

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:

44

OFFICE USE ONLY

OCT 7 2024

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. Marshall B.
NICKNAME LAST SUFFIX
Slot

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
503 FM 359 #130-130, Richmond, TX 77406

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 846-7568

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Ozgur K.
NICKNAME LAST SUFFIX
Ozzie Bayazitoglu

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
07 / 01 / 2024 THROUGH 09 / 26 / 2024

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
11 / 05 / 2024 General Special

12 OFFICE

OFFICE HELD (if any)

N/A

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>Marshall B. Slot</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>140.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>18,394.01</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>29,424.67</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>9,690.04</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>30,000.00</u>

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



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is MARSHALL SLOT, and my date of birth is 02/08/1971.
 My address is 2031 OLD DIXIE DR., RICHMOND, TX, 77406, USA.
(street) (city) (state) (zip code) (country)
 Executed in FORT BEND County, State of TEXAS, on the 4th day of Oct, 2024.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,254.01
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 29,424.67
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

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:

17

2 FILER NAME

Marshall B. Slot

3 Filer ID (Ethics Commission Filers)

4 Date

7-19-2024

5 Full name of contributor out-of-state PAC (ID#: _____)

Needville Republic Women PAC

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

P.O. Box 1010, Needville, TX 77461

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7-22-2024

Full name of contributor out-of-state PAC (ID#: _____)

Issac Molho

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

17 Pecan Gorge Ct., Sugar Land, TX 77479

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

The Molho Group

Date

7-30-2024

Full name of contributor out-of-state PAC (ID#: _____)

Robert G. Molina

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

1835 Hugerson Rd, Sugar Land, TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-30-2024

Full name of contributor out-of-state PAC (ID#: _____)

Donald Fiorino

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

2127 North Fountain Valley Drive, Missouri City, TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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: 17
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 7-17-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James D. Patterson Campaign	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 314 S. Belknap Sugar Land TX 77478		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8-9-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paula Chavez	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 11018 Glenrothers Drive., Richmond, TX 77407		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-12-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlowe Bentley	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2523 Colonel Court Dr. Richmond TX 77406		
Principal occupation / Job title (See Instructions) Engineering Manager		Employer (See Instructions) Wood Group
Date 8-15-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Spencer	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 13111 Windmill Grove Dr., Richmond, TX 77407		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

Marshall B. Slot

3 Filer ID (Ethics Commission Filers)

4 Date

8-16-2024

5 Full name of contributor out-of-state PAC (ID#: _____)

Joey Przybilla

6 Contributor address; City; State; Zip Code

2107 Old Dixie Drive, Richmond TX 77406

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

8-19-2024

Full name of contributor out-of-state PAC (ID#: _____)

Henry Dedek

Contributor address; City; State; Zip Code

5011 Woodshire Lane, Fulshear, TX 77441

Amount of contribution (\$)

75.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

8-20-2024

Full name of contributor out-of-state PAC (ID#: _____)

Joseph Wozniak

Contributor address; City; State; Zip Code

26310 Christen Canyon Ln., Richmond, TX 77406

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

8-22-2024

Full name of contributor out-of-state PAC (ID#: _____)

Louise Cirasde

Contributor address; City; State; Zip Code

17326 Newtonmore Crossing, Richmond, TX 77407

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 8-22-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler Thoen	7 Amount of contribution (\$) 10.00
6 Contributor address; City; State; Zip Code 3419 Woodbine Drive, Fulshear, TX 77441		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) self employed
Date 8-22-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Smith	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 33211 Woodton Court, Fulshear TX 77441		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 8-22-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Long	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 9007 FM 2759, Richmond, TX 77469		
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions) Longs Towing
Date 8-23-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Blanscet	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4604 Westerdale Dr., Weston Lakes, TX 77441		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

17

2 FILER NAME

Marshall B. Slot

3 Filer ID (Ethics Commission Filers)

4 Date

8-23-
2024

5 Full name of contributor out-of-state PAC (ID#: _____)

Susan Jackson

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

3902 Weston Dr., Weston Lakes, TX 77441

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

8-15-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Republican Women's Club of Katy

Amount of contribution (\$)

800.00

Contributor address; City; State; Zip Code

9550 Spring Green Blvd., Suite 408-122, Katy, TX, 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-24-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Elizabeth Robbins

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

32614 Wedmore Place, Weston Lakes, TX 77441

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

8-24-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Pedro J. Solis

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

2407 E. Cesar Chavez St., Austin, TX 78702

Principal occupation / Job title (See Instructions)

COO

Employer (See Instructions)

Liquid Manza

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

17

2 FILER NAME

Marshall B. Slot

3 Filer ID (Ethics Commission Filers)

4 Date

8-26-
2024

5 Full name of contributor out-of-state PAC (ID#: _____)

Hal Finberg

7 Amount of contribution (\$)

1000.00

6 Contributor address; City; State; Zip Code

31 Marino Dr., Missouri City, TX 77459

8 Principal occupation / Job title (See Instructions)

Financial Advisor

9 Employer (See Instructions)

Wells Fargo Advisers

Date

8-26-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Bach Williams

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

8505 Graceful Oak Crossing, Katy, TX 77494

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

8-27-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Leah Hagan

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

2111 Canyon Crest Dr., Sugar Land, TX 77479

Principal occupation / Job title (See Instructions)

consultant

Employer (See Instructions)

LIM Hagan Consulting

Date

8-27-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Jermaine Down

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

3290 Harper Road, Choctaw, OK 73020

Principal occupation / Job title (See Instructions)

system admin.

Employer (See Instructions)

TBS Factoring Service

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

17

2 FILER NAME

Marshall B. Slot

3 Filer ID (Ethics Commission Filers)

4 Date

8-28-
2024

5 Full name of contributor out-of-state PAC (ID#: _____)

Marie Moffett

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

1718 Teal Brook Lane, Sugar Land, TX 77479

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

8-29-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Laurie Meredith

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

4906 Cambridge St, Sugar Land, TX 77479

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

8-30-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Jerry Lawrence

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

501 3rd. Street, Jasper, TX 75951

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

8-31-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Robert Beham

Amount of contribution (\$)

75.00

Contributor address; City; State; Zip Code

24219 Falcon Point Drive, Katy, TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

17

2 FILER NAME

Marshall B. Slot

3 Filer ID (Ethics Commission Filers)

4 Date

8-31-
2024

5 Full name of contributor out-of-state PAC (ID#: _____)

Roddie Shelley

6 Contributor address; City; State; Zip Code

2711 Greenblade Ct., Pearland TX 77584

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

9-1-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Dennis M. Scott

Contributor address; City; State; Zip Code

3526 Grayson Gardens Ct., Fulshear, TX 77441

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-1-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Atwood McAndrew

Contributor address; City; State; Zip Code

8910 High Ridge Lane, Rosenberg, TX 77469

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

prosecutor

Employer (See Instructions)

City of Richmond

Date

9-4-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Evelyn Montalvo

Contributor address; City; State; Zip Code

1906 Wildwood Lane, Richmond, TX 77406

Amount of contribution (\$)

450.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

17

2 FILER NAME

Marshall B. Slot

3 Filer ID (Ethics Commission Filers)

4 Date

9-4-2024

5 Full name of contributor out-of-state PAC (ID#: _____)

Donald Fiorino

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

2127 North Fountain Valley Drive, Missouri City, TX 77459

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-5-2024

Full name of contributor out-of-state PAC (ID#: _____)

Jennifer Haar

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

24815 Mount Auburn Dr., Katy TX 77494

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

9-7-2024

Full name of contributor out-of-state PAC (ID#: _____)

David Boehm

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

23503 Eula Mae Lane, Richmond, TX 77469

Principal occupation / Job title (See Instructions)

contractor

Employer (See Instructions)

MC2

Date

9-7-2024

Full name of contributor out-of-state PAC (ID#: _____)

Frank Piekos

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

3126 West Autumn Run Circle, Sugar Land, TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

17

2 FILER NAME

Marshall B. Slot

3 Filer ID (Ethics Commission Filers)

4 Date

9-8-
2024

5 Full name of contributor

out-of-state PAC (ID#: _____)

Roy A. Grichuk

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

30927 Lower Oxbow Trace, Fulshear, TX
77441

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

Date

9-6-
2024

Full name of contributor

out-of-state PAC (ID#: _____)

Linda Griffin

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1120 Heron Ct., Sugar Land, TX 77478

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

9-9-
2024

Full name of contributor

out-of-state PAC (ID#: _____)

Geoff & Tricia Kimbrough

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1226 Greenbusch Rd., Katy TX 77494

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

9-12-
2024

Full name of contributor

out-of-state PAC (ID#: _____)

Dan Noltensmeyer

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

9018 Kingsmen Point, Richmond, TX 77469

Principal occupation / Job title (See Instructions)

insurance broker

Employer (See Instructions)

Leavitt Group Texas Select

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

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: 17
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 8-29-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixie Jean Sheffield	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 419 Mistflower Dr., Richmond, TX 77469	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8-29-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas P. Harms	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 419 Little Walnut Dr., Richmond, TX 77469	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-14-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Bell	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 28139 Helmsman Knolls Dr., Katy, TX 77494	
Principal occupation / Job title (See Instructions) detective		Employer (See Instructions) Ft. Bend Cty.
Date 9-23-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Stokes	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 5926 Grande Gables Dr., Rosenberg, TX 77469	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

17

2 FILER NAME

Marshall B. Slot

3 Filer ID (Ethics Commission Filers)

4 Date

9-23-
2024

5 Full name of contributor

Carol Novosad

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State; Zip Code

1810 Pecan Lake Dr., Richmond, TX 77406

8 Principal occupation / Job title (See Instructions)

secretary / treasurer

9 Employer (See Instructions)

Digital Alarm Systems

Date

9-23-
2024

Full name of contributor

Judith Echols

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State; Zip Code

1403 Emmott, Richmond, TX 77406

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-16-
2024

Full name of contributor

Cindy Reese Adkins

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State; Zip Code

2118 S. Shadow Grove Ln., Richmond, TX 77406

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-15-
2024

Full name of contributor

Carla & Kevin Casey

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State; Zip Code

P.O. Box 424, Fulshear, TX 77441

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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:

17

2 FILER NAME

Marshall B. Slot

3 Filer ID (Ethics Commission Filers)

4 Date

9-19-
2024

5 Full name of contributor out-of-state PAC (ID#: _____)

Daniel Moeth

7 Amount of contribution (\$)

1000.00

6 Contributor address; City; State; Zip Code

531 Mistflower Drive, Richmond, TX 77469

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-24-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Republican Party of Texas

Amount of contribution (\$)

0.01

Contributor address; City; State; Zip Code

P.O. Box 2206 Austin TX 78768

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-25-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Republican Party of Texas

Amount of contribution (\$)

2000.00

Contributor address; City; State; Zip Code

P.O. Box 2206 Austin TX 78768

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-22-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Mary Tawney

Amount of contribution (\$)

20.00

Contributor address; City; State; Zip Code

2019 Shadow Forest Dr. Katy TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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:

17

2 FILER NAME

Marshall B. Slot

3 Filer ID (Ethics Commission Filers)

4 Date

9-20-
2024

5 Full name of contributor out-of-state PAC (ID#: _____)

Cheryl Ann Tasdemir

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

4202 Green Hills Circle, SugarLand, TX 77479

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-25-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Matthew Brown

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

8463 FM 1464, Richmond, TX 77407

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-5-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Bernice Spector

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

2319 Texana Way, Richmond, TX 77406

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

9-23
2024

Full name of contributor out-of-state PAC (ID#: _____)

Edward Haar

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

24815 Mount Auburn, Katy, TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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:

17

2 FILER NAME

Marshall B. Slot

3 Filer ID (Ethics Commission Filers)

4 Date

9-23-
2024

5 Full name of contributor out-of-state PAC (ID#: _____)

Carol Novosad

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

1810 Pecan Lake Dr., Richmond, TX 77406

8 Principal occupation / Job title (See Instructions)

sec/treasurer

9 Employer (See Instructions)

Digital Alarm Systems

Date

9-23-
2024

Full name of contributor out-of-state PAC (ID#: _____)

James Smith

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

1719 Breezy Bend Dr., Katy, TX, 77494

Principal occupation / Job title (See Instructions)

accounting

Employer (See Instructions)

Date

9-24-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Dana Atkinson

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

404 South 9th St., Richmond, TX 77469

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

Anson Aviation

Date

9-24-
2024

Full name of contributor out-of-state PAC (ID#: _____)

Eric Hanson

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

1511 Nails Creek Dr., Sugar Land, TX 77478

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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:

17

2 FILER NAME

Marshall B. Slot

3 Filer ID (Ethics Commission Filers)

4 Date

9-25-2024

5 Full name of contributor out-of-state PAC (ID#: _____)

Keith Kalman

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

24719 Lakebriar Dr., Katy, TX 77494

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

Date

9-25-2024

Full name of contributor out-of-state PAC (ID#: _____)

Rebecca Oberhoff

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

4706 Gerkin Rd. Needville TX 77461

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

9-26-2024

Full name of contributor out-of-state PAC (ID#: _____)

Richard Kuslan

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

19826 Hawkins Ridge Lane, Richmond, TX 77407

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-25-2024

Full name of contributor out-of-state PAC (ID#: _____)

Darrel Bradley

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1415 Wellshire Drive, Katy, TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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: 17
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 9-25-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Lois Gremminger	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code 1910 Fawn Way Ct. Richmond TX 77406		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1: 24	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 7-22-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 10.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-30-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-12-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule F1: 24	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 8-15-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-16-2024	Payee name Anedot Inc.	
Amount (\$) 2.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-19-2024	Payee name Anedot Inc.	
Amount (\$) 3.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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 NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule F1: 24	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 8-20-2024	5 Payee name Anedot Inc.
----------------------------	------------------------------------

6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-22-2024	Payee name Anedot Inc.
--------------------------	----------------------------------

Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-22-2024	Payee name Anedot Inc.
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Amount (\$) 9.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule F1: 24	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date 8-22-2024	5 Payee name Anedot Inc.
----------------------------	------------------------------------

6 Amount (\$) 1.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112
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8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-22-2024	Payee name Anedot Inc.
--------------------------	----------------------------------

Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-23-2024	Payee name Anedot Inc.
--------------------------	----------------------------------

Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 24	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 8-23-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 8-24-2024	Payee name Anedot Inc.	
Amount (\$) 8.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 8-24-2024	Payee name Anedot Inc.	
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule F1: 24	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 8-26-2024	5 Payee name Anedot Inc.
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6 Amount (\$): 40.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112
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8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-26-2024	Payee name Anedot Inc.
--------------------------	----------------------------------

Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 8-27-2024	Payee name Anedot Inc.
--------------------------	----------------------------------

Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule F1: **24** 2 FILER NAME: **Marshall B. Slot** 3 Filer ID (Ethics Commission Filers)

4 Date: **8-27-2024** 5 Payee name: **Anedot Inc.**

6 Amount (\$): **1.30** 7 Payee address; City; State; Zip Code
1340 Poydras Street, Suite 1770 New Orleans LA 70112

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(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/OH Candidate / Officeholder name Office sought Office held

Date: **8-28-2024** Payee name: **Anedot Inc.**

Amount (\$): **1.30** Payee address; City; State; Zip Code
1340 Poydras Street, Suite 1770 New Orleans LA 70112

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	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

Date: **8-29-2024** Payee name: **Anedot Inc.**

Amount (\$): **8.30** Payee address; City; State; Zip Code
1340 Poydras Street, Suite 1770 New Orleans LA 70112

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	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 SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1: 24		2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)	
4 Date 8-30-2024		5 Payee name Anedot Inc.			
6 Amount (\$) 40.30		7 Payee address; 1340 Poydras Street, Suite 1770		City; New Orleans	State; LA Zip Code 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Processing Fee		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check If Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 8-31-2024	Payee name Anedot Inc.				
Amount (\$) 3.30	Payee address; 1340 Poydras Street, Suite 1770		City; New Orleans	State; LA	Zip Code 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Processing Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 8-31-2024	Payee name Anedot Inc.				
Amount (\$) 10.30	Payee address; 1340 Poydras Street, Suite 1770		City; New Orleans	State; LA	Zip Code 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Processing Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1: 24		2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)	
4 Date 9-1-2024		5 Payee name Anedot Inc.			
6 Amount (\$) 4.30		7 Payee address; 1340 Poydras Street, Suite 1770		City; New Orleans	State; LA
				Zip Code 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Processing Fee		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 9-4-2024		Payee name Anedot Inc.			
Amount (\$) 18.30		Payee address; 1340 Poydras Street, Suite 1770		City; New Orleans	State; LA
				Zip Code 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Processing Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 9-4-2024		Payee name Anedot Inc.			
Amount (\$) 4.30		Payee address; 1340 Poydras Street, Suite 1770		City; New Orleans	State; LA
				Zip Code 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Processing Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule F1: 24	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 9-5-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-7-2024	Payee name Anedot Inc.
--	---------------------------

Amount (\$) 40.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 9-7-2024	Payee name Anedot Inc.
--	---------------------------

Amount (\$) 2.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1: 24	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 9-8-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-9-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-12-2024	Payee name Anedot Inc.
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Amount (\$) 40.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1: 24	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 9-14-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-23-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-23-2024	Payee name Anedot Inc.
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Amount (\$) 10.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule F1: <u>24</u>		2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)	
4 Date <u>9-23-2024</u>		5 Payee name Anedot Inc.			
6 Amount (\$) <u>10.30</u>		7 Payee address; 1340 Poydras Street, Suite 1770		City; New Orleans	State; LA Zip Code 70112
8 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		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>9-23-2024</u>		Payee name Anedot Inc.			
Amount (\$) <u>2.30</u>		Payee address; 1340 Poydras Street, Suite 1770		City; New Orleans	State; LA Zip Code 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Processing Fee		
	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 <u>9-24-2024</u>		Payee name Anedot Inc.			
Amount (\$) <u>2.30</u>		Payee address; 1340 Poydras Street, Suite 1770		City; New Orleans	State; LA Zip Code 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Processing Fee		
	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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 24	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 9-24-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 1.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-25-2024	Payee name Anedot Inc.
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Amount (\$) 1.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 9-25-2024	Payee name Anedot Inc.
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Amount (\$) 1.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule F1: 24	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 9-26-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name Anedot Inc.
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Amount (\$)	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name Anedot Inc.
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Amount (\$)	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Fees	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 24	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 7-1-2024	5 Payee name Dibrell & Associates
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6 Amount (\$) 285.45	7 Payee address: 4203 Glade Shadow Ct.	City: Katy	State: TX	Zip Code 77491
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Push Cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-7-2024	Payee name Fort Bend County Republican Party
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Amount (\$) 1100.00	Payee address: P.O. Box 461	City: Sugar Land,	State: TX	Zip Code 77487
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation / Food	Description Table purchas for event w food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 7-7-2024	Payee name Branding Matters
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Amount (\$) 102.84	Payee address: 8034 U.S. 90-Alt	City: Sugar Land,	State: TX	Zip Code 77478
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Mini cards (business cards)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule F1: **24** 2 FILER NAME: **Marshall B. Slot** 3 Filer ID (Ethics Commission Filers)

4 Date: **7-22-2024** 5 Payee name: **Facebook**

6 Amount (\$): **291.47** 7 Payee address; City: **Menlo Park** State: **CA** Zip Code: **94025**

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): **Advertising Expense** (b) Description: **Social Media Post**
 (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/OH Candidate / Officeholder name Office sought Office held

Date: **7-26-2024** Payee name: **512 New Media**

Amount (\$): **4477.20** Payee address; City: **Houston** State: **TX** Zip Code: **77036**

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **Consulting Expense** Description: **Marketing, video production**
 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

Date: **7-7-2024** Payee name: **Houston Latino Family Magazine**

Amount (\$): **1500.00** Payee address; City: **Houston** State: **TX** Zip Code: **77079**

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **Advertising Expense** Description: **Advertising in magazines**
 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 SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1: 24	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 7-31-2024	5 Payee name Frost Bank
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6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code 620 HW6 Sugar Land TX 77478
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-5-2024	Payee name Dibrell & Associates
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Amount (\$) 1580.45	Payee address; City; State; Zip Code 4203 Glade Shadow Ct. Katy TX 77491
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Yard Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 8-6-2024	Payee name Fort Bend Herald Coaster
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Amount (\$) 895.00	Payee address; City; State; Zip Code 1902 4th St., Rosenberg TX 77471
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Ad in paper
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule F1: **24** 2 FILER NAME: **Marshall B Slot** 3 Filer ID (Ethics Commission Filers)

4 Date: **8-9-2024** 5 Payee name: **Facebook**

6 Amount (\$): **500.00** 7 Payee address; City; State; Zip Code:
1 Hacker Way Menlo Park CA 94025

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): **Advertising Expense** (b) Description: **Social Media Post**
(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/OH Candidate / Officeholder name Office sought Office held

Date: **8-12-2024** Payee name: **ACE Plantation Hardware**

Amount (\$): **34.60** Payee address; City; State; Zip Code:
11818 Mason Road Richmond TX 77406

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **Advertising Expense** Description: **Hardware 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

Date: **8-12-2024** Payee name: **The UPS Store # 6565**

Amount (\$): **200.04** Payee address; City; State; Zip Code:
503 FM 359, Suite 130 Richmond TX 77406

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **Office Overhead** Description: **Post Box Rental Fee**
 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule F1: <i>24</i>	2 FILER NAME <i>Marshall B. Slot</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>8-15-2024</i>	5 Payee name <i>JGI Outdoor Advertising</i>
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6 Amount (\$) <i>6729.00</i>	7 Payee address; <i>525 Park Grove, Katy,</i>	City;	State; <i>Texas</i>	Zip Code <i>77450</i>
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>billboard leases</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-22-2024</i>	Payee name <i>Facebook</i>
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Amount (\$) <i>200.00</i>	Payee address; <i>1 Hacker Way</i>	City; <i>Menlo Park</i>	State; <i>CA</i>	Zip Code <i>94025</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Social Media Post</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date <i>8-22-2024</i>	Payee name <i>Dibrell & Associates</i>
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Amount (\$) <i>4400.00</i>	Payee address; <i>4203 Glade Shadow Ct.</i>	City; <i>Katy</i>	State; <i>TX</i>	Zip Code <i>77491</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Push Cards</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>24</i>	2 FILER NAME <i>Marshall B. Slot</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8-28-2024</i>	5 Payee name <i>Dibrell & Associates</i>	
6 Amount (\$) <i>1121.04</i>	7 Payee address; <i>4203 Glade Shadow Ct.</i>	City; State; Zip Code <i>Katy TX 77491</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Large Signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <i>8-30-2024</i>	Payee name <i>Frost Bank</i>	
Amount (\$) <i>5.00</i>	Payee address; <i>620 HW6</i>	City; State; Zip Code <i>Sugar Land TX 77478</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting / Banking</i>	Description <i>Service Fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>9-4-2024</i>	Payee name <i>Dibrell & Associates</i>	
Amount (\$) <i>1618.06</i>	Payee address; <i>4203 Glade Shadow Ct.</i>	City; State; Zip Code <i>Katy TX 77491</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>yard signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>24</u>		2 FILER NAME <u>Marshall B. Slot</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>9-9-2024</u>		5 Payee name <u>ACE Plantation Hardware</u>			
6 Amount (\$) <u>369.41</u>		7 Payee address; <u>11818 Mason Road</u>		City: <u>Richmond TX</u>	State; Zip Code <u>77406</u>
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <u>Hardware for signs</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>9-10-2024</u>		Payee name <u>Lowe's Home Improvement</u>			
Amount (\$) <u>451.31</u>		Payee address; <u>9505 Spring Green Blvd. Katy</u>		City: <u>Katy TX</u>	State; Zip Code <u>77494</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>Hardware for signs</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 <u>9-10-2024</u>		Payee name <u>NBD Graphics</u>			
Amount (\$) <u>593.82</u>		Payee address; <u>917 S. Mason Rd.</u>		City: <u>Katy TX</u>	State; Zip Code <u>77450</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>large signs</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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.

1 Total pages Schedule F1: 24		2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)	
4 Date 9-11-2024		5 Payee name Ace Hardware Cinco Ranch			
6 Amount (\$) 77.43		7 Payee address; City; State; Zip Code 1720 S. Mason Rd., Katy TX 77450			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Advertising Expense		(b) Description Hardware for signs		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9-11-2024		Payee name Fort Bend Herald Coaster			
Amount (\$) 950.00		Payee address; City; State; Zip Code 1902 4th St., Rosenberg TX 77471			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Ad in paper		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9-11-2024		Payee name Fulshear Ace Hardware			
Amount (\$) 22.00		Payee address; City; State; Zip Code 8411 FM 359, Fulshear TX 77441			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Hardware for signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	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.

1 Total pages Schedule F1: 24 2 FILER NAME: Marshall B. Slot 3 Filer ID (Ethics Commission Filers):

4 Date: 9-13-2024 5 Payee name: Literacy Council of Fort Bend County

6 Amount (\$): 150.00 7 Payee address; City; State; Zip Code:
12530 Emily Court SugarLand TX 77478

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): Donation (b) Description: Spelling Bee sponsorship
(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/OH Candidate / Officeholder name Office sought Office held

Date: 9-20-2024 Payee name: Fort Bend Herald Coaster

Amount (\$): 404.00 Payee address; City; State; Zip Code:
1902 4th St. Rosenberg TX 77471

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): Advertising Expense Description: Ad in paper
 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

Date: 9-23-2024 Payee name: Hamor Printing and Graphics

Amount (\$): 974.25 Payee address; City; State; Zip Code:
10311 W. Airport Blvd. #105, Stafford, TX 77477

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): Printing Expense Description: Folding fan push cards
 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

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