> ught			Office he	eld	
F	Date	Payee name								
	03/03/2025	AT&T								
H	Amount (\$)	Payee addr	ess; City;	State: Zip Co	ode					
	\$1,546.86	P.O. Box 5		·						
	• •									
		Atlanta, G	A 30353							
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expens	se				ide of Texas. Com , officeholder living		
						campaign tele				
						oapa.g to				
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	<u>l</u> ught			Office he	eld	
F	Date	Payee name								
	04/25/2025	American A								
H	Amount (\$)	Payee addr		State; Zip Co	nde					
	\$8.00	1 1	n Carter Blvd	State, Zip O	ouc					
	Ψ0.00	4233 AIII0	i carter biva							
		Fort Worth	, TX 76155							
	PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In D	District					ide of Texas. Com		
								, officeholder living		
						Campaign St	an	Havel Allia	ie	
\vdash	Complete ONLY if direct	Candidata/Of	ficeholder name	Office	labt			Office	ald	
	Complete ONLY if direct expenditure to benefit C/OI		ncenoidel name	Office sou	ayıll			Office he	ziu	
\vdash										
_										

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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 4/44 Rpt: 9/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	01/22/2025	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.00	4255 Amon Carter Blvd
		Fort Worth, TX 76155
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Staff Travel Airfare
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/30/2025	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$113.48	4255 Amon Carter Blvd
		Fort Worth, TX 76155
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Staff Travel Airfare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	05/21/2025	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$334.06	4255 Amon Carter Blvd
		Fort Worth, TX 76155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Staff Travel Airfare
		Campaigh Stall Haver Amare
\vdash	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 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: 5/44 Rpt: 10/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	04/24/2025	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$355.48	4255 Amon Carter Blvd
		Fort Worth, TX 76155
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Staff Travel Airfare
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/06/2025	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$371.88	4255 Amon Carter Blvd
		Fort Worth, TX 76155
	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
		Campaign Staff Travel Airfare
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitire to benefit C/OI	<u>'</u>
	Date	Payee name
	02/18/2025	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$398.48	4255 Amon Carter Blvd
		Fort Worth, TX 76155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Staff Travel Airfare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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
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: 6/44 Rpt: 11/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	03/03/2025	American Airlines
6	Amount (\$) \$405.48	7 Payee address; City; State; Zip Code 4255 Amon Carter Blvd
		Fort Worth, TX 76155
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 Campaign Staff Travel Airfare
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	American Airlines
	Amount (\$) \$437.58	Payee address; City; State; Zip Code 4255 Amon Carter Blvd
		Fort Worth, TX 76155
	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 Campaign Staff Travel Airfare
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/21/2025	American Airlines
	Amount (\$) \$443.48	Payee address; City; State; Zip Code 4255 Amon Carter Blvd
		Fort Worth, TX 76155
	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 Campaign Staff Travel Airfare
	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 Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 7/44 Rpt: 12/57	2 FILER NAME Paxton Jr., W. Kenneth (The Honorable) 3 Filer ID (Ethics Commission Filers) 00051407
4	Date	5 Payee name
	02/18/2025	American Airlines
6	Amount (\$) \$448.48	7 Payee address; City; State; Zip Code 4255 Amon Carter Blvd Fort Worth, TX 76155
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Campaign Staff Travel Airfare
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/23/2025	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$473.49	4255 Amon Carter Blvd
		Fort Worth, TX 76155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Campaign Staff Travel Airfare
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$486.48	4255 Amon Carter Blvd
		Fort Worth, TX 76155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Staff Travel Airfare
_	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 Com

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	Al 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: 8/44 Rpt: 13/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4 Date	5 Payee name
03/03/2025	American Airlines
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$41.00	4255 Amon Carter Blvd
	Fort Worth, TX 76155
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Staff Travel Airfare
	Campaign Stall Haver/Alliare
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	the state of the s
Date	Payee name
05/21/2025	American Airlines
Amount (\$)	Payee address; City; State; Zip Code
\$593.37	4255 Amon Carter Blvd
	Fort Worth, TX 76155
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Staff Travel Airfare
	Sampaigh Stail Haver Alliace
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
<u> </u>	T -
Date	Payee name
03/24/2025	American Airlines
Amount (\$)	Payee address; City; State; Zip Code
\$598.49	4255 Amon Carter Blvd
	Fort Worth, TX 76155
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	Compaign Stoff Troyal Airfora
	Campaign Staff Travel Airfare
Complete CMLV if dire	Condidate/Officeholder name Office pought
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
,	

SCHEDULE F1

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

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	
1	. 3	
	Sch: 9/44 Rpt: 14/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	04/21/2025	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$138.49	4255 Amon Carter Blvd
		Fort Worth, TX 76155
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Staff Travel Airfare
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	04/07/2025	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$848.48	4255 Amon Carter Blvd
		Fort Worth, TX 76155
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Staff Travel Airfare
		Campaigh Stan Traver/Antare
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	03/26/2025	American Airlines
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,628.18	4255 Amon Carter Blvd
		Fort Worth, TX 76155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Compairs Staff Traval Airfore
		Campaign Staff Travel Airfare
_	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 Com

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/44 Rpt: 15/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	01/10/2025	Anedot.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	1340 Poydras St Suite 1770
		New Orleans, LA 70112
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		merchant fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/27/2025	Apple
	Amount (\$)	Payee address; City; State; Zip Code
	\$307.85	73-445 El Paseo Suite 102
		Palm Desert, CA 92260
	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 Equipment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/08/2025	Augusta Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,284.64	2 Tenth Street
		Augusta, GA 30901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Travel Lodging
		Stail Travel Louging
_	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 Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/44 Rpt: 16/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	03/20/2025	Best Buy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$557.82	1880 Palm Beach Lakes Blvd.
		West Palm Beach, FL 33401
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		General Office Supplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2025	CMDI
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1593 Spring Hill Road Suite 400
	Ψ2,300.00	1393 Spring Filli Noad Suite 400
		Tysons Corner, VA 22182
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Consulting
	0 1: 0.11.7.7.1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2025	CMDI
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1593 Spring Hill Road Suite 400
	·	
		Tysons Corner, VA 22182
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fundraising Consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

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

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: 12/44 Rpt: 17/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	03/10/2025	CMDI
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1593 Spring Hill Road Suite 400
		Tysons Corner, VA 22182
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Consulting
		T unditing Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	04/07/2025	CMDI
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1593 Spring Hill Road Suite 400
	Ψ2,000.00	1000 Opining Tim Mode Galle 400
		Tysons Corner, VA 22182
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Fundraising Consulting
L		
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	03/04/2025	Cantina Laredo
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.48	8008 Cedar Springs
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		F&B for Travel Meal
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
\vdash		
L		

SCHEDULE F1

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

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/Officenoider/Politica 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: 13/44 Rpt: 18/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	02/28/2025	Chain Bridge Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	1445-A Laughlin Ave
		McLean, VA 22101
8	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
		Bank Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/30/2025	Chain Bridge Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1445-A Laughlin Ave
		McLean, VA 22101
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Bank Fee
		Dalik Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
	Date	Payee name
	05/30/2025	Chain Bridge Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1445-A Laughlin Ave
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ · · · · · · · _ · · · · · · ·
		McLean, VA 22101
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bank Fee
	0 1. 0	
	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 -

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	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 14/44 Rpt: 19/57	Paxton Jr., W. Kenneth (The Honorable)		00051407
4	Date	5 Payee name		<u> </u>
	06/30/2025	Chain Bridge Bank		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$50.00	1445-A Laughlin Ave		
		McLean, VA 22101		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Bank Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	7		
	Date	Payee name		
	01/24/2025	Delta Airlines		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$513.18	1030 Delta Blvd.		
		Atlanta, GA 30354		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Chaple if travel outside of Taylor Complete Schodule T
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Campaign Staff Travel Airfare
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experiditure to benefit C/Oi	1		
	Date	Payee name		
	01/24/2025	Delta Airlines		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$523.48	1030 Delta Blvd.		
		Atlanta, GA 30354		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
				Campaign Staff Travel Airfare
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experiorare to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

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

Candidate/Officeholder/Political Comn Credit Card Payment		ies/Wages/Contract Labor complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2 F	FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 15/44 Rpt: 20/57 F	Paxton Jr., W. Kenneth (The Honorable)		00051407
4 Date 5 F	Payee name		
04/07/2025 E	Delta Airlines		
\$608.18 1	Payee address; City; State; Zip 1030 Delta Blvd. Atlanta, GA 30354	Code	
8 PURPOSE (a) (Category (See Categories listed at the top of this schedule)	(b) Description	
1 <u>0</u> E 1	Travel In District	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense aff Travel Airfare
Complete ONLY if direct capenditure to benefit C/OH	andidate/Officeholder name Office	sought	Office held
Date P	Payee name		
04/07/2025 E	Delta Airlines		
Amount (\$)	Payee address; City; State; Zip	Code	
\$848.48 1	1030 Delta Blvd.		
	Atlanta, GA 30354	1	
1 <u>0</u> E 1	Category (See Categories listed at the top of this schedule)	(b) Description	outside of Texas. Complete Schedule T.
EXPENDITURE	Travel In District	_ i	TX, officeholder living expense
		Campaign Sta	aff Travel Airfare
Complete <u>ONLY</u> if direct Ca expenditure to benefit C/OH	andidate/Officeholder name Office	sought	Office held
Date P	Payee name		
01/24/2025 E	Eagle Grille		
Amount (\$)	Payee address; City; State; Zip	Code	
\$52.14 2	220 Harbor Dr.		
E	Boca Grande, FL 33921		
PURPOSE (a) (Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Travel In District		outside of Texas. Complete Schedule T. TX, officeholder living expense
		F&B for Trave	
• —	andidate/Officeholder name Office	sought	Office held
expenditure to benefit C/OH			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

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

Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruc	tion Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 16/44 Rpt: 21/57	Paxton Jr., W. Kennet	th (The Honorable)		00051407
4	Date	Payee name			•
	02/10/2025	Fairfield Inn			
6	Amount (\$)	Payee address; City	; State; Zip Co	ode	
	\$1,759.71	2710 Severn Ave.			
		Metairie, LA 70002			
8	PURPOSE	Category (See Categories li	stad at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District	sted at the top of this schedule)	<u> </u> `´	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Staff Travel Lodging
9	Complete ONLY if direct expenditure to benefit C/OI	andidate/Officeholder na	ume Office sou	ight	Office held
	Date	Payee name			
	05/19/2025	Fedex			
	Amount (\$)	Payee address; City	; State; Zip Co	ode	
	\$20.73	327 Congress Ave. S	uite 100		
		Austin, TX 78701			
	PURPOSE	Category (See Categories li	sted at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rent	al Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Campaign mail service
					Campaign mail service
	Complete ONLY if direct	andidate/Officeholder na	ume Office sou	laht	Office held
	expenditure to benefit C/Ol	andidate/Officeriolaer ne	anc Onice 300	igiit	Cinice field
	Date	Davisa nama			
	03/17/2025	Payee name Godaddy.com			
		-	. Chata Zia C		
	Amount (\$) \$25.17	Payee address; City 14455 Hayden Road	; State; Zip Co	oue	
	Φ23.17	14455 Hayueli Kuau			
		C#			
		Scottsdale, AZ 85260			
	PURPOSE OF	Category (See Categories li		(b)	Description Chapter for the property of Taylor Complete School 15
	EXPENDITURE	Office Overhead/Rent	al Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					website services
	Complete ONLY if direct	andidate/Officeholder na	ıme Office sou	ıght	Office held
	expenditure to benefit C/O				

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total nages Schodulo F1:		`
	Total pages Schedule F1: Sch: 17/44 Rpt: 22/57	Paxton Jr., W. Kenneth (The Honorable) Genics Commission Filers 00051407	,
4	Date	5 Payee name	
•	03/19/2025	1	
L		Godaddy.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$44.34	14455 Hayden Road	
		Scottsdale, AZ 85260	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		website services	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	04/03/2025	Godaddy.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$245.05	14455 Hayden Road	
		Scottsdale, AZ 85260	
	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	
		website services	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
L	01/14/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	646 S. Flores St.	
		San Antonio, TX 78204	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	LAI LIIDITOILE	Check if Austin, TX, officeholder living expense	
		Event Supplies	
	Operation Children		
	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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 18/44 Rpt: 23/57	2 FILER NAME Paxton Jr., W. Kenneth (The Honorable) 3 Filer ID (Ethics Commission Filers) 00051407
4	Date 01/15/2025	5 Payee name HEB
6	Amount (\$) \$48.71	7 Payee address; City; State; Zip Code 1000 E 41th St. Austin, TX 78751
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 F&B for Staff Meeting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/26/2025	Payee name Imagination and Specialties INC.
	Amount (\$) \$4,702.09	Payee address; City; State; Zip Code 2630 Justin Rd. Suite 4202 Highland Village, TX 75077
	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 political advertising
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/05/2025	Payee name Lex Politica
	Amount (\$) \$159,333.01	Payee address; City; State; Zip Code PO Box 341016
		Austin, TX 78734
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legal Services
	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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 19/44 Rpt: 24/57	2 FILER NAME Paxton Jr., W. Kenneth (The Honorable) 3 Filer ID (Ethics Commission Filers) 00051407
4	Date 01/29/2025	5 Payee name Mail Chimp
6	Amount (\$) \$644.93	7 Payee address; City; State; Zip Code 512 Means St 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 political advertising
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/31/2025	Payee name Mail Chimp
	Amount (\$) \$644.93	Payee address; City; State; Zip Code 512 Means St 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 political advertising
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/22/2025	Payee name Mail Chimp
	Amount (\$) \$644.93	Payee address; City; State; Zip Code 512 Means St 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 political advertising
	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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	s)
	Sch: 20/44 Rpt: 25/57	Paxton Jr., W. Kenneth (The Honorable) 00051407	,
4	Date	5 Payee name	
	04/23/2025	Mail Chimp	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$644.93	512 Means St Suite 404	
		Atlanta, GA 30318	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		political advertising	
L			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	05/27/2025	Mail Chimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$644.93	512 Means St Suite 404	
		Atlanta, GA 30318	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		political advertising	
		pointed dayordoning	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H	Date	Payee name	
	01/27/2025	Mail Chimp	
\vdash		·	
	Amount (\$)		
	\$852.80	512 Means St Suite 404	
		Atlanta, GA 30318	
	DUDDOGE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		political advertising	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Fees Office Overhead/Rental Expens Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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: 21/44 Rpt: 26/57	Paxton Jr., W. Kenneth (The Honorable) 00051407							
4	Date	5 Payee name							
	02/25/2025	Mail Chimp							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$852.80	512 Means St Suite 404							
		Atlanta, GA 30318							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		political advertising							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_						
	expenditure to benefit C/OI	1							
F	Date	Payee name	_						
	03/25/2025	Mail Chimp							
Г	Amount (\$)	Payee address; City; State; Zip Code	_						
	\$852.80	512 Means St Suite 404							
		Atlanta, GA 30318							
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense political advertising							
		pontion dayontoning							
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_						
	expenditure to benefit C/OI								
F	Date	Payee name	_						
	01/02/2025	Microsoft							
H	Amount (\$)	Payee address; City; State; Zip Code	_						
	\$17.06	One Microsoft Way							
		Redmond, WA 98052							
Г	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 campaign software							
		Campaign Soliware							
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_						
	expenditure to benefit C/OI								
			_						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense 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
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: 22/44 Rpt: 27/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	02/18/2025	Microsoft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.06	One Microsoft Way
		Redmond, WA 98052
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign software
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	Microsoft
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.06	One Microsoft Way
		Redmond, WA 98052
	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 campaign software
		can pagn contract
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/01/2025	Microsoft
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.06	One Microsoft Way
	,	and the second stage of th
		Redmond, WA 98052
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Fees Office Overhead/f
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Lenal Services Salaries/Magnes/C

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	iot listed above)
1	Total pages Schedule F1:		Commission Filers)
	Sch: 23/44 Rpt: 28/57		,
4	Date	5 Payee name	
	05/01/2025	Microsoft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$17.06	One Microsoft Way	
		Redmond, WA 98052	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	edule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		campaign software	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	06/02/2025	Microsoft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.06	One Microsoft Way	
		Redmond, WA 98052	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	edule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		campaign software	
	Occupation ONLY if allowed	Our stide to 10 ff as held as game.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	01/03/2025	Proton	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.99	P.O. Box 3476	
		McKinney, TX 75070	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	edule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Softare Services	
	Operation Of the Control of the Cont	Our Middle (Office helder name)	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)
l	Sch: 24/44 Rpt: 29/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
l	02/03/2025	Proton
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$4.99	P.O. Box 3476
l		
l		McKinney, TX 75070
8	PURPOSE	
ľ	OF	(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.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Softare Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
Г	Date	Payee name
l	03/03/2025	Proton
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$4.99	P.O. Box 3476
l		
l		McKinney, TX 75070
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense
l	EXPENDITORE	Check if Austin, TX, officeholder living expense
l		Softare Services
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	
⊨		
l	Date	Payee name
┡	04/03/2025	Proton
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$4.99	P.O. Box 3476
l		
L		McKinney, TX 75070
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Softare Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 25/44 Rpt: 30/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	05/05/2025	Proton
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.99	P.O. Box 3476
		McKinney, TX 75070
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.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Softare Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Davisa nama
	06/03/2025	Payee name Proton
H		
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.99	P.O. Box 3476
		Mark's and TV 75070
L		McKinney, TX 75070
	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
		Softare Services
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	03/10/2025	Smith, Tonja
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$425.36	P.O. Box 3476
		McKinney, TX 75070
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Mileage Reimbursement
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	y
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense 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		Legal Services The Instruction Cuid	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed ab	ove)
┡			The Instruction Guid	e explains now to co	ompie	ete tilis ioriii.	_			
1	Total pages Schedule F1:	1					3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 26/44 Rpt: 31/57	Paxton Jr.,	W. Kenneth (The	Honorable)				00051407		
4	Date	5 Payee name)							
	03/28/2025	Smith, Ton								
<u>-</u>	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$196.52	P.O. Box 3		Otato, E.p O	000					
	Ψ100.0 <u>2</u>	1.0. 50%	410							
l			TV 75070							
L		McKinney,	1X 75070							
8	PURPOSE	(a) Category (s	See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In D	istrict					de of Texas. Com		
						\Box		officeholder living	g expense	
						Mileage Reim	IDU	irsement		
Ļ					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name	9							
l	01/29/2025	Smith, Ton	ja							
Г	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$236.00	P.O. Box 3	476							
		McKinney,	TV 75070							
L	DUDD 0.05				la v					
	PURPOSE OF		See Categories listed at the	top of this schedule)	(a)	Description	o. ito	do of Toyon Com	mieto Cobodulo T	
	EXPENDITURE	Travel In D	ristrict			=		officeholder living	plete Schedule T. Lexpense	
						Mileage Reim			,	
						3				
⊢	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	<u>l</u>			Office he	əld	
l	expenditure to benefit C/OI		ncentiaci name	Office 30	agiit			Omice no	Sid	
⊨		Г								
	Date	Payee name								
	03/11/2025	Smith, Ton	ja							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$128.00	P.O. Box 3	476							
l										
l		McKinney,	TX 75070							
H	PURPOSE		See Categories listed at the		(h)	Description				
l	OF	Travel In D		top of this scriedule)	(~)		outs	de of Texas. Com	plete Schedule T.	
l	EXPENDITURE	l maver in B	istrict			Check if Austin	, TX	officeholder living	g expense	
						Mileage Reim	nbı	ırsement		
l										
Г	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	Н			-					
\vdash										
Ļ	· · · · · = =								.,	0 (4 0 104 1
	rme provided by Tayas E	TRICC ('OMMICC	100	w athice etata tv					Version V// 1	11 11 11 11 11 11 11 11 11

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Ĺ	Sch: 27/44 Rpt: 32/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	03/10/2025	Smith, Tonja
6	Amount (\$) \$600.00	7 Payee address; City; State; Zip Code P.O. Box 3476 McKinney, TX 75070
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign consulting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/29/2025	Smith, Tonja
	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	P.O. Box 3476
	DUDDOG	McKinney, TX 75070
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/27/2025	Smith, Tonja
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	P.O. Box 3476
		McKinney, TX 75070
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign consulting
	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

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)						
l	Sch: 28/44 Rpt: 33/57	Paxton Jr., W. Kenneth (The Honorable) 00051407						
4	Date	5 Payee name						
l	02/25/2025	Smith, Tonja						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
l	\$2,900.00	P.O. Box 3476						
l								
		McKinney, TX 75070						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
ľ	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Campaign consulting						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
L	experientare to benefit Grot							
	Date	Payee name						
	01/27/2025	Smith, Tonja						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$250.00	P.O. Box 3476						
		McKinney, TX 75070						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	OF EXPENDITURE	Salaries/Wages/Contract Labor						
		Check if Austin, TX, officeholder living expense campaign staff salary						
		Campaigh stail salary						
┝	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI							
H	Date	Davisa nama						
l	05/20/2025	Payee name Smith, Tonja						
┝	Amount (\$)							
l	\$250.00	Payee address; City; State; Zip Code P.O. Box 3476						
l	Ψ230.00	1.0. 56% 3470						
l		McKinnov, TV 75070						
L		McKinney, TX 75070						
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.						
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
l		campaign staff salary						
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
Г								
ı								

SCHEDULE F1

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

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 29/44 Rpt: 34/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	05/20/2025	Smith, Tonja
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	P.O. Box 3476
		McKinney, TX 75070
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		campaign staff salary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Data	David and a second
	Date	Payee name
	02/06/2025	Smith, Tonja
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 3476
		McKinney, TX 75070
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign staff salary
		in page and analy
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/11/2025	Solutions for Fundraising in Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,529.59	1505 Elm Street Suite 405
	•	
		Dallas, TX 75201
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fundraising Consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beriefft C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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		mmittee	Legal Services		ries/Wa		e /Contract Labor		OTHER (enter	istrict a category not listed al	oove)
	Credit Card Payment			The Instruction Gui	ide explains how to	o com	ıple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 30/44 Rpt: 35/57		Paxton Jr., V	W. Kenneth (The	e Honorable)					00051407		
4	Date	5	Payee name									
	04/08/2025		Solutions fo	r Fundraising in	Texas							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Cod	e					
	\$3,214.98		1505 Elm S	treet Suite 405								
			Dallas, TX 7	'5201								
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Consulting E					브			mplete Schedule T.	
EXPENDITURE								Fundraising (officeholder livir	ig expense	
								T unutuising C	JU1	isuiting		
9	Complete ONLY if direct	<u> </u>	^andidate/Offi	ceholder name	Office	SUIIU	ht			Office h	nald	
ľ	expenditure to benefit C/OI		Janaidate/Onit	cholder name	Office	Jougi	111			Office i	iciu	
_	Date	Г	Payee name				_					
	03/17/2025		-	r Fundraising in	Texas							
	Amount (\$)	L	Payee address		State; Zip	Cod						
	\$4,984.75		•	treet Suite 405	State, Zip	Cou	C					
	Ψ4,304.73		1303 EIIII 3	ireet Suite 403								
			Dallas, TX 7	'E201								
_	DUDDOCE	(-)				1,	<u></u>					
	PURPOSE OF	(a)		e Categories listed at the	e top of this schedule)		D)	Description Check if travel	outsi	de of Texas. Co	nplete Schedule T.	
	EXPENDITURE		Consulting E	Expense				-		officeholder livir		
								Fundraising (Cor	sulting		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office	sougl	ht			Office h	ield	
	experiditure to beriefit C/O											
	Date		Payee name									
	01/06/2025		Solutions fo	r Fundraising in	Texas							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Cod	е					
	\$21,856.67		1505 Elm S	treet Suite 405								
			Dallas, TX 7	'5201								
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Consulting E	Expense				ш			mplete Schedule T.	
								Fundraising (officeholder livir	ig expense	
								araioirig (_01	iy		
	Complete ONLY if direct	Щ	Candidate/Offic	ceholder name	Office	soual	ht			Office h	ield	
	expenditure to benefit C/OI				230	9	-			2001	-	
l												

SCHEDULE F1

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

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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Ĺ	Sch: 31/44 Rpt: 36/57	Paxton Jr., W. Kenneth (The Honorable) 00051407	
4	Date	5 Payee name	
	03/07/2025	Southwest Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$79.48	P.O. Box 36647-1CR	
		Dallas, TX 75235	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Campaign Staff Travel Airfare	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	05/23/2025	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$194.48	P.O. Box 36647-1CR	
		Dallas, TX 75235	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Staff Travel Airfare	
		Campagn Stan Haver, and	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
			_
	Date	Payee name	
	03/25/2025	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$204.48	P.O. Box 36647-1CR	
		Dallas, TV 75005	
		Dallas, TX 75235	
	PURPOSE OF	(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.	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Staff Travel Airfare	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
L	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

	Candidate/Officenoider/Politica	Cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (The Instruction Guide explains how to complete this form.	enter a category not listed above)					
1	Total pages Schedule F1: Sch: 32/44 Rpt: 37/57							
L		L L	+07					
4	Date	5 Payee name						
	04/28/2025	Southwest Airlines						
6	Amount (\$) \$269.48	7 Payee address; City; State; Zip Code P.O. Box 36647-1CR Dallas, TX 75235						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel In District Check if travel outside of Texa Check if Austin, TX, officehold Campaign Staff Travel	er living expense					
9	Complete ONLY if direct expenditure to benefit C/O		ice held					
	Date	Payee name						
	03/05/2025	Southwest Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$302.48	P.O. Box 36647-1CR						
		Dallas, TX 75235						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Travel In District Check if travel outside of Texa						
		Campaign Staff Travel						
		Campaign Cain Havor	inaro					
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	ice held					
	expenditure to benefit C/O		ice neid					
		<u> </u>						
	Date	Payee name						
	03/07/2025	Southwest Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$302.48	P.O. Box 36647-1CR						
		Dallas, TX 75235						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel In District Check if travel outside of Texa						
	LAFENDITORE	Check if Austin, TX, officehold						
		Campaign Staff Travel	AITTATE					
	Complete ONLY if direct expenditure to benefit C/O		ice held					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 33/44 Rpt: 38/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	02/18/2025	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$336.48	P.O. Box 36647-1CR
		Dallas, TX 75235
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Staff Travel Airfare
		Campaign Claim Travol / intail
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/13/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.48	P.O. Box 36647-1CR
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Staff Travel Airfare
		Sampaigh Stail Haver, and C
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date	Payee name Southwest Airlines
	05/05/2025	
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.00	P.O. Box 36647-1CR
		Dallas, TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Staff Travel Airfare
		Campaigh Stail Haver Amare
_	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 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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_
	Sch: 34/44 Rpt: 39/57	Paxton Jr., W. Kenneth (The Honorable) 00051407	
4	Date	5 Payee name	_
	03/11/2025	Starbucks	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$6.22	275 S. Bibb Ave.	
		Eagle Pass, TX 78852	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		F&B for Travel Meal	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
			_
	Date	Payee name	
	03/24/2025	Starbucks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.09	275 S. Bibb Ave.	
		Eagle Pass, TX 78852	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	_/	Check if Austin, TX, officeholder living expense F&B for Travel Meal	
		FAD IOI TIAVELIMEAI	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Data		_
	Date 01/31/2025	Payee name Stoignhorger IC Pruscole	
		Steignberger IC Brussels	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.06	71 Ave. Louise	
		Brussel, TX 01050	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		F&B for Travel Meal	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	U	
			_

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 B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 35/44 Rpt: 40/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4 Date	5 Payee name
02/10/2025	T-Mobile
6 Amount (\$) \$13.51	7 Payee address; City; State; Zip Code 3650 W. University Dr. McKinney, TX 75071
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 campaign telecommunications
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
04/08/2025	T-Mobile
Amount (\$)	Payee address; City; State; Zip Code
\$171.14	3650 W. University Dr.
	McKinney, TX 75071
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
	campaign telecommunications
	Tan panga at a sama a
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
03/31/2025	T-Mobile
Amount (\$)	Payee address; City; State; Zip Code
\$171.83	3650 W. University Dr.
	McKinney, TX 75071
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
	campaign telecommunications
Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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		nittee L	egal Services	Salarie	-	es/Contract Labor		OTHER (enter	a category not listed above)	
				ine instruction Gu	ide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2 F	ILER NAME					3	Filer ID	(Ethics Commission F	ilers)
	Sch: 36/44 Rpt: 41/57	Р	axton Jr., V	V. Kenneth (The	e Honorable)				00051407		
4	Date	5 P.	ayee name								
	05/08/2025	T	-Mobile								
6	Amount (\$)	7 P	ayee addres	s; City;	State; Zip	Code					
	\$206.66	3	650 W. Uni	versity Dr.							
		_N	1cKinney, T	X 75071							
8	PURPOSE	-	-		e top of this schedule)	(b)	Description				
	OF			ead/Rental Exp		` `		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		711100 0 10111	oad/itorital Exp	701100		Check if Austin	, TX,	officeholder livin	g expense	
							campaign tel	eco	mmunicatio	ons	
9	Complete ONLY if direct		ndidate/Offic	eholder name	Office s	ought			Office h	eld	
	expenditure to benefit C/OI	Н									
	Date	Р	ayee name								
	06/09/2025	Т Т	-Mobile								
	Amount (\$)	Р	ayee addres	s; City;	State; Zip	Code					
	\$211.33	3	650 W. Uni	versity Dr.							
		M	1cKinney, T	X 75071							
	PURPOSE	(a) C	ategory (See	Categories listed at th	e top of this schedule)	(b)	Description				
	OF	I		ead/Rental Exp			_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			,			Check if Austin	, TX,	officeholder livin	g expense	
							campaign tel	eco	mmunicatio	ons	
	Complete ONLY if direct		ndidate/Offic	eholder name	Office s	ought			Office h	eld	
	expenditure to benefit C/OI	Н									
	Date	P	ayee name								
	02/20/2025	т	he Breaker	s Hotel							
	Amount (\$)	P	ayee addres	s; City;	State; Zip	Code					
	\$645.00	1	S County F	Rd.							
			,								
		 _P	alm Beach,	FL 33480							
	PURPOSE					(b)	N December				
	OF				e top of this schedule)	(0)	Description X Check if travel	outei	de of Teyes Cor	nnlete Schedule T	
	EXPENDITURE	'	ravel Out o	DISTRICT					officeholder livin		
							Officeholder				
									, J ~ g.i ig	,	
\vdash	Complete ONLY if direct	Ca	ndidate/Offic	eholder name	Office s	ought			Office h	eld	
	expenditure to benefit C/OI			SJIGGI HAITIG	Office 3	Jugin			Jilioc II		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/44 Rpt: 42/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	03/03/2025	The Breakers Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$824.94	1 S County Rd.
		Palm Beach, FL 33480
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 TV officeholder living expanse.
		Check if Austin, TX, officeholder living expense Officeholder Travel Lodging
		emovious: Hatto: Loughig
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/04/2025	Timberline Steaks
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.48	8500 Pena
		Denver, CO 80249
	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
		F&B for Travel Meal
	Compulate ONLY if diseast	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	y
	Data	
	Date 02/06/2025	Payee name USPS
	Amount (\$) \$26.25	Payee address; City; State; Zip Code 5340 Weslayan St.
	Φ20.25	5540 Wesiayan St.
		Houston, TX 77005
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		merchant fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C 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: 38/44 Rpt: 43/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	01/25/2025	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.25	5340 Weslayan St.
L		Houston, TX 77005
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		merchant fees
		Thoronal R 1666
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Dayso nama
	03/04/2025	Payee name United Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$177.71	233 South Wacker Dr.
		Chicago, IL 60606
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Staff Travel Airfare
		Campaign Stail Traver Amare
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Data	Davida nama
	Date 02/27/2025	Payee name United Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$811.00	233 South Wacker Dr.
		Chicago, IL 60606
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Staff Travel Airfare
		Campaign Stail Havel Amale
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		
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/Officenoider/Politica 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: 39/44 Rpt: 44/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	02/27/2025	United Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$811.00	233 South Wacker Dr.
		Chicago, IL 60606
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Staff Travel Airfare
		Sampaga Sam Amara
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/29/2025	Vonage
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.34	23 Main Street
	Ψ+0.5+	25 Wall Street
		Holmdel, NJ 07733
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	<u> </u>	Check if Austin, TX, officeholder living expense campaign telecommunications
	!	campaign telecommunications
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davide name
	03/03/2025	Payee name Vonage
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.34	23 Main Street
		11.1 to 1.1 M3 07700
		Holmdel, NJ 07733
	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
		campaign telecommunications
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co 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: 40/44 Rpt: 45/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	03/31/2025	Vonage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.34	23 Main Street
		Holmdel, NJ 07733
8	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
		campaign telecommunications
		Campaign tolocommunications
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/29/2025	Vonage
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.34	23 Main Street
		Holmdel, NJ 07733
	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
		campaign telecommunications
		Campaign tolocommunications
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/29/2025	Vonage
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.50	23 Main Street
		Holmdel, NJ 07733
	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
		campaign telecommunications
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

Solicitation/Fundraising Expense

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

	Accounting Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E I Committee Legal Services Salaries/V	pense kpens /ages	e /Contract Labor		Travel in District Travel Out of D		
		The Instruction Guide explains how to co	mple	te this form.	_			
1	Total pages Schedule F1:				3	Filer ID	(Ethics Commission Filers)	
	Sch: 41/44 Rpt: 46/57	Paxton Jr., W. Kenneth (The Honorable)				00051407		
4	Date	5 Payee name						
	06/30/2025	Vonage						
6	Amount (\$)	7 Payee address; City; State; Zip Co	de					_
•	\$46.50	23 Main Street						
	φ-10.00	20 Main Officer						
		11.11.1.1.1.2.2.200						
		Holmdel, NJ 07733						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Overhead/Rental Expense		=			nplete Schedule T.	
				campaign tele		, officeholder livin		
				campaign ten		minumean	JIIS	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght			Office h	eld	
	Date	Payee name						
	06/30/2025	WINRED.COM						
	Amount (\$)	Payee address; City; State; Zip Co	de					_
	\$43.34	P.O. Box 9891						
		Arlington VA 22210						
		Arlington, VA 22219						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	EXPENDITURE	Fees		=		ide of Texas. Cor , officeholder livin	nplete Schedule T.	
				Merchant Fee		, onicendider livin	ig expense	
				Wicherian Fee				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt			Office h	vold	
	expenditure to benefit C/O		gni			Office i	leiu	
	Date	Payee name						
	03/03/2025	WINRED.COM						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$4.75	P.O. Box 9891						
		Arlington, VA 22219						
		Annigton, VA 22213						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	oto:	ide of Toyan Cor	nplete Schedule T.	
	EXPENDITURE	Fees		ш		, officeholder livin	•	
				merchant fee		, omconcider iiviii	g oxponed	
				2.2	-			
	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt			Office h	nald	
	Complete ONLY if direct expenditure to benefit C/OI		yııl			Onice fi	ıcıu	

SCHEDULE F1

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/44 Rpt: 47/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	04/28/2025	X Corp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.72	865 FM 1209 building 2
		Bastrop, TX 78602
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 campaign telecommunications
		ouripaign telecommunications
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/16/2025	Zoom.us
_	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd
	Ψ17.05	33 Aimaden biva
		San Jose, CA 95113
_	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
		campaign software
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitare to benefit 6/01	
	Date	Payee name
	02/18/2025	Zoom.us
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd
		San Jose, CA 95113
	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
		campaign software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 43/44 Rpt: 48/57	Paxton Jr., W. Kenneth (The Honorable) 00051407
4	Date	5 Payee name
	03/19/2025	Zoom.us
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd
		San Jose, CA 95113
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 campaign software
		campaign sollware
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Para a sana
	04/17/2025	Payee name
L		Zoom.us
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd
		San Jose, CA 95113
	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 campaign software
		Campaign soliware
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payso nama
	05/29/2025	Payee name Zoom.us
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 Almaden Blvd
		San Jose, CA 95113
	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
		campaign software
		osps.g contract
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
l		

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

(b) Description ental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign software		Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, ₋ I Coi	nmittee	Legal Service	Memorials Expe es			xpens Wages	e /Contract Labor ete this form.		Travel in District Travel Out of Dis OTHER (enter a		above)
City; State; Zip Code (b) Description ental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign software	1	Total pages Schedule F1:	2	FILER NAM	 E						3	Filer ID	(Ethics Commi	ssion Filers)
ies listed at the top of this schedule) ental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign software		Sch: 44/44 Rpt: 49/57		Paxton Jr.,	W. Kenne	eth (The Ho	onorable	!)				00051407		
ies listed at the top of this schedule) ental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign software	4	Date	5	Payee name)									
ies listed at the top of this schedule) ental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign software		06/16/2025		Zoom.us										
(b) Description ental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign software	6	Amount (\$)	7	Payee addre	ess; City	y;	State;	Zip Co	ode					
(b) Description ental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign software		\$18.11		55 Almade	n Blvd									
(b) Description ental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign software														
ental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign software	L			San Jose,	CA 95113									
Check if Austin, TX, officeholder living expense campaign software	8	PURPOSE OF	(a)					edule)	(b)					
campaign software		EXPENDITURE		Office Ove	rhead/Ren	ital Expens	se			ш				
										_			g expense	
r name Office sought Office held										oumpaign of		a. o		
	9	Complete ONLY if direct		Candidate/Off	ficeholder n	ame	0	ffice sou	l ught			Office he	eld	
		expenditure to benefit C/OH	1											

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/3 Rpt: 50/57 Paxton Jr., W. Kenneth (The Honorable) 00051407 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/28/2025 Lex Politica Amount (\$) Payee address; State; Zip Code City; \$11,200.00 PO Box 341016 Austin, TX 78734 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Legal Services EXPENDITURE** Check if Austin, TX, officeholder living expense **Legal Services** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/28/2025 Lex Politica Payee address: Amount (\$) City; State; Zip Code \$1,850.00 PO Box 341016 Austin, TX 78734 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Legal Services EXPENDITURE** Check if Austin, TX, officeholder living expense **Legal Services** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/3 Rpt: 51/57 Paxton Jr., W. Kenneth (The Honorable) 00051407 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 02/28/2025 Lex Politica Amount (\$) Payee address; State; Zip Code City; \$5,781.25 PO Box 341016 Austin, TX 78734 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Legal Services EXPENDITURE** Check if Austin, TX, officeholder living expense **Legal Services** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/28/2025 Lex Politica Payee address: Amount (\$) City; State; Zip Code \$1,550.00 PO Box 341016 Austin, TX 78734 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Legal Services EXPENDITURE** Check if Austin, TX, officeholder living expense **Legal Services** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 00051407 Sch: 3/3 Rpt: 52/57 Paxton Jr., W. Kenneth (The Honorable) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 02/28/2025 Lex Politica Amount (\$) Payee address; City; State; Zip Code \$23,768.13 PO Box 341016 Austin, TX 78734 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Legal Services EXPENDITURE** Check if Austin, TX, officeholder living expense **Legal Services** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

SCHEDULE K

L							
	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: ./3 Rpt: 53/57	
2	FILER NAME		3		Filer ID	(Ethics Commiss	sion Filers)
	Paxton Jr., V	V. Kenneth (The Honorable)	00051	.407			
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	01/31/2025	Bank of the Ozarks					\$3,399.15
		6 Address of person from whom amount is received; City; State; Zip Code					, -,
		Address of person from whom amount is received, City, State, 2th Code					
		Frisco, TX 75034					
			Check if polit	tic	al conti	I ribution returned to f	filor
		Interest	Check ii polit	LIC	ai com	indution returned to i	IIICI
⊨							
	Date	Name of person from whom amount is received				Amount (\$)	
	02/28/2025	Bank of the Ozarks					\$3,497.11
		Address of person from whom amount is received; City; State; Zip Code					
		Frisco, TX 75034					
		Purpose for which amount is received	Check if polit	tic	al conti	ribution returned to f	filer
		Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	03/31/2025	Bank of the Ozarks					\$3,373.95
		Address of person from whom amount is received; City; State; Zip Code					
		Frisco, TX 75034					
		Purpose for which amount is received	Check if polit	tic	al conti	ribution returned to f	filer
		Interest					
F	Date	Name of person from whom amount is received				Amount (\$)	
	04/30/2025	Bank of the Ozarks				γ αποστικ (Φ)	\$3,468.92
	04/30/2023						ψυ, του. υ Σ
		Address of person from whom amount is received; City; State; Zip Code					
		Frisco, TX 75034					
			Chook if polit	ti o	ol conti	I ribution returned to f	Filor
		Interest	Check ii polit	liC	ai com	indution returned to i	illei
⊨						1	
	Date	Name of person from whom amount is received				Amount (\$)	
	05/31/2025	Bank of the Ozarks					\$3,128.39
		Address of person from whom amount is received; City; State; Zip Code					
		Frisco, TX 75034					
		Purpose for which amount is received	Check if polit	tic	al conti	ribution returned to f	filer
L		Interest					
1							

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

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	1		l pages Schedule K: : 2/3 Rpt: 54/57	
2	FILER NAME			Filer	ID (Ethics Commission Filers)		
	Paxton Jr., V	V. ł	Kenneth (The Honorable)		000	51407	
4	Date	5	Name of person from whom amount is received			8 Amount (\$)	
	06/30/2025		Bank of the Ozarks			\$3,736.5	59
		6	Address of person from whom amount is received; City; State; Zip Code				
			Frisco, TX 75034				
		7		f noliti	iool oo	ntribution returned to filer	
		ľ	Interest	Грош	icai cc	ntribution returned to filer	
_	5.	_				1 4 (4)	_
	Date		Name of person from whom amount is received			Amount (\$)	16
	01/31/2025	ļ	Bank of the Ozarks			\$66.4	10
			Address of person from whom amount is received; City; State; Zip Code				
			Frisco, TX 75034				
		H		f politi	ical co		
			Interest	.			
	Date	H	Name of person from whom amount is received			Amount (\$)	_
	02/28/2025		Bank of the Ozarks			\$60.0	05
		ļ	Address of person from whom amount is received; City; State; Zip Code				
			7. aa. 600 0. po 601. 11.01. a. 110a. 11. 12. 1500. 150, 0.19, 0.140, 2.19				
			Frisco, TX 75034				
			 -	f polit	ical co	ntribution returned to filer	
			Interest				
	Date		Name of person from whom amount is received			Amount (\$)	
	03/31/2025	<u> </u>	Bank of the Ozarks			\$66.4	46
			Address of person from whom amount is received; City; State; Zip Code				
			Frisco, TX 75034				
		⊢		f noliti	iool oo	ntribution returned to filer	
			Interest	ı politi	icai co	ntribution returned to filer	
	Data	H				Amount (ft)	_
	Date 04/30/2025		Name of person from whom amount is received Bank of the Ozarks			Amount (\$) \$64.2	27
	04/30/2023	ļ					-1
			Address of person from whom amount is received; City; State; Zip Code				
			Frisco, TX 75034				
		H		f politi	ical co	ntribution returned to filer	
			Interest	-			

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 55/57 2 FILER NAME Filer ID (Ethics Commission Filers) Paxton Jr., W. Kenneth (The Honorable) 00051407 8 Amount (\$) 5 Name of person from whom amount is received 05/31/2025 Bank of the Ozarks \$64.21 6 Address of person from whom amount is received; City; State; Zip Code Frisco, TX 75034 Purpose for which amount is received Check if political contribution returned to filer Amount (\$) Name of person from whom amount is received Date 06/30/2025 Bank of the Ozarks \$66.30 Address of person from whom amount is received; City; State; Zip Code Frisco, TX 75034 Purpose for which amount is received Check if political contribution returned to filer Interest

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

SCHEDULE T

The Insti	ruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 56/57				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Paxton Jr., W. K	enneth (The Honorable)	00051407				
4 Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee					
The Breakers Ho	otel					
5 Contribution / Expe	enditure 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				
6 Dates of Travel						
b Dates of Havel	7 Name of person(s) traveling Paxton, Ken					
02/10/2025	8 Departure city or name of departure location					
02/19/2025						
00/00/0005	9 Destination city or name of destination location					
02/20/2025	Palm Beach					
10 Means of transport		other event)				
	Professional Conference					
Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee					
The Breakers Ho	otel					
Contribution / Expe	enditure 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, Ken					
	Departure city or name of departure location					
03/02/2025	2 Spartate City of Hamile of dopartate resident					
00/02/2020	Destination city or name of destination location					
03/03/2025	Palm Beach					
Means of transport		other event				
ivieans of transpor	Professional Conference	other event)				
	1 Totessional Conference					

TEXT ANNOTATION	
	Sch: 1/1 Rpt: 57/57
FILER NAME	Filer ID (Ethics Commission Filers)
Paxton Jr., W. Kenneth (The Honorable)	00051407
Schedule	
Cover Sheet	
Information entered by filer as a memo:	
Report is amended to remove entries that will be reported on the Personal Financial State inadvertently included on the campaign finance report due to a records error.	ment for 2025 for Filer. The entries were