

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00081932		2 Total pages filed: 91	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable		FIRST Angela		MI	
	NICKNAME		LAST Paxton		SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 5613 S. Woodcreek Circle McKinney, TX 75071				OFFICE USE ONLY	
					Date Received ELECTRONICALLY FILED 01/15/2026	
					Date Hand-delivered or Date Postmarked	
					Receipt # Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.		FIRST Dean		MI	
	NICKNAME		LAST Kennedy		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5601 Granite Parkway Suite 800 Plano, TX 75024					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 701-9106					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)					
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month Day Year 07/01/2025 THROUGH Month Day Year 12/31/2025					
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE			
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Senator District 8 Collin			12 OFFICE SOUGHT (if known)		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 91

13 C / OH NAME	Paxton, Angela (The Honorable)	14 Filer ID	(Ethics Commission Filers)
		00081932	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 158,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 73.41
	4. TOTAL POLITICAL EXPENDITURES	\$ 470,389.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,217,530.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 800,000.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Angela Paxton

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

3 of 91

18 FILER NAME Paxton, Angela (The Honorable)		19 Filer ID (Ethics Commission Filers) 00081932
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 150,600.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 7,500.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 468,087.46
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 2,302.34
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/17 Rpt: 4/91
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alist Consulting, LLC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almaguer, Amy <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) American Pharmacies Texas PAC <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apartment Association of Greater Dallas PAC <hr/> Contributor address; City; State; Zip Code Irving, TX 75038	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AssociaPAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/17 Rpt: 5/91
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4 Date 10/21/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00235739) BNSF RAILPAC <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76161	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Bailey, Jan <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Barber, Robert <hr/> Contributor address; City; State; Zip Code Quinlan, TX 75474	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Barber, Robert <hr/> Contributor address; City; State; Zip Code Quinlan, TX 75474	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Barber, Robert <hr/> Contributor address; City; State; Zip Code Quinlan, TX 75474	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/17 Rpt: 6/91
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben E. Keith Company Texas PAC 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowling IV, Robert Contributor address; City; State; Zip Code El Paso, TX 79912-6431	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bresnen, Amy Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bresnen Associates
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Phillip Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carona, Sr., John Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Associa

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/17 Rpt: 7/91
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casselberry, Craig <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78732	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Quorum Public Affairs, Inc.
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Citigroup Inc. Political Action Committee - State <hr/> Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coats Rose, PC PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77046	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colyandro, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Public Affairs		Employer (See Instructions) Colyandro Public Affairs
Date 10/21/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00248716) Comcast Corporation & NBC Universal PAC <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19103	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/17 Rpt: 8/91
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Congress Ventures, LLC - Capitol Partners Consulting <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas Police Officer PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75215	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darte, Thomas <hr/> Contributor address; City; State; Zip Code Greenville, TX 75402	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, James <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, Andy <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Executive VP		Employer (See Instructions) Eldridge Business Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/17 Rpt: 9/91
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley & Lardner LLP Texas Campaign Fund <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201-3340	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funds Available for Involved Reporters <hr/> Contributor address; City; State; Zip Code Athens, TX 75751	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallagher, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Ken <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulf States Toyota Inc. State PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/17 Rpt: 10/91
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guller, Douglas <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Hospitality		9 Employer (See Instructions) ATX Brands
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halliburton Company Political Action Committee (HALPAC) <hr/> Contributor address; City; State; Zip Code Houston, TX 77072	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hancock, Tracy <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardeman, Joy <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Continental Auto Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/17 Rpt: 11/91
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Alex <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75013	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Pilot		9 Employer (See Instructions) Southwest Airlines
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hock, Stacy <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Hock Family GP LLC
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland and Knight Texas PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HomePAC of Texas - Texas Association of Builders <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JLB Diversified Investments <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/17 Rpt: 12/91
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapsner, Michael <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Doctor/Owner		9 Employer (See Instructions) Kapsner Chiropractic Center
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox, John <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Adoption Is An Option
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP <hr/> Contributor address; City; State; Zip Code Austin, TX 78760	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Maryjane <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathias, Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/17 Rpt: 13/91
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Mayes Motorsports
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClintock, Hava <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Co-Founder		Employer (See Instructions) Ambassadors for Israel International
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClure, Madeline <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) TexProtects
Date 10/21/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00225342</u>) McGuire Woods Federal PAC Fund <hr/> Contributor address; City; State; Zip Code Richmond, VA 23219	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Andrews Distributing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/17 Rpt: 14/91
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Morgan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78758	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Construction		9 Employer (See Instructions) Precision Roofing
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moayed, Mehrdad <hr/> Contributor address; City; State; Zip Code Farmers Branch, TX 75234	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Centurion American
Date 10/21/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00283135) NABIP TEXAS PAC <hr/> Contributor address; City; State; Zip Code Cranford, NJ 07016	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Judith <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North Texas Physicians PAC of The Collin Fannin County Medical <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/17 Rpt: 15/91
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Peggy <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Family Nurse Practitioner		9 Employer (See Instructions) Institute of Health Promotion
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pack, Sam <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75011	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Auto Dealer		Employer (See Instructions) Pack Automotive Group
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Nolan <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Digestive Specialists
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Red Clay Gourmet
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Provider Coalition For Care Political Action Committee <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/17 Rpt: 16/91
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R & G Swisher Family Trust <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78730	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Carmen <hr/> Contributor address; City; State; Zip Code Celina, TX 75009	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Rachel <hr/> Contributor address; City; State; Zip Code Prospect, KY 40059	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Word Broadcasting
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudd, Suzanne <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sewell, Stanford <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Commercial Real Estate		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/17 Rpt: 17/91
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sinclair, Lyall 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Self
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone Hilton, PLLC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suster, Israel Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Suster Law Group, PLLC
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sween, Paul Contributor address; City; State; Zip Code Paradise Valley, AZ 85253	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Dominium
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Apartment Association PAC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/17 Rpt: 18/91
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Cornerstone Credit Union League PAC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75265	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00007070) Texas Instruments Incorporated Political Action Committee (TI PAC) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Water Quality PAC <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00123612) Textron Political Action Committee <hr/> Contributor address; City; State; Zip Code Providence, RI 02903-2525	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/17 Rpt: 19/91
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Beer Alliance of Texas Political Action Committee <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Posey Law Firm <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Edward <hr/> Contributor address; City; State; Zip Code Austin, TX 78733	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self
Date 10/21/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00542365) Toyota Motor North America, Inc. PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00010470) Union Pacific Corporation Fund for Effective Government <hr/> Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/17 Rpt: 20/91
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upshaw, Jim <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Self
Date 10/21/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00226548) Vistra Employees PAC <hr/> Contributor address; City; State; Zip Code Irving, TX 75039-2479	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voss, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ED and Private Wealth Adviser		Employer (See Instructions) Morgan Stanley
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyant, Michael <hr/> Contributor address; City; State; Zip Code The Village, FL 32163	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yellock II, Johnnie <hr/> Contributor address; City; State; Zip Code Lantana, TX 76226	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Leadership		Employer (See Instructions) Sons of The Flag

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 21/91	
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/04/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton, James	8 Amount of contribution (\$) \$7,500.00	9 In-kind contribution description event venue
	7 Contributor address; City; State; Zip Code Dallas, TX 75225	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney		11 Employer (FOR NON-JUDICIAL) (See instructions) Stanton LLP	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/64 Rpt: 22/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 08/06/2025	5 Payee name Amazon.com	
6 Amount (\$) \$47.30	7 Payee address; City; State; Zip Code 1200 12th Avenue South Suite 1200 Seattle, WA 98144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name Amazon.com	
Amount (\$) \$16.18	Payee address; City; State; Zip Code 1200 12th Avenue South Suite 1200 Seattle, WA 98144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2025	Payee name Amazon.com	
Amount (\$) \$16.18	Payee address; City; State; Zip Code 1200 12th Avenue South Suite 1200 Seattle, WA 98144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/64 Rpt: 23/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 10/20/2025	5 Payee name Amazon.com	
6 Amount (\$) \$16.18	7 Payee address; City; State; Zip Code 1200 12th Avenue South Suite 1200 Seattle, WA 98144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/22/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amazon.com		
Amount (\$) \$16.18	Payee address; City; State; Zip Code 1200 12th Avenue South Suite 1200 Seattle, WA 98144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amazon.com		
Amount (\$) \$16.18	Payee address; City; State; Zip Code 1200 12th Avenue South Suite 1200 Seattle, WA 98144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/64 Rpt: 24/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 07/21/2025	5 Payee name Amazon.com	
6 Amount (\$) \$16.18	7 Payee address; City; State; Zip Code 1200 12th Avenue South Suite 1200 Seattle, WA 98144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2025	Payee name Amazon.com	
Amount (\$) \$47.29	Payee address; City; State; Zip Code 1200 12th Avenue South Suite 1200 Seattle, WA 98144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2025	Payee name American Airlines Center	
Amount (\$) \$3,359.86	Payee address; City; State; Zip Code 2500 Victory Avenue Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/64 Rpt: 25/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 11/18/2025	5 Payee name American Legislative Exchange Council	
6 Amount (\$) \$725.00	7 Payee address; City; State; Zip Code 2733 Crystal Drive Suite 100 Arlington, VA 22202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Anedot.com	
Amount (\$) \$1,888.82	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense merchant fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2025	Payee name Another Broken Egg	
Amount (\$) \$32.50	Payee address; City; State; Zip Code 3700 Plano Parkway Suite 500 The Colony, TX 75056	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense constituent meeting/food & beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/64 Rpt: 26/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 12/03/2025	5 Payee name Assurant Insurance	
6 Amount (\$) \$20.84	7 Payee address; City; State; Zip Code P. O. Box 105689 Atlanta, GA 30348	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder lodging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/03/2025	Candidate/Officeholder name Assurant Insurance	
Amount (\$) \$20.84	Payee address; City; State; Zip Code P. O. Box 105689 Atlanta, GA 30348	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/03/2025	Candidate/Officeholder name Assurant Insurance	
Amount (\$) \$20.84	Payee address; City; State; Zip Code P. O. Box 105689 Atlanta, GA 30348	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/03/2025	Candidate/Officeholder name Assurant Insurance	
Amount (\$) \$20.84	Payee address; City; State; Zip Code P. O. Box 105689 Atlanta, GA 30348	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/64 Rpt: 27/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 11/14/2025	5 Payee name Bank OZK	
6 Amount (\$) \$1,460.44	7 Payee address; City; State; Zip Code 7197 Lebanon Road Frisco, TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense periodic payment on loan
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name Bank OZK	
Amount (\$) \$1,507.56	Payee address; City; State; Zip Code 7197 Lebanon Road Frisco, TX 75034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense periodic payment on loan
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2025	Payee name Bank OZK	
Amount (\$) \$1,271.99	Payee address; City; State; Zip Code 7197 Lebanon Road Frisco, TX 75034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense periodic payment on loan
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/64 Rpt: 28/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 09/15/2025	5 Payee name Bank OZK	
6 Amount (\$) \$1,319.11	7 Payee address; City; State; Zip Code 7197 Lebanon Road Frisco, TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense periodic payment on loan
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name Bank OZK		
Amount (\$) \$1,036.44	Payee address; City; State; Zip Code 7197 Lebanon Road Frisco, TX 75034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense periodic payment on loan
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Bank OZK		
Amount (\$) \$15.00	Payee address; City; State; Zip Code 7197 Lebanon Road Frisco, TX 75034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bank fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/64 Rpt: 29/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 08/05/2025	5 Payee name Bank OZK	
6 Amount (\$) \$3,152.23	7 Payee address; City; State; Zip Code 7197 Lebanon Road Frisco, TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense periodic payment on loan
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/09/2025	Candidate/Officeholder name Office sought Office held	
Payee name Bank OZK		
Amount (\$) \$340,000.00	Payee address; City; State; Zip Code 7197 Lebanon Road Frisco, TX 75034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense periodic payment on loan
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/09/2025	Candidate/Officeholder name Office sought Office held	
Payee name Blue Goose Cantina		
Amount (\$) \$12.83	Payee address; City; State; Zip Code 9320 Dallas Parkway Suite 140 Frisco, TX 75034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense constituent meeting/food & beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/64 Rpt: 30/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 12/31/2025	5 Payee name Bryant, Della	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/31/2025	Candidate/Officeholder name Bryant, Della	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2025	Candidate/Officeholder name Bryant, Della	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2025	Candidate/Officeholder name Bryant, Della	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/64 Rpt: 31/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 09/30/2025	5 Payee name Bryant, Della	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/30/2025	Candidate/Officeholder name Bryant, Della	
Amount (\$) \$100.00	Office sought P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/31/2025	Candidate/Officeholder name Bryant, Della	
Amount (\$) \$100.00	Office sought P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/31/2025	Candidate/Officeholder name Bryant, Della	
Amount (\$) \$100.00	Office sought P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/64 Rpt: 32/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 07/31/2025	5 Payee name Bryant, Della	
6 Amount (\$) \$50.40	7 Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage paid for campaign travel per 2025 IRS \$0.70/mile
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/31/2025	Candidate/Officeholder name Bryant, Della	
Amount (\$) \$120.54	Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage paid for campaign travel per 2025 IRS \$0.70/mile
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Bryant, Della	
Amount (\$) \$191.52	Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage paid for campaign travel per 2025 IRS \$0.70/mile
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/64 Rpt: 33/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 10/31/2025	5 Payee name Bryant, Della	
6 Amount (\$) \$149.10	7 Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage paid for campaign travel per 2025 IRS \$0.70/mile
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/30/2025	Candidate/Officeholder name Bryant, Della	
Amount (\$) \$93.80	Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage paid for campaign travel per 2025 IRS \$0.70/mile
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/2025	Candidate/Officeholder name Bryant, Della	
Amount (\$) \$271.04	Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage paid for campaign travel per 2025 IRS \$0.70/mile
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/64 Rpt: 34/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 08/11/2025	5 Payee name Burger King	
6 Amount (\$) \$6.05	7 Payee address; City; State; Zip Code 6934 West Adams Avenue Temple, TX 76502	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel/food & beverage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2025	Payee name Capitol Extension Gift Shop	
Amount (\$) \$324.75	Payee address; City; State; Zip Code 1400 Congress Avenue Suite E1.006 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense commemorative mementos
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/24/2025	Payee name Catch	
Amount (\$) \$113.44	Payee address; City; State; Zip Code 3005 Maple Avenue Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense constituent meeting/food & beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/64 Rpt: 35/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 10/09/2025	5 Payee name Chicken Salad Chick	
6 Amount (\$) \$47.51	7 Payee address; City; State; Zip Code 3520 West University Drive McKinney, TX 75071	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff meeting/food & beverage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2025	Payee name ClearMe.com	
Amount (\$) \$209.00	Payee address; City; State; Zip Code 595 Madison Avenue 39th Floor New York, NY 10022	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense security services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2025	Payee name CubeSmart	
Amount (\$) \$376.00	Payee address; City; State; Zip Code 5 Old Lancaster Road Malvern, PA 19355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage unit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/64 Rpt: 36/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 12/04/2025	5 Payee name CubeSmart	
6 Amount (\$) \$376.00	7 Payee address; City; State; Zip Code 5 Old Lancaster Road Malvern, PA 19355	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage unit
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2025	Payee name CubeSmart	
Amount (\$) \$376.00	Payee address; City; State; Zip Code 5 Old Lancaster Road Malvern, PA 19355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage unit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2025	Payee name CubeSmart	
Amount (\$) \$376.00	Payee address; City; State; Zip Code 5 Old Lancaster Road Malvern, PA 19355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage unit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/64 Rpt: 37/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 09/04/2025	5 Payee name CubeSmart	
6 Amount (\$) \$376.00	7 Payee address; City; State; Zip Code 5 Old Lancaster Road Malvern, PA 19355	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage unit
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name CubeSmart		
Amount (\$) \$376.00	Payee address; City; State; Zip Code 5 Old Lancaster Road Malvern, PA 19355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage unit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name Dallas County Council of Republican Women		
Amount (\$) \$41.50	Payee address; City; State; Zip Code 11617 North Central Expressway Suite 240 Dallas, TX 75243	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/64 Rpt: 38/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 07/07/2025	5 Payee name Doubletree Suites Hotel	
6 Amount (\$) \$193.54	7 Payee address; City; State; Zip Code 303 West 15th Street Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder lodging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2025	Payee name Dvorak, Julia	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name Dvorak, Julia	
Amount (\$) \$8,000.00	Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consultant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/64 Rpt: 39/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 09/30/2025	5 Payee name Dvorak, Julia	
6 Amount (\$) \$8,000.00	7 Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consultant
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/31/2025	Candidate/Officeholder name Dvorak, Julia	
Amount (\$) \$8,000.00	Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consultant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2025	Candidate/Officeholder name Dvorak, Julia	
Amount (\$) \$8,000.00	Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consultant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/64 Rpt: 40/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 12/31/2025	5 Payee name Dvorak, Julia	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2025	Payee name El Al Airlines	
Amount (\$) \$10,657.49	Payee address; City; State; Zip Code P. O. Box 41 Lod 70100 Israel	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder transportation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2025	Payee name Everlance	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 2443 Fillmore Street Unit 108 San Francisco, CA 94115	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/64 Rpt: 41/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 09/23/2025	5 Payee name G2G.org	
6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 1208 Serenade Circle Plano, TX 75075	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Golden Corridor Republican Women	
Amount (\$) \$300.00	Payee address; City; State; Zip Code P. O. Box 162 Frisco, TX 75034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship of civic organization
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2025	Payee name Google G Suite	
Amount (\$) \$17.24	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/64 Rpt: 42/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 07/01/2025	5 Payee name Google G Suite	
6 Amount (\$) \$15.35	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Google G Suite		
Amount (\$) \$17.91	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Google G Suite		
Amount (\$) \$17.91	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/64 Rpt: 43/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 12/01/2025	5 Payee name Google	
6 Amount (\$) \$17.91	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Google		
Amount (\$) \$21.31	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Google		
Amount (\$) \$17.91	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/64 Rpt: 44/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 12/31/2025	5 Payee name HEB	
6 Amount (\$) \$43.78	7 Payee address; City; State; Zip Code 1000 East 41st Street Austin, TX 78751	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office hospitality
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name HEB		
Amount (\$) \$50.78	Payee address; City; State; Zip Code 1000 East 41st Street Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office hospitality
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name HEB		
Amount (\$) \$70.59	Payee address; City; State; Zip Code 1000 East 41st Street Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office hospitality
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/64 Rpt: 45/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 07/13/2025	5 Payee name HEB	
6 Amount (\$) \$144.35	7 Payee address; City; State; Zip Code 5808 Burnet Road Austin, TX 78756	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office hospitality
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name HEB		
Amount (\$) \$10.80	Payee address; City; State; Zip Code 7108 Woodrow Avenue Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office hospitality
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hall Arts Parking		
Amount (\$) \$15.00	Payee address; City; State; Zip Code 1726 North Pearl Street Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/64 Rpt: 46/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 07/31/2025	5 Payee name Hampton Inn	
6 Amount (\$) \$287.06	7 Payee address; City; State; Zip Code 1701 Lavaca Street Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder lodging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name High Flying Foods	
Amount (\$) \$27.87	Payee address; City; State; Zip Code 3665 North Harbor Drive San Diego, CA 92101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel meal/food & beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2025	Payee name Hill Country Springs, Inc	
Amount (\$) \$46.57	Payee address; City; State; Zip Code P. O. Box 2220 Manchaca, TX 78652	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office hospitality/water
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/64 Rpt: 47/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 12/02/2025	5 Payee name Hill Country Springs, Inc	
6 Amount (\$) \$46.57	7 Payee address; City; State; Zip Code P. O. Box 2220 Manchaca, TX 78652	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office hospitality/water
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hill Country Springs, Inc		
Amount (\$) \$23.57	Payee address; City; State; Zip Code P. O. Box 2220 Manchaca, TX 78652	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office hospitality/water
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hill Country Springs, Inc		
Amount (\$) \$29.57	Payee address; City; State; Zip Code P. O. Box 2220 Manchaca, TX 78652	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office hospitality/water
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/64 Rpt: 48/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 09/03/2025	5 Payee name Hill Country Springs, Inc	
6 Amount (\$) \$102.56	7 Payee address; City; State; Zip Code P. O. Box 2220 Manchaca, TX 78652	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office hospitality/water
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hill Country Springs, Inc		
Amount (\$) \$102.56	Payee address; City; State; Zip Code P. O. Box 2220 Manchaca, TX 78652	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office hospitality/water
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hilton Garden Inn		
Amount (\$) \$128.75	Payee address; City; State; Zip Code 301 West 17th Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/64 Rpt: 49/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 08/05/2025	5 Payee name Hilton Garden Inn	
6 Amount (\$) \$208.82	7 Payee address; City; State; Zip Code 301 West 17th Street Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder lodging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2025	Payee name Hilton Garden Inn	
Amount (\$) \$333.27	Payee address; City; State; Zip Code 301 West 17th Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2025	Payee name Hilton Garden Inn	
Amount (\$) \$302.76	Payee address; City; State; Zip Code 301 West 17th Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/64 Rpt: 50/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 07/28/2025	5 Payee name Hilton Garden Inn	
6 Amount (\$) \$292.61	7 Payee address; City; State; Zip Code 301 West 17th Street Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder lodging
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2025	Payee name Hilton Garden Inn	
Amount (\$) \$282.44	Payee address; City; State; Zip Code 301 West 17th Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2025	Payee name Hobby Lobby	
Amount (\$) \$38.95	Payee address; City; State; Zip Code 107 Central Expressway North Allen, TX 75013	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/64 Rpt: 51/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 10/20/2025	5 Payee name Honey Berry Cafe	
6 Amount (\$) \$28.60	7 Payee address; City; State; Zip Code 4520 Frankford Road Dallas, TX 75287	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense constituent meeting/food & beverage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name Horizon Public Affairs		
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 6113 Salcon Cliff Drive Austin, TX 78749	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consultant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Horizon Public Affairs		
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 6113 Salcon Cliff Drive Austin, TX 78749	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consultant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/64 Rpt: 52/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 08/12/2025	5 Payee name Horizon Public Affairs	
6 Amount (\$) \$15,000.00	7 Payee address; City; State; Zip Code 6113 Salcon Cliff Drive Austin, TX 78749	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consultant
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name Kroger	
Amount (\$) \$59.90	Payee address; City; State; Zip Code 1320 West McDermott Drive Allen, TX 75013	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense commemorative mementos
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name La Madeleine	
Amount (\$) \$17.22	Payee address; City; State; Zip Code 3072 Mockingbird Lane Dallas, TX 75205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense constituent meeting/food & beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/64 Rpt: 53/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 11/05/2025	5 Payee name Lex Politica, PLLC	
6 Amount (\$) \$585.00	7 Payee address; City; State; Zip Code 7415 SW Parkway, Building 6 Suite 500, #129 Austin, TX 78735	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign legal services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2025	Payee name Lex Politica, PLLC	
Amount (\$) \$6,556.50	Payee address; City; State; Zip Code 7415 SW Parkway, Building 6 Suite 500, #129 Austin, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consultant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2025	Payee name Mail Chimp	
Amount (\$) \$140.71	Payee address; City; State; Zip Code 512 Means Street Suite 404 Atlanta, GA 30318	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense voter outreach
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/64 Rpt: 54/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 09/05/2025	5 Payee name Mail Chimp	
6 Amount (\$) \$157.77	7 Payee address; City; State; Zip Code 512 Means Street Suite 404 Atlanta, GA 30318	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense voter outreach
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name Mail Chimp		
Amount (\$) \$157.77	Payee address; City; State; Zip Code 512 Means Street Suite 404 Atlanta, GA 30318	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense voter outreach
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name Mail Chimp		
Amount (\$) \$140.71	Payee address; City; State; Zip Code 512 Means Street Suite 404 Atlanta, GA 30318	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense voter outreach
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/64 Rpt: 55/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 10/06/2025	5 Payee name Mail Chimp	
6 Amount (\$) \$140.71	7 Payee address; City; State; Zip Code 512 Means Street Suite 404 Atlanta, GA 30318	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense voter outreach
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/07/2025	Payee name Mail Chimp	
Amount (\$) \$157.77	Payee address; City; State; Zip Code 512 Means Street Suite 404 Atlanta, GA 30318	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense voter outreach
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/25/2025	Payee name Maple Terrace Parking	
Amount (\$) \$11.50	Payee address; City; State; Zip Code 3003 Maple Avenue Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/64 Rpt: 56/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 08/28/2025	5 Payee name Microsoft	
6 Amount (\$) \$108.24	7 Payee address; City; State; Zip Code One Microsoft Way Redmond, WA 98052-6399	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2025	Payee name Millennial Specialty Insurance	
Amount (\$) \$12.87	Payee address; City; State; Zip Code 4211 West Boy Scout Boulevard Unit 800 Tampa, FL 33607	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2025	Payee name NTTA	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel toll fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/64 Rpt: 57/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 10/02/2025	5 Payee name NTTA	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel toll fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name NTTA		
Amount (\$) \$40.00	Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel toll fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name NTTA		
Amount (\$) \$40.00	Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel toll fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/64 Rpt: 58/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 12/24/2025	5 Payee name NTTA	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel toll fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/17/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$40.00	Payee name NTTA Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel toll fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/23/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$40.00	Payee name NTTA Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel toll fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 38/64 Rpt: 59/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 09/17/2025	5 Payee name NTTA	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel toll fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2025	Payee name NTTA	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel toll fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2025	Payee name NTTA	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel toll fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 39/64 Rpt: 60/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 07/10/2025	5 Payee name NTTA	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel toll fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2025	Payee name NTTA	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel toll fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2025	Payee name NTTA	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel toll fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 40/64 Rpt: 61/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 11/25/2025	5 Payee name NTTA	
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 5900 West Plano Parkway Unit 100 Plano, TX 75093	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel toll fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/03/2025	Candidate/Officeholder name Payee name PNW Essentials	
Amount (\$) \$4.46	Payee address; City; State; Zip Code 9000 West Airport Drive Spokane, WA 99224	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel meal/food & beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/04/2025	Candidate/Officeholder name Payee name Pappadeaux Seafood Kitchen	
Amount (\$) \$98.03	Payee address; City; State; Zip Code 2610 North International Parkway Terminal A Gate 25 Dallas, TX 75287	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meal/food & beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 41/64 Rpt: 62/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 08/19/2025	5 Payee name Parking Management Company	
6 Amount (\$) \$62.43	7 Payee address; City; State; Zip Code 3713 Charlotte Avenue Nashville, TN 37209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense parking fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name Parking Management Company		
Amount (\$) \$187.28	Payee address; City; State; Zip Code 3713 Charlotte Avenue Nashville, TN 37209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense parking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name Parking Management Company		
Amount (\$) \$62.43	Payee address; City; State; Zip Code 3713 Charlotte Avenue Nashville, TN 37209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense parking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 42/64 Rpt: 63/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 08/06/2025	5 Payee name Parking Management Company	
6 Amount (\$) \$62.43	7 Payee address; City; State; Zip Code 3713 Charlotte Avenue Nashville, TN 37209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense parking fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/22/2025	Candidate/Officeholder name Office sought Office held	
Payee name Parking Management Company		
Amount (\$) \$69.27	Payee address; City; State; Zip Code 3713 Charlotte Avenue Nashville, TN 37209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense parking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Parking Management Company		
Amount (\$) \$70.64	Payee address; City; State; Zip Code 3713 Charlotte Avenue Nashville, TN 37209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense parking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 43/64 Rpt: 64/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 12/03/2025	5 Payee name Parking Management Company	
6 Amount (\$) \$34.64	7 Payee address; City; State; Zip Code 3713 Charlotte Avenue Nashville, TN 37209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name ParkingManagement.com		
Amount (\$) \$21.65	Payee address; City; State; Zip Code 303 Red River Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name ParkingManagement.com		
Amount (\$) \$15.00	Payee address; City; State; Zip Code 303 Red River Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 44/64 Rpt: 65/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 12/31/2025	5 Payee name Paxton, Angela	
6 Amount (\$) \$2,261.13	7 Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage paid for campaign travel per 2025 IRS \$0.70/mile
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2025	Payee name Plano Republican Women	
Amount (\$) \$150.00	Payee address; City; State; Zip Code P. O. Box 940461 Plano, TX 75094	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship of civic organization
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2025	Payee name Plum Market Kitchen	
Amount (\$) \$14.98	Payee address; City; State; Zip Code Dallas Fort Worth Internation 2141 International Parkway Dallas, TX 75261	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder meal/food & beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 45/64 Rpt: 66/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 12/18/2025	5 Payee name Princi Italia	
6 Amount (\$) \$48.05	7 Payee address; City; State; Zip Code 5959 Royal Lane #707 Dallas, TX 75230	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense constituent meeting/food & beverage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2025	Payee name QR Code Generator	
Amount (\$) \$213.45	Payee address; City; State; Zip Code Am Lenkwerk 13 Bielefeld 33609 Germany	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense voter outreach
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2025	Payee name Senate Purchasing	
Amount (\$) \$556.25	Payee address; City; State; Zip Code 201 East 14th Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 46/64 Rpt: 67/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 11/07/2025	5 Payee name Sevy's Grill	
6 Amount (\$) \$66.00	7 Payee address; City; State; Zip Code 8201 Preston Road Dallas, TX 75225	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense constituent meeting/food & beverage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2025	Payee name Solutions for Texas in Fundraising, LLC	
Amount (\$) \$10,276.75	Payee address; City; State; Zip Code 1505 Elm Street Suite 1601 Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consultant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2025	Payee name Solutions for Texas in Fundraising, LLC	
Amount (\$) \$5,305.00	Payee address; City; State; Zip Code 1505 Elm Street Suite 1601 Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consultant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 47/64 Rpt: 68/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 11/06/2025	5 Payee name Solutions for Texas in Fundraising, LLC	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 1505 Elm Street Suite 1601 Dallas, TX 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consultant
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/14/2025	Payee name Sound Balance	
Amount (\$) \$69.27	Payee address; City; State; Zip Code Dallas/Ft. Worth International Airport 2610 North International Parkway Dallas, TX 75261	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder telecommunication expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2025	Payee name Squarespace	
Amount (\$) \$35.18	Payee address; City; State; Zip Code Eight Clarkson Street, 12th Floor New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 48/64 Rpt: 69/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 09/08/2025	5 Payee name Squarespace	
6 Amount (\$) \$35.18	7 Payee address; City; State; Zip Code Eight Clarkson Street, 12th Floor New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web hosting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Squarespace		
Amount (\$) \$35.18	Payee address; City; State; Zip Code Eight Clarkson Street, 12th Floor New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Squarespace		
Amount (\$) \$35.18	Payee address; City; State; Zip Code Eight Clarkson Street, 12th Floor New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Squarespace		
Amount (\$) \$35.18	Payee address; City; State; Zip Code Eight Clarkson Street, 12th Floor New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 49/64 Rpt: 70/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 11/07/2025	5 Payee name Squarespace	
6 Amount (\$) \$35.18	7 Payee address; City; State; Zip Code Eight Clarkson Street, 12th Floor New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web hosting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name Squarespace		
Amount (\$) \$35.18	Payee address; City; State; Zip Code Eight Clarkson Street, 12th Floor New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name Staples		
Amount (\$) \$9.73	Payee address; City; State; Zip Code 812 West McDermott Drive Allen, TX 75013	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 50/64 Rpt: 71/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 12/31/2025	5 Payee name Stowe, Laura	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/30/2025	Candidate/Officeholder name Payee name Stowe, Laura	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/31/2025	Candidate/Officeholder name Payee name Stowe, Laura	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 51/64 Rpt: 72/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 09/30/2025	5 Payee name Stowe, Laura	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/31/2025	Candidate/Officeholder name Stowe, Laura	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2025	Candidate/Officeholder name Stowe, Laura	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/31/2025	Candidate/Officeholder name Stowe, Laura	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P. O. Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 52/64 Rpt: 73/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 12/16/2025	5 Payee name Sweetwaters Coffee & Tea	
6 Amount (\$) \$177.81	7 Payee address; City; State; Zip Code 316 West 12 Street Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense commemorative mementos/senate holiday gathering for staff
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2025	Payee name T-Mobile	
Amount (\$) \$177.84	Payee address; City; State; Zip Code 190 East Stacy Road Suite 207 Allen, TX 75002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder telecommunication expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name T-Mobile	
Amount (\$) \$177.84	Payee address; City; State; Zip Code 190 East Stacy Road Suite 207 Allen, TX 75002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder telecommunication expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 53/64 Rpt: 74/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 12/01/2025	5 Payee name T-Mobile	
6 Amount (\$) \$163.05	7 Payee address; City; State; Zip Code 190 East Stacy Road Suite 207 Allen, TX 75002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder telecommunication expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name T-Mobile	
Amount (\$) \$163.05	Payee address; City; State; Zip Code 190 East Stacy Road Suite 207 Allen, TX 75002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder telecommunication expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name T-Mobile	
Amount (\$) \$163.04	Payee address; City; State; Zip Code 190 East Stacy Road Suite 207 Allen, TX 75002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder telecommunication expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 54/64 Rpt: 75/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 09/02/2025	5 Payee name T-Mobile	
6 Amount (\$) \$163.04	7 Payee address; City; State; Zip Code 190 East Stacy Road Suite 207 Allen, TX 75002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder telecommunication expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name T-Mobile	
Amount (\$) \$163.05	Payee address; City; State; Zip Code 190 East Stacy Road Suite 207 Allen, TX 75002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder telecommunication expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2025	Payee name Texas Senate	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P. O. Box 12068 Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense voter outreach
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 55/64 Rpt: 76/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 09/24/2025	5 Payee name Texas Senate	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code P. O. Box 12068 Austin, TX 78711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense voter outreach
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name Texas Senate	
Amount (\$) \$48.34	Payee address; City; State; Zip Code P. O. Box 12068 Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense commemorative mementos
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2025	Payee name Texas Values	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 1005 Congress Avenue Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 56/64 Rpt: 77/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 08/01/2025	5 Payee name The Cheesecake Factory	
6 Amount (\$) \$66.18	7 Payee address; City; State; Zip Code 820 Central Expressway Allen, TX 75013	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff meeting/food & beverage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/03/2025	Payee name The Coeur d'Alene Resort	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 115 South 2nd Street Coeur d'Alene, ID 83814	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel meal/food & beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2025	Payee name The Woodlands Waterway Marriott Hotel	
Amount (\$) \$38.97	Payee address; City; State; Zip Code 1601 Lake Robbins Drive The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 57/64 Rpt: 78/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 08/14/2025	5 Payee name The Yard	
6 Amount (\$) \$53.26	7 Payee address; City; State; Zip Code 107 South Church Street McKinney, TX 75069	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense constituent meeting/food & beverage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2025	Payee name Tommy Bahama Restaurant	
Amount (\$) \$49.69	Payee address; City; State; Zip Code 7501 Windrose Avenue Plano, TX 75024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense constituent meeting/food & beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2025	Payee name True Food Kitchen	
Amount (\$) \$33.26	Payee address; City; State; Zip Code 8383 Preston Center Plaza #100 Dallas, TX 75225	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense constituent meeting/food & beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 58/64 Rpt: 79/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 09/19/2025	5 Payee name True Food Kitchen	
6 Amount (\$) \$13.27	7 Payee address; City; State; Zip Code 7601 Windrose Avenue Suite F100 Plano, TX 75024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense constituent meeting/food & beverage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2025	Payee name Uber	
Amount (\$) \$23.58	Payee address; City; State; Zip Code 1455 Market Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder transportation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2025	Payee name United States Treasury	
Amount (\$) \$239.83	Payee address; City; State; Zip Code P. O. Box 1214 Charlotte, NC 28201-1214	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign federal taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 59/64 Rpt: 80/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 12/11/2025	5 Payee name Viva Day Spa	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 1811 West 35th Street Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution/full senate holiday gathering for staff
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2025	Payee name Walmart	
Amount (\$) \$24.69	Payee address; City; State; Zip Code 730 West Exchange Parkway Allen, TX 75013	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office hospitality
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2025	Payee name apple.com	
Amount (\$) \$9.99	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 60/64 Rpt: 81/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 09/19/2025	5 Payee name apple.com	
6 Amount (\$) \$9.99	7 Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2025	Payee name apple.com	
Amount (\$) \$10.89	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name apple.com	
Amount (\$) \$9.99	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 61/64 Rpt: 82/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 10/15/2025	5 Payee name apple.com	
6 Amount (\$) \$14.06	7 Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/15/2025	Candidate/Officeholder name Payee name apple.com	
Amount (\$) \$14.06	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2025	Candidate/Officeholder name Payee name apple.com	
Amount (\$) \$14.06	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2025	Candidate/Officeholder name Payee name apple.com	
Amount (\$) \$14.06	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 62/64 Rpt: 83/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 11/20/2025	5 Payee name apple.com	
6 Amount (\$) \$9.99	7 Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/15/2025	Candidate/Officeholder name Payee name apple.com	
Amount (\$) \$14.06	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/16/2025	Candidate/Officeholder name Payee name apple.com	
Amount (\$) \$10.81	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 63/64 Rpt: 84/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 09/15/2025	5 Payee name apple.com	
6 Amount (\$) \$14.06	7 Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2025	Payee name apple.com	
Amount (\$) \$9.99	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2025	Payee name apple.com	
Amount (\$) \$10.81	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 64/64 Rpt: 85/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 08/15/2025	5 Payee name apple.com	
6 Amount (\$) \$14.06	7 Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/21/2025	Candidate/Officeholder name Payee name apple.com	
Amount (\$) \$9.99	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/16/2025	Candidate/Officeholder name Payee name apple.com	
Amount (\$) \$10.81	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014-0642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software license
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/3 Rpt: 86/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 08/24/2025	5 Payee name American Airlines	
6 Amount (\$) \$268.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1 Skyview Drive Fort Worth, TX 76155	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2025	Payee name American Airlines	
Amount (\$) \$239.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 Skyview Drive Fort Worth, TX 76155	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder transportation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2025	Payee name Colton House Hotel	
Amount (\$) \$536.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2510 South Congress Avenue Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/3 Rpt: 87/91		2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932	
4 Date 11/05/2025		5 Payee name Hudson			
6 Amount (\$) \$18.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code John F. Kennedy International Airport 1-50 Greenwich Street Jamaica, NY 11430			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder transportation	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/24/2025		Payee name Jimmy John's			
Amount (\$) \$17.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code John F. Kennedy International Airport South Service Road Building 14 Jamaica, NY 11430			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel meal/food & beverage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/15/2025		Payee name Southwest Airlines			
Amount (\$) \$650.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2702 Love Field Drive Dallas, TX 75235			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder transportation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 3/3 Rpt: 88/91	2 FILER NAME Paxton, Angela (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081932
4 Date 09/26/2025	5 Payee name Southwest Airlines	
6 Amount (\$) \$550.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2702 Love Field Drive Dallas, TX 75235	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder transportation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2025	Payee name TGI Fridays	
Amount (\$) \$20.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Dallas Fort Worth International Airport 2400 Aviation Drive DFW Airport, TX 75261	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder travel meal/food & beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/3 Rpt: 89/91												
2 FILER NAME Paxton, Angela (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081932												
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines														
5 Contribution / Expenditure reported on: <table><tr><td><input type="checkbox"/> Schedule A2</td><td><input type="checkbox"/> Schedule B</td><td><input type="checkbox"/> Schedule B(J)</td><td><input type="checkbox"/> Schedule C2</td><td><input type="checkbox"/> Schedule D</td><td><input type="checkbox"/> Schedule F1</td></tr><tr><td><input type="checkbox"/> Schedule F2</td><td><input type="checkbox"/> Schedule F4</td><td><input checked="" type="checkbox"/> Schedule G</td><td><input type="checkbox"/> Schedule H</td><td><input type="checkbox"/> Schedule COH-UC</td><td></td></tr></table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input checked="" type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input checked="" type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
6 Dates of Travel 10/23/2025 10/23/2025	7 Name of person(s) traveling Paxton, Angela (Sen.)													
	8 Departure city or name of departure location Dallas													
	9 Destination city or name of destination location Queens													
10 Means of transportation Commercial Airplane		11 Purpose of travel (including name of conference, seminar, or other event) Texas Senate trip to Israel												
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines														
Contribution / Expenditure reported on: <table><tr><td><input type="checkbox"/> Schedule A2</td><td><input type="checkbox"/> Schedule B</td><td><input type="checkbox"/> Schedule B(J)</td><td><input type="checkbox"/> Schedule C2</td><td><input type="checkbox"/> Schedule D</td><td><input type="checkbox"/> Schedule F1</td></tr><tr><td><input type="checkbox"/> Schedule F2</td><td><input type="checkbox"/> Schedule F4</td><td><input checked="" type="checkbox"/> Schedule G</td><td><input type="checkbox"/> Schedule H</td><td><input type="checkbox"/> Schedule COH-UC</td><td></td></tr></table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input checked="" type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input checked="" type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
Dates of Travel 11/05/2025 11/05/2025	Name of person(s) traveling Paxton, Angela (Sen.)													
	Departure city or name of departure location Queens													
	Destination city or name of destination location Dallas													
Means of transportation Commercial Airplane		Purpose of travel (including name of conference, seminar, or other event) Texas Senate trip to Israel												
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee El Al Airlines														
Contribution / Expenditure reported on: <table><tr><td><input type="checkbox"/> Schedule A2</td><td><input type="checkbox"/> Schedule B</td><td><input type="checkbox"/> Schedule B(J)</td><td><input type="checkbox"/> Schedule C2</td><td><input type="checkbox"/> Schedule D</td><td><input checked="" type="checkbox"/> Schedule F1</td></tr><tr><td><input type="checkbox"/> Schedule F2</td><td><input type="checkbox"/> Schedule F4</td><td><input type="checkbox"/> Schedule G</td><td><input type="checkbox"/> Schedule H</td><td><input type="checkbox"/> Schedule COH-UC</td><td></td></tr></table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
Dates of Travel 10/25/2025 10/26/2025	Name of person(s) traveling Paxton, Angela (Sen.)													
	Departure city or name of departure location New York													
	Destination city or name of destination location Tel Aviv													
Means of transportation Commercial Airplane		Purpose of travel (including name of conference, seminar, or other event) Texas Senate Republican Caucus trip to Israel.												

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

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
High Flying Foods

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

09/24/2025

09/24/2025

7 Name of person(s) traveling

Paxton, Angela (Sen.)

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)
conference

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Hudson

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☒ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

11/05/2025

11/05/2025

Name of person(s) traveling

Paxton, Angela (Sen.)

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)
Texas Senate trip to Israel

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Jimmy John's

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☒ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

10/24/2025

10/24/2025

Name of person(s) traveling

Paxton, Angela (Sen.)

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)
Texas Senate trip to Israel

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

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
PNW Essentials

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

08/03/2025

08/03/2025

7 Name of person(s) traveling

Paxton, Angela (Sen.)

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)
conference

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
The Coeur d'Alene Resort

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

08/03/2025

08/03/2025

Name of person(s) traveling

Paxton, Angela (Sen.)

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)
conference