# 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) 2 Total pages filed:	-
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI OFFICE USE ONLY	]
	NICKNAME LAST SUFFIX Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 503 FM 359 #130-130, Richmond TX 77406	3 1. 2024 RCV
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Amount \$ MI MI NICKNAME LAST SUFFIX	_
	Özzie Bayazitoglu Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; ZIP CODE 8120 Blase Road, Rosenberg TX 77471	
8 CAMPAIGN TREASURER PHONE	AREA CODE         PHONE NUMBER         EXTENSION           (281)         546-6401	
9 REPORT TYPE	January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (Officeholder Only)         July 15       8th day before election       Exceeded Modified Reporting Limit       Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month     Day     Year     Month     Day     Year       OI     OI     2024     THROUGH     OI     25     2024	
11 ELECTION	ELECTION DATE     ELECTION TYPE       Month     Day     Year       O3 / O5 / 2024     General     Special	-
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Fort Bend County Sheriff	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
000000000000000000000000000000000000000	COMMITTEE TYPE COMMITTEE NAME	
Additional Pages	GENERAL COMMITTEE ADDRESS	
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	-
	GO TO PAGE 2	=
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### **CANDIDATE / OFFICEHOLDER** CAMPAIGN EINANCE DEPORT

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

CAMPAIGN	<b>FINANCE RI</b>	EPORT		C	OVER SH	IEET PG 2
15 C/OH NAME	larshall B.	Slot		<b>16</b> Fil	er ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)					.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUA	RANTEES OF LOAN	S)	\$ 8,2	75.00
EXPENDITURE TOTALS	3. TOTAL UNITEMI	ZED POLITICAL EXPENDIT	JRE.		\$	OBEM
	4. TOTAL POLITIC	CAL EXPENDITURES			\$ 13,3	331.76
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF REPORTING	AL CONTRIBUTIONS MAINT	AINED AS OF THE L	AST DAY	\$ 27,	506,75
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTST HE REPORTING PERIOD	ANDING LOANS AS	OF THE	\$ 30	,000.00
requ	lired to be reported by me u	nder Title 15, Election Code.	M	Candidate	e or Officehold	er
(1) Affidavit	Plea	ase complete eithe	er option belo	W:	BETH Notary ID	SHELTON #11199507
NOTARY STAMP/SEAL				THE OF TH	🖓 My Commi	ssion Expires 23, 2026
	pefore me by Marsh	all B Slot	this th	e /	day of F	ebrilary.
	hich, witness my hand and s					
Bith Shellon		Beth Shelton	2		Notar	·
Signature of officer administeri	ng oath Prin	nted name of officer administer	ng oath		Title of officer	administering oath
		OR				
2) Unsworn Declaratio	n					
ly name is		, a	nd mv date of birth	is		
					,	
	(street)		(city)	. ,	(zip code)	(country)
xecuted in	County, State of	, on the	day of(mor	nth)	, 20 (year)	
			Signature of Can	didate/Off	iceholder (Decl	arant)
orms provided by Texas Eth	ing Commission	www.ethics.state.tx.u	IS			Revised 1/1/2024

# SUBTOTALS - C/OH

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

19	FILER NAME Marshall B. Slot 20 Filer ID (Ethics Commission Filers)					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			JBTOTAL MOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8	075.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0		
4.	SCHEDULE E: LOANS		\$	0		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	TRIBUTIONS	\$13	,331.76		
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$	0		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	0		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0		

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

			-
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	rshall B. Slot		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
1-6-2024	6 Contributor address; City;	State; Zip Code	\$\$ 50.00
	19215 Merchant Mark Lune, Ric	hmond TX 77407	
	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Softwo	are architect	Texas Children	s Health Plan
Date	Full name of contributor Out-of-state PAG	C (ID#:)	Amount of contribution (\$)
-7-2024	Billy McCaslin Contributor address; City;	State; Zip Code	100.00
	3511 Autumn Bend Dr. Sugar	Land TX 77479	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Retir	ed	Retired	
Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)
-13-2024	Chris Bronsell Contributor address; City;	State; Zip Code	50.00
	3010 River Bend Drive Ro	senberg TX 77471	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Deput	y Constable	Fort Bend Co	unty
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
-12-2024	Todd R. Richey Contributor address; City;	State; Zip Code	3,000.00
	2515 La Salle Lane Richmond	d TX 77406	
	- I La salle Lane Munimori		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Mars	hall B. Slot	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
-14-2024	Mary L. Roye	
-19-202-1	6 Contributor address; City; State;	Zip Code 100.00
	3423 Sapelo Way, Richmond TX	77469-
B Principal occu	pation / Job title (See Instructions) 9 Emp	ployer (See Instructions)
Date	Full name of contributor	) Amount of contribution (\$)
-14-1mail	Mary Ann Sturdivant	150.00
-14-2024	Contributor address; City; State;	Zip Code 150.00
	3418 Satin Leaf Lane Richmond	TX 7469-1964
Principal occup		oloyer (See Instructions)
Date	Full name of contributor	) Amount of contribution (\$)
11 1601	Gregory Gibson	
-14 - 2024		Zip Code 250.00
	418 Spindrift Circle Richmond D	X 77469
Principal occur	ation / Job title (See Instructions) Emp	oloyer (See Instructions)
retired	<u>a</u>	etired
Dete	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
Date		
Date	Amie Bragard	
	Amic Bogaard Contributor address; City; State;	
- 14-2024	Contributor address; City; State;	Zip Code 250,00
-14-2024	Contributor address;       City;       State;         3439       Safin Leaf Lane       Richmond       TX         ation / Job title (See Instructions)       Employee	Zip Code 77469 Dioyer (See Instructions) hevron

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Ma	-shall B. Slot	
Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
17 1010	6 Contributor address; City; State; Zip Code	
-11-202	6 Contributor address; City; State; Zip Code	100.00
	4807 Hillswick Drive Sugar Land 77479	
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	stions)
work	r KMI	
Date	Full name of contributor	Amount of contribution (\$)
	Mindy Le	
18-2024	Contributor address; City; State; Zip Code	300.00
	15614 Sierron Valle Drive Houston 77083	500.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	tions)
Ret	red Retired	
Date	Full name of contributor	Amount of contribution (\$)
	Susan Slot	, unduit of contribution (+)
-20-2024	Contributor address; City; State; Zip Code	
	850 Imporial Bluel., #210 Sugar Land TX 77498	100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Carol Scott	
-22-2024	Contributor address; City; State; Zip Code	100.00
	16931 Ascot Meadow Dr. Sugar Land TX 77479	100.00
Principal occu	nte manager (See Instructions) Employer (See Instructions)	tions)

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MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
If the reque	sted information is not applicable, <b>DO NOT ir</b>	iclude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	1arshall 13. Slot		3 Filer ID (Ethics Commission Filers)
4 Date	Laurie Meredith	C (ID#:)	7 Amount of contribution (\$)
1-23-2024		State; Zip Code	150.00
8 Principal occu refire	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
1-25-2024	Dione Davis Contributor address; City; 1935 Farmers Creek Dr.	State; Zip Code	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
rezist	ered nurse	HCA Health	care
Date	Full name of contributor   Out-of-state PA	C (ID#:)	Amount of contribution (\$)
1-22-2024	John Lohman Contributor address; City; 3107 Silver Springs Cl. Missouri	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
1-21-2024	William Snyder Contributor address; City; 5623 Ivory Cove Lane Fulshen	State; Zip Code TX 7744/	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instr		

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	1 Total pages Schedule A1:
The Instruction Guide explains how to complete this form.	7
FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#: Nicholas Cholometes	<b>7</b> Amount of contribution (\$)
1-21-2024 6 Contributor address; City; State; Zip Code 2845 W. Jnh. Arpul Rual, Condo GUD, Anchorage, Alacka 99502	100.00
B Principal occupation / Job title (See Instructions)     S Employer (See Instructions)	structions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
-21-2024 Thomas Jennische Sr. Contributor address; City; State; Zip Code 5819 Perdernales Blvd. Fulshear TX 7744	100.00
Principal occupation / Job title (See Instructions) Employer (See Ins	tructions)
Date Full name of contributor 🗋 out-of-state PAC (ID#:	
1-18-2024 Contributor address; City; State; Zip Code 11102 Celinn Knl. Missouri City TX. 77459	100.00
Principal occupation / Job title (See Instructions) Employer (See Ins	tructions)
Date Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
-20-2024 Debra Baron Contributor address; City; State; Zip Code 29023 Coffee Mill Lane Fulshear TX 7744	50.00
Principal occupation / Job title (See Instructions) Employer (See Ins	tructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see Instruction guide for addition	

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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, **DO NOT include this page in the report.** 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Marshall B. Slot 5 Full name of contributor \_\_\_\_\_ out-of-state PAC (ID#:\_\_\_\_\_\_ ) 4 Date 7 Amount of contribution (\$) Gail Shook [-2]-2024 6 Contributor address; City; State; Zip Code 50.00 28905 Autumn Shore Dr. Fulshear TX 77441 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) Josephine E. Howard1-23-2024Contributor address;City;State; Zip Code9300 US 90ASugar LandTX 77478Principal occupation / Job title (See Instructions)Employer (See Instructions) 2000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) Carol A. Townsend 1-11-2024 50.00 Contributor address; City; State; Zip Code 419 Larkspur Lane Richmond TX 17469 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) 1-11-2029 Kent Beringer Contributor address; City; State; 100.00 City; State; Zip Code 330 Seaside Sparrow Way Richmond TX 77469 ation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) retired retired

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this fo	vrm.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	larshall B. Slot		,,
4 Date	5 Full name of contributor out-of-state PAC (ID	)#:	7 Amount of contribution (\$)
	P. B. Aston		
1-25-2024	6 Contributor address; City;		100,00
	3935 Mossycup Richmond	TX 77469	
8 Principal occu	ions)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor Out-of-state PAC (ID	)#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
ø			
Date	Full name of contributor out-of-state PAC (ID	)#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	FEDED
	If contributor is out-of-state PAC, please see Instruction		
	in contributor to out-or-state i rio, piedos ses matricet	galaetter undersonalite	

#### If the requested information is not applicable, DO NOT include this page in the report.

		-TF		1 3		
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
	Accounting/Banking     Fees     Office Overhead/Rental Expense       Consulting Expense     Food/Beverage Expense     Polling Expense       Contributions/Donations Made By     Git/Awards/Memorials Expense     Printing Expense       Candidate/Officeholder/Political Committee     Legal Services     Salaries/Wages/Contract Labor       Credit Card Payment     The Instruction Guide explains how to complete this form.				Travel In District Travel Out Of Dist	uipment & Related Expense
1 Total pages Schedule F1:	2 FILER N Marshal				3 Filer ID (Eth	ics Commission Filers)
4 Date 1-6-2024	5 Payee n Anedot					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
2.30	1340 Po	1340 Poydras Street, Suite 1770 New Orleans				70112
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accour	Accounting/Banking Processing Fe				
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI						Office held
Date	Payee na	ame				
1-7-2024	Anedot	Inc.				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
4.30	1340 Pc	ydras Street, Suite 17	70	New Orleans	LA	70112
	Category	/ (See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Accour	iting/Banking		Processing Fe	e	
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
1-13-2024	Anedot					
Amount (\$) 2,30	Payee ad 1340 Po	<sup>ddress;</sup> ydras Street, Suite 17	70	<sub>City;</sub> New Orleans	State; LA	Zip Code 70112
	Category	(See Categories listed at the top of this s	chedule)	Description	e newsan kanda arman a maana arma ar ar ar ar ar ar	
PURPOSE OF EXPENDITURE		ting/Banking		Processing Fee	)	
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin,	, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

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in the requested in	onnation ic	net applicable, <b>De ne</b>	morado t	ine page in the re	port	
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
		-			<b>2</b> ET 15 (ET)	
1 Total pages Schedule F1:	2 FILER N Marshal				3 Filer ID (Ethi	cs Commission Filers)
4 Date - 14 - 2024	5 Payee na Anedot					
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
10.30	1340 Po	ydras Street, Suite 1	E LA	70112		
8	(a) Categor	y (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accoun	ting/Banking		Processing Fe	e	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held
Date	Payee na	ime				
1-14-2024	Anedot					
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
10.30	1340 Po	ydras Street, Suite 1	770	New Orleans	LA	70112
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this ting/Banking	schedule)	Description Processing Fe	e	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austir	n, TX, officeholder livin	ig expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
1-17-2024	Anedot	nc.				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
4.30	1340 Po	ydras Street, Suite 17	70	New Orleans	LA	70112
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Account	ing/Banking		Processing Fee	Э	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NEE	DED	

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		EXPENDITURE CAT	EGORIES	FOR BOX 8(a)		
Advertising Expense       Event Expense       Loan Repayment/Reimbursement         Accounting/Banking       Fees       Office Overhead/Rental Expense         Consulting Expense       Food/Beverage Expense       Polling Expense         Contributions/Donations Made By       Git/Awards/Memorials Expense       Printing Expense         Credit Card Payment       Event Expense       Salaries/Wages/Contract Labor         The Instruction Guide explains how to complete this form.					Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER N Marshall				3 Filer ID (Ethio	cs Commission Filers)
4 Date 1-18-2024	5 Payee na Anedot			I		
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
12.30	1340 Po	ydras Street, Suite 1	LA	70112		
8	(a) Categor	(a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF EXPENDITURE	Accoun	Accounting/Banking Processing Fe				
	(c)	Check if travel outside of Texas. Complete	e Schedule T.	Check if Austin	n, TX, officeholder livir	ig expense
9 Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH				Office sought		Office held
Date	Payee na	me				
1-20-2024	Anedot	nc.				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
4.30	1340 Po	ydras Street, Suite 1	770	New Orleans	LA	70112
		(See Categories listed at the top of thi	s schedule)	Description		
PURPOSE OF EXPENDITURE	Accour	ting/Banking		Processing Fe	e	
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Austin	n, TX, officeholder livir	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
1-22-2024	Anedot	nc.				
Amount (\$)	Payee ad			City;	State;	Zip Code
4.30	1340 Po	ydras Street, Suite 1	//0	New Orleans	LA	70112
		(See Categories listed at the top of thi	s schedule)	Description		
PURPOSE OF EXPENDITURE	Account	ing/Banking		Processing Fee	9	
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Austin	n, TX, officeholder livir	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held "
	AT	TACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEE	DED	

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EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F1: 9	2 FILER N				3 Filer ID (Ethi	cs Commission Filers)
4 Date 1-23-2024	5 Payee na Anedot					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
6.30	1340 Pc	oydras Street, Suite 17	70	New Orleans	LA	70112
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accoun	ting/Banking		Processing Fe	e	
	(c)	Check if travel outside of Texas. Complete S	chedule T,	Check if Austin	n, TX, officeholder livir	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought			Office held		
Date	Payee na	ame		nya manana katala k		
1-25-2024	Anedot	Inc.				
Amount (\$)	Payee a	ddress;	an an an an an Anna an	City;	State;	Zip Code
1.30	1340 Pc	ydras Street, Suite 17	70	New Orleans	LA	70112
	Category	/ (See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Accour	nting/Banking		Processing Fe	e	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			ng expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee n					
	Anedot	INC.				
Amount (\$)	Payee at 1340 Po	ydras <del>St</del> reet, Suite 17	70	<sub>City;</sub> New Orleans	State; LA	Zip Code 70112
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE		ting/Banking		Processing Fee	9	
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees         O           Food/Beverage Expense         P           y         Gift/Awards/Memorials Expense         P	ban Repayment/Reimbursement     Solicitation/Fundraising Expense       ffice Overhead/Rental Expense     Transportation Equipment & Related Expense       olling Expense     Travel In District       inting Expense     Travel Out Of District       alaries/Wages/Contract Labor     Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 1-5-2024	5 Payee name Behind the Badze C	harities
6 Amount (\$)	7 Payee address; 0	City; State; Zip Code
1,500.00	202 Century Square B	Ivol. Sugar Land TX 77478
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description
PURPOSE OF EXPENDITURE	Contribution to Charity	Purchase of Table Sponsorship at Event
	(C) Check if travel outside of Texas. Complete Sched	ule T. Check if Austin, TX, officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
778.50	Dibrell & Associates	
Amount (\$)	Payee address;	City; State; Zip Code
	4203 Glade Shadow Ct.	Korty TX 77494
	Category (See Categories listed at the top of this scheet	lule) Description
PURPOSE OF EXPENDITURE	Printing Expense	Consulting & Yard Signs
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1-11-2024	512 New Media	
Amount (\$)	Payee address;	City; State; Zip Code
8,847.80	6161 Savoy Drive, Suite 1	200A Houston TX 77036
	Category (See Categories listed at the top of this scheet	lule) Description
PURPOSE OF EXPENDITURE	Consulting Expense	Campaign marketing, design
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising E	Expense
Accounting/Bank	king
<b>Consulting Expe</b>	nse
Contributions/Do	nations Made By
Candidate/Offic	ceholder/Political Committee
Credit Card Paymer	ht

1

4

6

8

9

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees     Office Over Food/Beverage Expense     Polling Expense       y     Gift/Awards/Memorials Expense     Printing E       al Committee     Legal Services     Salaries/V	xpense Vages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
	The Instruction Guide explains how to e	complete this form.		
1 Total pages Schedule F1: 9	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
1-12-2024	Dibrell & Associates			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
622.80	4203 Glade Shadow Ct.	Katy	TX	77494
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Consulting	with Yard	Signs, Signs
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1-16-2024	Home Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
235.77	24400 Commercial Dr.	Rosenberg	7X	77471
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Hardware	and parts	s for signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1-16-2024	ACE Plantation Hardwar	re		
Amount (\$)	Payee address;	City;	State;	Zip Code
349.30	11818 Mason Rd. Richmo	nd	TX	71406
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				•

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OF

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Rep       Fees     Office Over       Food/Beverage Expense     Polling Expense       Y     Gift/Awards/Memorials Expense     Printing Expense	xpense         Travel Out Of District           Vages/Contract Labor         Other (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
1-22-2024	ACE Plantation Hardware	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
255.22	11818 Mason Road, Richmond	TX 77406
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising	Harolware and parts for signs
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1-22-2024	Lowe's	
Amount (\$)	Payee address;	City; State; Zip Code
211 12	ARRAT CILLEN	ורער עד אד
311.13	28005 Southwest Freeway	Rosenberg TX 7747/
511.10	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE		Description Hardware and parts for signs
PURPOSE OF	Category (See Categories listed at the top of this schedule) Advertising Check if travel outside of Texas. Complete Schedule T.	Description Hardware and parts for signs Check if Austin, TX, officeholder living expense
PURPOSE OF	Category (See Categories listed at the top of this schedule) Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Hardware and parts for signs
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Hardware and parts for signs Check if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Category (See Categories listed at the top of this schedule)          Advertising         Check if travel outside of Texas. Complete Schedule T.         Candidate / Officeholder name	Description  Hardware and parts for signs  Check if Austin, TX, officeholder living expense  Office sought  Office held
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OF Date	Category (See Categories listed at the top of this schedule)          Advertising         Check if travel outside of Texas. Complete Schedule T.         Candidate / Officeholder name         Payee name	Description Hardware and parts for signs Check if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OF Date I - 22 - 2024	Category (See Categories listed at the top of this schedule)          Advertising         Check if travel outside of Texas. Complete Schedule T.         Candidate / Officeholder name         Payee name         Home Depot	Description  Hardware and parts for signs  Check if Austin, TX, officeholder living expense  Office sought  Office held
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OF Date I-22-2024 Amount (\$)	Category (See Categories listed at the top of this schedule)          Advertising         Check if travel outside of Texas. Complete Schedule T.         Candidate / Officeholder name         Payee name         Home Depot         Payee address;	Description          Hardware and parts for signs         Check if Austin, TX, officeholder living expense         Office sought         Office held
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OF Date 1-22-2024 Amount (\$) 133, 45 PURPOSE	Category (See Categories listed at the top of this schedule)          Advertising         Check if travel outside of Texas. Complete Schedule T.         Candidate / Officeholder name         Payee name         Home Depot         Payee address;         24400 Commercial Drive         Category (See Categories listed at the top of this schedule)	Description Hardware and parts for signs Check if Austin, TX, officeholder living expense Office sought Office held City: State: Zip Code Rosenberg TX 77471 Description
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OF Date I-22-2024 Amount (\$) I33, 45	Category (See Categories listed at the top of this schedule) Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Home Depot Payee address; 24400 Commercial Drive	Description Hardware and parts for signs Check if Austin, TX, officeholder living expense Office sought Office held City; State; Zip Code Rosenberg TX 77471
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date I-22-2024 Amount (\$) I33, 45 PURPOSE OF	Category (See Categories listed at the top of this schedule)          Advertising         Check if travel outside of Texas. Complete Schedule T.         Candidate / Officeholder name         Payee name         Home Depot         Payee address;         24400 Commercial Drive         Category (See Categories listed at the top of this schedule)	Description Hardware and parts for signs Check if Austin, TX, officeholder living expense Office sought Office held City: State: Zip Code Rosenberg TX 77471 Description
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 1-22-2024 Amount (\$) 133, 45 PURPOSE OF	Category (See Categories listed at the top of this schedule)          Advertising         Check if travel outside of Texas. Complete Schedule T.         Candidate / Officeholder name         Payee name         Home Depot         Payee address;         24400 Commercial Drive         Category (See Categories listed at the top of this schedule)         Advertising         Check if travel outside of Texas. Complete Schedule T.         Category (See Categories listed at the top of this schedule)         Advertising         Check if travel outside of Texas. Complete Schedule T.         Candidate / Officeholder name	Description Hardware and parts for signs Check if Austin, TX, officeholder living expense Office sought Office held City: State; Zip Code Rosenberg TX 77471 Description Hardware and parts for signs

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Advertising E	xpense
Accounting/Banki	ing
Consulting Expen	ISE
Contributions/Dor	nations Made By
Candidate/Office	eholder/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:	<sup>2</sup> FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Data			
	5 Payee name		
1-22-2024	Home Depot	Citra	State: Zip Code
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
214.34	10419 HW6 S	Sugar Land	TX 77498
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Advertising	Hardware a	nd parts for signs
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1-22-2024	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
2.00	1 Hacker Way	Menlo Park	CA 94025
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	social me	odia post
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	ł	Once sought	
Date	Payee name		
Date	Payee name	City;	State; Zip Code
Date  -22-2024	Payee name Facebook		State; Zip Code
Date 1-22-2024 Amount (\$)	Payee name Facebook Payee address;	City;	State; Zip Code
Date 1-22-2024 Amount (\$) 2.00 PURPOSE	Payee name Facebook Payee address; I Hacker Way	City; Menlo Par Description	State; Zip Code 16 CA 94025
Date 1-22-2024 Amount (\$) 2.00	Payee name Facebook Payee address; I Hacker Way Category (See Categories listed at the top of this schedule)	City; Menlo Par Description	State; Zip Code 16 CA 94025
Date 1-22-2024 Amount (\$) 2.00 PURPOSE OF	Payee name Facebook Payee address; I Hacker Way	City; Menlo Par Description Social M	State; Zip Code
Date 1-22-2024 Amount (\$) 2.00 PURPOSE OF EXPENDITURE	Payee name Facebook Payee address; 1 Hacker Way Category (See Categories listed at the top of this schedule) Advertising	City; Menlo Par Description Social M	State; Zip Code 14 CA 94025 Decilia post
Date 1-22-2024 Amount (\$) 2.00 PURPOSE OF	Payee name Facebook Payee address; I Hacker Way Category (See Categories listed at the top of this schedule) Advertising Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	City; Menlo Par Description Social M	State; Zip Code 14 CA 94025 An TX, officeholder living expense

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## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

Event Expense 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)

1 Total pages Schedule F1:			3 Filer ID (Ethic	s Commission Filers)
7 4 Date	Marshall B. Slot			
1-23-2024	5 Payee name Facebook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
C Amount (\$)	/ Payee address;	City,	State,	Zip Code
2.15	1 Hacker Way	Monio Park	CA	94025
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	A		1. aut	
OF EXPENDITURE	Advertising	Social med	lia post	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1-25-2024	Frost Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
5.00		C. I.	d TV	77478
3.00	620 Itw 6	Sugar Lan	d TX	//7/0
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	1 10 10 11	F		
OF EXPENDITURE	Accounting / Banking	Tee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	1			
Data	Payee name			
Date	Payee name			
Amount (\$)	Payee address;	City;	State:	Zip Code
		,,		
		Description		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	4			
	ATTACH ADDITIONAL COPIES OF THIS		)ED	
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