CAMPAIG		CEHOLDER CEREPORT		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 Mr.	Marshall	мі [З.	OFFICE USE ONLY	
	NICKNAME	Slot	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	503 FM 3		Richmond TX	FEB 2	5 20 <u>2</u>
Change of Address	AREA CODE	PHONE NUMBER	77406 EXTENSION		
5 CANDIDATE/ OFFICEHOLDER PHONE		46-7568	EATENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount S	
TREASURER NAME	Mr	Ozgur	K,	Date Processed	
	Ozzie	Bayazi	1 .	Date Imaged	
7 CAMPAIGN		(NO PO BOX PLEASE); APT / SI	9	STATE; ZIP CODE	
TREASURER ADDRESS (Residence or Business)	_	se Roud, Ro		77471	
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (281) 546-6401					
9 REPORT TYPE	January 15	30th day before el	:	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year / 26 / 2024	Month THROUGH 02/	Day Year / 24 / 2024	
11 ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any,		13 OFFICE SOUGHT (if known) Fort Bend Col		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
	100				

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

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

5 C/OH NAME	Marshall B. Slot	Filer ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$120.00
	 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 	\$ 9,236.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,433.40
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	\$13,327.40
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$30,000.00

required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL						
Swom to and subscribed before	re me by Mar She	all Brian	Slot "	his the 20	L day of	Februar
to certify which	n, witness my hand and seal of o	ffice.	W		nuation	1 of pub
Signature of officer admiral stering o		e of officer administer				er administering or
THE REPORT		OR ·	Militar			Total State of the
(2) Unsworn Declaration						
My name is		, a	nd my date of	birth is		
My address is		11				
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	on the	day of	(month)	, 20 (year)	-
			Signature of	f Candidate/Of	ficeholder (Dec	clarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Marshall B. Slot	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9116.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 23,433.40
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

if the reques	ted Information is not applicable, DO NOT Inc	sidde tills page ill tile i	eport.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Bridget McGowen 6 Contributor address; City; 527 Lombardy Drive Sugar L	State; Zip Code	7 Amount of contribution (\$)
9			
	pation / Job title (See Instructions)	9 Employer (See Instruction Road runner	
Date	^	{ID#:	Amount of contribution (\$)
Feb.1,2024	Sam Malone Contributor address; City: G161 Savoy Drive, Suite 1200 Ho	State; Zip Code	1.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
markefi		512 New Medic	
Date Feb. 2,2024	Full name of contributor out-of-state PAC Din na Hamor Contributor address: City: 1003 Mill Valley Drive SugarL	State; Zip Code	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Adminis	* 1	Hale Associa	
Date	Full name of contributor out-of-state_PAC	(iD#:)	Amount of contribution (\$)
Feb. 2, 2024	Randy Johnson Contributor address: City; 3927 Mossycup Lane Richmond	State: Zip Code TX 77469	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
retired		retired	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

Marshall B. Slot 4 Date 5 Full name of contributor out-of-state PAC (IDN: 7 Amount of contribution (\$) Anna Bills 6 Contributor address: City: State; Zip Code 25.00 18523 Pewter knolls Dr. Katy TX 77494 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Katy JSD Date Full name of contributor out-of-state PAC (IDN: Amount of contribution (\$) Victoria Greer 6b. 3, 2024 Contributor address: City: State; Zip Code 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Fetired Date Full name of contributor out-of-state PAC (IDN: Amount of contribution (\$) Tustin Schico 100.00 2118 Meadow Ash Ct. Richmond TX 77407 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$)	- 10 (1991) - 144 (see Variations	
Marshall B. Slot 4 Date 5 Full name of contributor out-of-state PAC (IDN: 7 Amount of contribution (\$) 2 Anna Bills 6 Contributor address: City: State: Zip Code 25.00 28523 Pewter knolls Dr. Katy TX 77494 35.00 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Katy JSD Date Full name of contributor out-of-state PAC (IDN: Amount of contribution (\$) Victoria Greer City: State: Zip Code 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Tetired Taun Nest Trail Sugar Land Tx 77479 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Tetired Taustin Schira City: State: Zip Code 100.00 2118 Meadow Ash Ct. Richmond TX 77407 Principal occupation / Job title (See Instructions) Employer (See Instructions) Tetired Contributor cut-of-state PAC (IDN: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Tetired Contributor City Contributor C	The Instruction Guide explains how to complete this form.	
Anna Bills 6 Contributor address: City: State: Zip Code 18523 Pewter Knolls Dr. Katy TX 77494 3 Principal occupation / Job title (See Instructions) teacher Date Full name of contributor Victoria Greer State: Zip Code 3902 Foun Nest Trail, Sugar Land Ty479 Principal occupation / Job title (See Instructions) Fetired Date Full name of contributor Date Full name of contributor City: State: Zip Code 100.00 Principal occupation / Job title (See Instructions) Fetired Date Full name of contributor Contributor address: City: State: Zip Code 100.00 Principal occupation / Job title (See Instructions) Fetired Date Full name of contributor Contributor address: City: State: Zip Code 1118 Meadow Ash Ct. Richmond TX 77407 Principal occupation / Job title (See Instructions) Fetired Date Full name of contributor Contributor address: City: State: Zip Code 21118 Meadow Ash Ct. Richmond TX 77407 Principal occupation / Job title (See Instructions) Fetired Date Full name of contributor Out-of-state PAC (IDF: Amount of contribution (\$)		3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions) Teacher	Feb. 3, 2024 Anna Bills 6 Contributor address; City: State; Zip Code	25.00
Teacher Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Victoria Greer Out-of-state PAC (ID#: IDD. 00 3902 Foun Nest Trail, Sugar Land Tygg IDD. 00 Principal occupation / Job little (See Instructions) Employer (See Instructions) Tetired Out-of-state PAC (ID#: Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: IDD. 00 2118 Meadow Ash Ct. Richmond TX 77407 Out-of-state PAC (ID#: IDD. 00 Date Full name of contributor out-of-state PAC (ID#: IDD. 00 Amount of contribution (\$) Out-of-state PAC (ID#: IDD. 00 Amount of contribution (\$)		
Victoria Greer Contributor address: City: State: Zip Code 3902 Faun Nest Trail, Sugar Land TX 479 Principal occupation / Job title (See Instructions) Employer (See Instructions) Tetired Date Full name of contributor out-of-state PAC (ID#:		
Principal occupation / Job title (See Instructions) Cetired Cetired Cetired		Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:		100.00
Date Full name of contributor cut-of-state PAC (ID#:	Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
Date Justin Schico City: State: Zip Code J100.00 2118 Meadow Ash Ct. Richmond TX 77407 Employer (See Instructions) retired Date Full name of contributor Out-of-state PAC (ID#:	retired	
Principal occupation / Job title (See Instructions) Fetired Date Full name of contributor Date Employer (See Instructions) Tetired Amount of contribution (\$)	_	(0)
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$)	Principal occupation / Job title (See Instructions) Employer (See Instru	<u> </u>
	retired	
eb. 5, 2024 Thomas Feeney Contributor address: City: State: Zip Code 100,00 1106 Misty Lake Drive Sugar Land TX77498	eb. 5, 2024 Thomas Feeney Contributor address: City: State: Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
retired	cetized	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	1 Total pages Schedule A1:	
2 FILER NAME	Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Doug White 6 Contributor address; City: State: Zip Code 5423 Ashley Way Ct. Sugar Land TX 77479			7 Amount of contribution (\$) 200.00
retired	pation / Job title (See Instructions)	9 Employer (See Instruction February)	ons)
Date Feb. 6, 2024	Full name of contributor out-of-state PAC Ronald Grimes	(ID#:)	Amount of contribution (\$)
186. 6, 20 × 1	Contributor address: City: 1714 Sendero Street Richmon	State: Zip Code Ad TX 77406	100.00
Principal occupation / Job title (See Instructions) refired refired Employer (See Instructions)			ons)
Date Felo, 7, 2024	Lacri Kina	State; Zip Code	Amount of contribution (\$)
	2103 Old Dixie Drive Richmono	1 TX 77406	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Fetired	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
Feb. 8, 2024	Stella Lee-Cordova Contributor address; City; 310 Seaside Sparrow Way Richm	State; Zip Code Mond TX 77469	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
retired		retired	

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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.	1 Total pages Schedule A1:
2 FILER NAME Marsh	rull B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (7 Amount of contribution (\$)
Feb. 9, 2024	Vona Morefield 6 Contributor address; City: 223 Golfview Drive Richmond	State; Zip Code TX 77469	500.00
8 Principal occur	pation / Job title (See Instructions)	P Employer (See Instruction North Side Elec	
Date		(ID#:)	Amount of contribution (\$)
	Michelle Florence Contributor address; City: 13716 Lynnwood Lane Sugar Lon		100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ons)	
graphi	C manager	BGE Inc.	A HAVENER IN THE
Date	Full name of contributor		Amount of contribution (\$)
	John Spencer Contributor address; City: 13111 Windmill Grove Drive Rich		100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
retired		retired	
		(ID#:)	Amount of contribution (\$)
eb. 12, 2024	Nancy Graham Contributor address; City; 1951 Cone Flower Drive Richmon	State; Zip Code of TX 77469	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
retire		retired	

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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	arshall B, Slot	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) Carolyn Skarzynski 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
10, 14,40	16 Contributor addréss: City: State: Zip Code 2915 Persimmon Grove Richmond TX77469	250.00
	oation / Job title (See Instructions) 9 Employer (See Instructions) 7 February	ons)
refire	or retireor	
Date	Grea Cordo va	Amount of contribution (\$)
16.12,2024	Greg Cordo va contributor address: City: State: Zip Code 310 Seaside Sparrow Way Richmond TX 77469	50.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruction	The Control of
IT Sec	urity Kelsey Seyb.	old Clinic
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
ob. 13,2024	Marloue Bentley Contributor address; City: State: Zip Code 2523 Colonel Court Drive Richmond TX 77406	100.00
_	ation / Job title (See Instructions) Employer (See Instructions)	ons)
Engin	eering Manager Wood	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
6.15,2024	Thomas Ryan Contributor address: City: State: Zip Code 438 Spindriff Circle Richmond TX 77469	25.00
	ation / Job title (See Instructions) Employer (See Instructions) red Fetired	ons)

SCHEDULE A1

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

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
FILER NAME Marshall B. Slot			3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor			7 Amount of contribution (\$)
rb 15,2024	Kaya Bayazitoslu 6 Contributor address; City; 8120 Blase Rocal Rosenberg	1000.00	
	pation / Job title (See Instructions)	9 Employer (See Instruction U. Texas	ons)
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
6 16, 2024	David Greeson Contributor address; City; GOO Country Club Drive Richmo	State; Zip Code	100.00
	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Fab. 16, 2024 Gayla Greeson Contributor address; Contributor address; Contributor address; City:			Amount of contribution (\$)
			100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
Feb 19, 2024	Contributor address: City; 5511 Tyler Park Lane Katy	State; Zip Code TX 77494	100.00
	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Accountant		Self	

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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:
2 FILER NAME	shall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date Feb. 13, 2014 8 Principal occu	5 Full name of contributor out-of-state PAC (ID#:) Caleb Pillado Leon 6 Contributor address: City; State; Zip Code 2206 Hallow Bloom Lane Kary TX 77494 pation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) 70,00
Date	Full name of contributor	Amount of contribution (\$)
Feb. 12, 2024	Paula M. Ryan Contributor address; City; State; Zip Code 3703 County Seat Lane Richmond TX 17469	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Carol Bardete	Amount of contribution (\$)
Feb 10,2024	Contributor address: City: State: Zip Code 3902 Belover Park Drive Korty TX 77450	100.00
	pation / Job title (See Instructions) Employer (See Instructions) Fixed refixed	ctions)
Date Feb. 10, 2014	Full name of contributor out-of-state PAC (ID#:) Jeffery Alford	Amount of contribution (\$)
126.20,2001	Contributor address; City; State; Zip Code 1106 Summer Brook Sugar Land TX 77479	250.00
Principal occup Physica	Deation / Job title (See Instructions) Employer (See Instructions) Swifting for 14	edical Associates

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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	Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date		> (ID#:)	7 Amount of contribution (\$)
Feb. 20,2014	William Scheifley 6 Contributor address; City: 714 Winston Lane Sugar Land		100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	tions)
refired	ol	retired	·
Date		C (ID#:)	Amount of contribution (\$)
Feb. 20, 2024	Rocky Lane Contributor address: City: 3606 Point Clear Drive Missouri	= 4	100.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	tions)
retire	1	retired	aons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Feb. 21, 2024	Contributor address: City:	State; Zip Code TX 77498	25.00
Dringing cour		Employer (See Instruction	tione
	ver Scheduler		
100	AL ZNEDOIEL	Macquaire 1	Mountage
Date Full name of contributor		C (ID#:)	Amount of contribution (\$)
Feb. 21,2014	Contributor address: City: 4318 Horizon View Circle Sugar Lo	State: Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	tions)
re-	fired	retired	

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Marshall B. Slot	3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor	7 Amount of contribution (\$)
Eb. 19,2024		100.00
	3526 Grayson Gardens Ct. Fulshear TX 77471	
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
February 16,	Margaret A. O'Pry Contributor address; City; State; Zip Code 1622 Deerfield Gt. Richmond TX 77406	1000.00
2024	1622 Deerfield Gt. Richmond TX 77406	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
51 20 AM	Contributor address; City; State; Zip Code	4 - 11 - 12 1
en. av, nur	4501 Cartwright Road, Missouri City TX	200.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
66. 21, 2024	Mary Jo Patterson Contributor address; City; State; Zip Code	500.00
	314 S. Belknap Sugar Land TX 77478	300,00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)

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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 f	orm.	1 Total pages Schedule A1:
2 FILER NAME	Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (1)		7 Amount of contribution (\$)
Eb. 21,2024	16 Contributor address: City: 314 Belknap Sugar Land	State; Zip Code	500.00
Principal occu		Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I		Amount of contribution (\$)
Eb. 20, 2024	Contributor address; City: 3107 Silver Springs U., Misson	State; Zip Code	1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date Ed. 13, 1024	Full name of contributor	D#:) State; Zip Code	Amount of contribution (\$)
	1403 Emmott Drive Richmond		100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
Feb. 22, 2024	Contributor address; City: 700 Dog Leg Ct. Richmond	State: Zip Code 7x 77469	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
v-a	ired	retired	

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 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)

Orbat Gald Layman	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee name			
Feb. 1,2024	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
20.30	1340 Poydras Street, Suite 1770	New Orleans, LA	70112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
F.S.1, 2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
0.34	1340 Poydras Street, Suite 1770	New Orleans, LA	70112	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Accounting/Banking	Processing Fe	e	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
Feb 2, 2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770 N	lew Orleans, LA	70112	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee	3	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder livin	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL CODIES OF THE	COUEDING AGNET	DED	
	ATTACH ADDITIONAL COPIES OF THIS	SUMEDULE AS NEE	משעו	

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

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

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

Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers
20	Marshall B. Slot			
Date A A hadd	5 Payee name			
Feb. 2, 2024	Anedot Inc.			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans, LA	70112	
	(a) Category (See Cetegories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	е	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oi-	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·	
Feb. 3, 2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
1.30	1340 Poydras Street, Suite 1770	New Orleans, LA	70112	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e	
	Check if travel outside of Texas. Complete Schedule 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			
26.3, 2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770 N	lew Orleans, LA	70112	
	Category (See Categories listed at the top of this schedule)	Description		
	Accounting/Banking	Processing Fee)	
PURPOSE OF EXPENDITURE				
OF	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	, TX, officeholder living	expense

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

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

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel Out Of District
Other (enter a category not tisted above)

Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule Ft: 2 FiLER NAME Marshall B. Slot 4 Date 5 Payee name Feb. 5, 2024 Anedot Inc. 6 Amount (\$) 7 Payee address; City; State: Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 4.30 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Accounting/Banking Processing Fee PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expanditure to benefit C/OH Payee name Feb. 5, 2024 Anedot Inc. Amount (\$) Zip Code Payee address; 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 4.30 Category (See Categories listed at the top of this schedule) Description Accounting/Banking Processing Fee PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Comptete ONLY if direct expenditure to benefit C/OH Date Pavee name Feb. 6, 2024 Anedot Inc. Amount (\$) Payee address: City; State: Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 8.30 Category (See Categories listed at the top of this schedule) Description PURPOSE Accounting/Banking Processing Fee EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expanditure to benefit C/OH 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 Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Cendidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries/ The Instruction Guide explains how to		er (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME Marshall B. Slot	3 F	iler ID (Ethics Commission Filers)
Feb. 6, 2024	5 Payee name Anedot Inc.	,	
4.30	7 Payee address; 1340 Poydras Street, Suite 1770	c _{ity:} New Orleans, LA 7	State; Zip Code '0112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Feb. 7, 2024	Anedot Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
20.30	1340 Poydras Street, Suite 1770	New Orleans, LA 7	0112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Processing Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office hetd
Date Feb. 8, 2024	Payee name Anedot Inc.		
Amount (\$) 4.30	Payee address: 1340 Poydras Street, Suite 1770 N	city: lew Orleans, LA 7	State; Zip Code 0112
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee	
	Check if traval outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense
	Candidate / Officeholder name	Office sought	Office held

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel fin District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 20 Marshall B. Slot 5 Payee name Feb. 9, 2024 Anedot inc. 7 Payee address; City; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 20.30 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Accounting/Banking Processing Fee PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Feb. 10, 2024 Anedot Inc. Amount (\$) City; Payee address; State: Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 4.30 Category (See Categories listed at the top of this schedule) Description Accounting/Banking Processing Fee PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Feb. 11, 2024 Anedot Inc. Amount (\$) Pavee address: City; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 4.30 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Accounting/Banking Processing Fee OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 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 Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel to District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) **Oredit Card Payment** The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 5 Pavee name Feb. 12, 2024 Anedot Inc. 6 Amount (\$) 7 Payee address: City; State: Zip Code 4.30 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Accounting/Banking Processing Fee OF EXPENDITURE Check it travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Раусе пате Feb. 12, 2024 Anedot Inc. Amount (\$) Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 10.30 Category (See Categories listed at the top of this schedule) Description PURPOSE Accounting/Banking Processing Fee EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Feb. 12, 2024 Anedot Inc. Amount (\$) Payee address; State: Zip Code New Orleans, LA 70112 2.30 1340 Poydras Street, Suite 1770 Category (See Categories listed at the top of this schedule) Description PURPOSE Accounting/Banking Processing Fee EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 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 Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Severage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 20 Marshall B. Slot 5 Payee name 4 Date reb. 13 Anedot Inc. Zip Code 6 Amount (\$) 7 Payee address; City; State: New Orleans, LA 70112 4.30 1340 Poydras Street, Suite 1770 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Accounting/Banking Processing Fee OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Feb. 15, 2024 Anedot Inc. Amount (\$) City; State: Zip Code Payee address; 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 1.30 Category (See Categories listed at the top of this schedule) Description PURPOSE Accounting/Banking **Processing Fee** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Feb. 15,2024 Anedot Inc. Payee address; City: State: Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 40.30 Category (See Categories listed at the top of this schedule) Description PURPOSE Accounting/Banking Processing Fee OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

if the requested into	ormation is not applicable, DO NOT incl	ude this page in the repo	ort.		
	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Of Food/Beverage Expense Pro Gift/Awards/Memorials Expense Pro	fice Overhead/Rental Expense Iting Expense inting Expense laries/Wages/Contract Labor (Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel In District Fravel Out Of District 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 Feb 16, 2024	5 Payee name Anedot Inc.				
6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	New Orleans,	State; Zip Code LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedard Accounting/Banking	(b) Description Processing Fee			
	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Austin. T	X. officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Feb. 16, 2024	Anedot inc.				
Amount (\$)	Payee address;	City;	State; Zip Code		
4.30	1340 Poydras Street, Suite 1770	New Orleans,	LA 70112		
	Category (See Categories listed at the top of this schedu	ule) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee			
	Check if travel outside of Texas, Complete Schedu	le T. Check if Austin, T	X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Feb. 19, 2024	Anedot Inc.				
Amount (\$)	Payee address;	City;	State; Zip Code		
4.30	1340 Poydras Street, Suite 1770	New Orleans,	LA 70112		
	Category (See Categories listed at the top of this schedu	de) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee			
	Check if travel outside of Texas. Complete Schedu	feT. Check if Austin, T	X, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED!	ED		

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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Marshall B. Slot 20 5 Payee name Feb. 20.2024 Anedot Inc. State: Zip Code 6 Amount (\$) 7 Pavee address: New Orleans, LA 70112 1340 Poydras Street, Suite 1770 10.30 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Processing Fee Accounting/Banking OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Anedot Inc. Feb. 20, 2024 Amount (\$) Payee address: City; State: Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 4.30 Description Category (See Categories listed at the top of this schedule) PURPOSE Accounting/Banking **Processing Fee** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Feb. 20, 2024 Anedot Inc. Amount (\$) Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 4.30 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Accounting/Banking Processing Fee EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Cod/Beverage Expense Podif/Awards/Memorials Expense Podif/Awards/Memorials Expense Podif/Awards/Memorials Expense Podif/Awards/Memorials Expense Podif/Awards/Memorials Expense Podif/Awards/Memorials Expense Podif	oan Repayment/Reimbursement flice Overhead/Rental Expense offing Expense inting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date Feb. 21, 2024	5 Payee name Anedot Inc.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1.30	1340 Poydras Street, Suite 1770	New Orlean	s, LA 70112
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	96
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Feb. 21, 2024	Anedot Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
2.30	1340 Poydras Street, Suite 1770	New Orlean	s, LA 70112
	Category (See Categories listed at the top of this sched	ule) Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	ee
	Check if travel outside of Texas, Complete Schedu	le T. Check if Austin	n, 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		
	Anedot Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
	1340 Poydras Street, Suite 1770	New Orleans	s, LA 70112
	Category (See Categories listed at the top of this sched	ule) Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e
	Check if travel outside of Texas. Complete School:	leT. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expens Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 4 Date 5 Payee name Jan. 26, 2024 Facebook 6 Amount (\$) 7 Payee address; Zip Code 2.00 1 Hacker Way Menlo Park CA 94025 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Advertising Social Media Post EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Jan 26, 2024 Facebook Amount (\$) Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94025 3.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Social Media Post EXPENDITURE Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/QH Payee name Facebook Jan. 29, 2024 Amount (\$) Payee address; Zip Code State 1 Hacker Way Menlo Park CA 94025 5.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Social Media Post OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

Advertising Expense

20

7.16

Accounting/Banking Consulting Expense

Credit Card Payment

4 Date

8

6 Amount (\$)

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 5 Payee name Jan. 29, 2024 Facebook 7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94025 (a) Category (See Categories listed at the top of this schedule) (b) Description

PURPOSE OF EXPENDITURE	Advertising	Social Media Pos	st	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought		Office held
Date	Payee name			
Jan. 29, 2024	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
10.00	1 Hacker Way	Menlo Park	CA	94025
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Social Media Pos	st	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Jan. 29, 2024	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
7.00	1 Hacker Way	Menlo Park	CA	94025
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Social Media Post		
OF		Social Media Post		ng expense

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

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)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Marshall B. Slot 20 4 Date 5 Payee name Jan. 29, 2024 Facebook City; State: Zip Code 6 Amount (\$) 7 Payee address; Menio Park CA 94025 1 Hacker Way 7.34 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Social Media Post Advertising OF EXPENDITURE (c) Check it travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Facebook Jan. 29, 2024 Amount (\$) Payee address; City; State: Zip Code Menlo Park 94025 1 Hacker Way CA 15.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Social Media Post OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Jun. 29, 2024 Facebook Payee address; City; State: Zip Code 1 Hacker Way Menlo Park CA 94025 25.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Social Media Post OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F1

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

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel In District Travel Out Of Dis	uipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Eth	ics Commission Filers)
4 Date Jan. 29, 2024	5 Payee name Facebook	,		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
35.00	1 Hacker Way	Menlo Par	k CA	94025
8	(a) Category (See Categories listed at the top of this so	thedule) (b) Description		
PURPOSE OF EXPENDITURE	Advertising	Social Media F	Post	
	(C) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, TX, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Рауее лате			
Jan. 30, 2024	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
50.00	1 Hacker Way	Menlo Par	k CA	94025
	Category (See Categories listed at the top of this ach	edule) Description		
PURPOSE OF EXPENDITURE	Advertising	Social Media F	Post	
	Check if travel outside of Texas. Complete Schr	edule T. Check if Austin	, TX. officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
F 550 5550	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
75.00	1 Hacker Way	Menlo Parl	k CA	94025
	Category (See Categories listed at the top of this scho	edule) Description		
PURPOSE OF EXPENDITURE	Advertising	Social Media P	ost	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin,	. TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
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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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Marshall B. Slot 4 Date January 26, 2024 Zip Code 4203 Glade Shadow Ct. 701.65 77494 (a) Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name January 29, 2024 Dibrell & Associates Payee address; Amount (\$) State: Zip Code 1,946.25 4203 Glade Shadow Ct. Katy Category (See Calegories listed at the top of this schedule) Description PURPOSE yard signs Printing Expense EXPENDITURE Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Frost Bank January 31, 2024 Amount (\$) Zip Code Sugar Land TX 77478 Category (See Categories listed at the top of this schedule) **PURPOSE** Accounting / Banking Service Fee EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete **QNLY** if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 5 Payee name January 29, 2024 The What's Up Radio Program
6 Amount (\$) 7 Payee address: Zip Code 10924 Grant Road, # 133 8,000.00 77070 Houston (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Add in mailer Advertising Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Dibrell & Associates Feb. 5, 2024 Amount (\$) Pavee address: City; State: Zip Code 77494 TX 200.00 4203 Glade Shadow Ct. Katy Description Category (See Categories listed at the top of this schedule) PURPOSE push cards Printing Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Needville Senior Citizens Junuary 28, 2024 Zip Code City; 9018 Church St. Needville 77461 1010.00 Category (See Categories listed at the top of this schedule) Description Donation to Fundraiser Event PURPOSE Contributions / Donations OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Candidate/Officeholder/Political Committee Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District Travel Out Of District

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense
Contributions/Donations Made By Polling Expense Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Marshall B. Slot 5 Payee name Facebook 7 Payee address; City: State; Zip Code Menio Park CA 94025 1 Hacker Way 75.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Social Media Post Advertising OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T, (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Facebook Feb. 5, 2024 Amount (\$) City: State: Zip Code Payee address; Menlo Park 1 Hacker Way CA 94025 125.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Social Media Post OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Feb. 7, 2024 Facebook Payee address; City: State: Zip Code Menlo Park 1 Hacker Way CA 94025 175.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Social Media Post **QF** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8: Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Polling Expense Salaries/Wages/Contract Labor how to complete this form.	Travel In District Travel Out Of Dist	uipment & Related Expense
1 Total pages Schedule F1: 20	2 FILER NAME Marshall B. Slot		3 Filer ID (Eth	ics Commission Filers)
4 Date Fdb. 14, 2024	5 Payee name Facebook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
250.00	1 Hacker Way	Menlo Par	k CA	94025
8	(a) Category (See Categories listed at the top of this scr	redule) (b) Description		
PURPOSE OF EXPENDITURE	Advertising	Social Media F	Post	
	(c) Check if travel outside of Texas, Complete Sche	dule T. Check if Austin	. TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Feb. 21, 2024	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
400.00	1 Hacker Way	Menlo Par	k CA	94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Advertising	Social Media F	Post	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Feb. 22, 2024	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
77.88	1 Hacker Way	Menlo Pari	k CA	94025
	Category (See Categories listed at the top of this sche	dule) Description		
PURPOSE OF EXPENDITURE	Advertising	Social Media P	ost	
	Check if travel outside of Texas. Complete Schen	dule T. Check if Austin	, TX, officeholder five	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wa	eges/Contract Labor	Other (enter a categor	y not listed above)
	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	Marshall B. Slot		3 Filer ID (Ethics	Commission Filers)
4 Date February 12, 2024	5 Payee name			
February 12,2024 6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8,847.80	6161 Savoy Drive, Suite 1200 A	. Houston	TX	77036
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Marketing,	design, v	ideo production
	(c) Check if travel outside of Texas. Complete Schedule Y.	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			
Feb. 21, 2024	Dibrell & Associates			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,074.33	4203 Glade Shadow Ct.	Katy	ΤX	77494
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	push cards	, yard sig	ns
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	1	Office held
Date	Payee name			1575
Feb. 23, 2024	ACE Plantation Hardware			
Amount (\$)	Payee address;	City;	State;	Zip Code
96.27	11818 Mason Road	Rithmond	TX	77406
	Category (See Categories lister at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Hardware on	nd parts for	signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	DED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8 Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polli By Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement be Overhead/Rental Expense ing Expense ing Expense aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
20	Marshall B. Slot		The TO (Chilos Commission Filets)
1 Date Fibrum 23, 2024	Branding Matters		
3 Amount (\$)	7 Payee address;	City;	State; Zip Code
124.49	8034 U.S. 90-Alt.	SugarLa	nd TX 77478
3	(a) Category (See Categories listed at the top of this schedul	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Campaign	Correls
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheduk	e) Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	e) Description	
	Eneck if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED