CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT co					FORM C/OH ER SHEET PG 1
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 To	tal pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	Marshall	R.		OFFICE USE ONLY
NAME	NICKNAME	LAST Slot	SUFFIX	Date R	eceived USTIZVZYNA
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #;	city: state: zip code Richmond, TX 77406		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 846-7568	EXTENSION		and-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	- Receipt	
NAME	NICKNAME	Uzgur Bayaz	suffix	Date Pr	naged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / S		71	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (281) 5	PHONE NUMBER 46-6401	EXTENSION		
9 REPORT TYPE	January 15	30th day before e			15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH	Day 26	
11 ELECTION	ELECTION DA Month Day	TE Primary	ELECTION TYP	E	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know		ty Sheriff
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES S MAY HAVE BEEN MADE WITHOUT THE CA RED TO REPORT THIS INFORMATION ONLY IF	MADE BY PO	LITICAL COMMITTEES TO SUPPORT
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TRE			
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	larshall B. Slot	D (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 140.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,394,01
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 29,424.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,690.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,000.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true and corr guired to be reported by me under Title 15, Election Code.	ect and includes all information
	Man	
	1 110	
	Signature of Candidate o	r Officeholder
	Please complete either option below:	
	Flease complete entier option below.	
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	day of,
	which, witness my hand and seal of office.	
20, to certify		
Signature of officer administr	sring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat		
		11971
My name is MAR	SMALL GLOT, and my date of birth is 02 OLD DIXIE DR. RICHMOND R	JUJU USA
My address is 2031	UD DIXIE DR. KICHPIOND X	11-100, 0-2/1
	(street) (city) (state) (zip code) (country)
Executed in FORT	END County, State of TEXA; , on the 4 day of Our (Month)	,2024. (year)
	Signature of Candidate/Office	eholder (Declarant)
Forms provided by Texas E	thics Commission www.ethics.state.tx.us	Revised 1/1/2024

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

40		
19	FILER NAME 20 File	r ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,254.01
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	ions \$29,424.67
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIB	SUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES	SS OF COH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RE TO FILER	TURNED \$

	ARY POLITICAL CONTRIBUTIONS ted information is not applicable, DO NOT include this page		SCHEDULE A1
			es Schedule A1:
The	Instruction Guide explains how to complete this form.		17
FILER NAME	shall B. Slot	3 Filer ID	Ethics Commission Filers)
Date	5 Full name of contributor □ out-of-state PAC (ID# Needville Republic Women PAC 6 Contributor address; City; State; Zip C P.O. Box 1010, Needville, TX	Code	of contribution (\$)
Principal occu	pation / Job title (See Instructions) 9 Employer (S	See Instructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:) Amount	of contribution (\$)
7-22-2024	Contributor address; City; State; Zip of 17 Pecan Gorge Ct., Sugar Land, TX 72		250.00
Principal occup		See Instructions)	
Real	Estate The M	olho Group	
Date 7-30- 2024	Full name of contributor I out-of-state PAC (ID#: Robert G. Molinon Contributor address; City; State; Zip C 1835 Hugerson Rd, Sugar Land, TK		of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (S	See Instructions)	
Date	Full name of contributor 🛛 out-of-state PAC (ID#:) Amount	of contribution (\$)
-30-2024	Contributor address; City; State; Zip C 2127 North Fountain Valley Drive, Missouri Cit 774	Code #y, TX	100.00
Principal occup	ation / Job title (See Instructions) Employer (S	See Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEI If contributor is out-of-state PAC, please see Instruction guide for		airements.
and a second dead by 7	exas Ethics Commission www.ethics.state.tx.us		Revised 1/1/20

	ARY POLITICAL CONTRIBU		report.	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pag	es Schedule A1:
2 FILER NAME	shall B. Slot		3 Filer ID	(Ethics Commission Filers)
4 Date 7-17-2024	5 Full name of contributor Dout-of-state PAC James D. Patterson Compo 6 Contributor address; City; 314 S. Belknap Sugar Lan	d TX 77478		of contribution (\$)
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor 🔲 out-of-state PAC Paula Chavez	: (ID#:)	Amount	of contribution (\$)
-9-2024	Contributor address; City; 11018 Glenrothers Drive., R	-V		500.00
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	ons)	
Date - 12 - 2024	Marlowe Bentley	: (ID#:) State; Zip Code		of contribution (\$)
	2523 Colonel Court Dr. Richma	and TX 77406	'	00.00
	ng Manager	Employer (See Instruct	ons)	
Date	Full name of contributor 🗇 out-of-state PAC John Spencer	(ID#:)	Amount	of contribution (\$)
-15-2024	Contributor address; City; 13111 Windmill Grove Dr., Rich	State; Zip Code mond, TX 77407		00.00
15	ation / Job title (See Instructions)	Employer (See Instruct	ons)	
retire	/	retired		
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instru			irements.
	Texas Ethics Commission www.ethics.			Revised 1/1/20

If the reque	sted information is not applicable, DO NOT in	clude this page in the	report.	
The	Instruction Guide explains how to complete this	s form.	1 Total page	es Schedule A1:
	irshall B. Slot		3 Filer ID	Ethics Commission Filers)
Date	5 Full name of contributor □ out-of-state PAC Joex Przybilla 6 Contributor address; City; 2107 Old Dixie Drive, Richmo	State; Zip Code		of contribution (\$)
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date		C (ID#:)	Amount	of contribution (\$)
8-19-2024	Henry Dedek Contributor address; City; 5011 Woodshire Lane, Fubhea			75.00
	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date -20-2024	Joseph Weznick	s (ID#:) State; Zip Code Richmond, TX 72404	Amount	of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date -12-2024	Full name of contributor \Box out-of-state PAC Louise Cirasde Contributor address; City; 17326 Newformore Crossing,	State; Zip Code	Amount e	of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	

	ARY POLITICAL CONTRIBUT		eport.	SCHEDULE A1
The	nstruction Guide explains how to complete this fo	orm.	1 Total pag	es Schedule A1:
FILER NAME	hall B, Slot		3 Filer ID	Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (IE Tyler Theem	State; Zip Code		of contribution (\$)
Principal occup	ation / Job title (See Instructions) 9	Employer (See Instructi Self employed	ons)	
Date - 22-2024	Full name of contributor aut-of-state PAC (ID Sandra Smith		Amount	of contribution (\$)
		State; Zip Code - TX: 77441		25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date 8 - 22 - 2024	William Long Contributor address; City;	**) State; Zip Code , TX 77469		of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction		
Date (-23 -	Full name of contributor Dout-of-state PAC (IE Melissin Blanscet Contributor address; City; 4604 Westerdale Dr., Weston L	#:) State; Zip Code	0	of contribution (\$)
	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct			uirements.
orms provided by T	exas Ethics Commission www.ethics.sta	ate.tx.us		Revised 1/1/2

			SCHEDULE A1
If the reque	ested information is not applicable, DO NOT ir	iclude this page in the	report.
The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
	rshall B. Slot		3 Filer ID (Ethics Commission Filers)
Date 8-23- 2024	5 Full name of contributor Dout-of-state PA Susan Jackson 6 Contributor address; City; 3902 Weston Dr., Weston I	State; Zip Code TX Gkes, 77 441	7 Amount of contribution (\$)
	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 8-15- 2024	Full name of contributor out-of-state PA Republican Women's Club Contributor address; City; 9550 Spring Green Rlval Su	c (ID#:) of Katy State; Zip Code to 408-122,	Amount of contribution (\$)
Principal occu	1	C (ID#:)	Amount of contribution (\$)
8-24- 2024	Elizabeth Robbins Contributor address; City; 32614 Wedmore Mace, Westow	State; Zip Code	200.00
	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 8-24 - 2024	Full name of contributor Dout-of-state PAU Pedro J. Solis Contributor address; City; 2407 E. Cesar Chavez St.	State: Zin Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see Inst	uction guide for additional	reporting requirements.
me provided by	Texas Ethics Commission www.ethics	.state.tx.us	Revised 1/1/202

	ARY POLITICAL CONTRIBUT			SCHEDULE A1
The	Instruction Guide explains how to complete this for	'm.	1 Total page	es Schedule A1:
	shall B. Slot		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Hal Finberg	k)	7 Amount of	of contribution (\$)
8-26- 2024	6 Contributor address; City; S	State; Zip Code , TX 77459	10	00.00
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction		sers
Date	Full name of contributor 🗌 out-of-state PAC (ID#			of contribution (\$)
-26-		State; Zip Code		250.00
Principal occu	8505 Grace ful Oak Crossing,	Employer (See Instruction	ons)	
retired		retired		
Date 8-27- 2024	Leah Hagan	state; Zip Code		of contribution (\$) $250,00$
	pation / Job title (See Instructions)	Employer (See Instruction		. 11
cons	ultant	LIM Haga	n Cou	sulfing
Date	Full name of contributor out-of-state PAC (ID	*:)	Amount	of contribution (\$)
2024		State; Zip Code		25.00
	3290 Harper Road, Choctar			
	en admin.	TBS Fac	toring.	Service
			v	
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instructi			irements.
rms provided by	Texas Ethics Commission www.ethics.sta	te.tx.us		Revised 1/1/20

If the reques	ted information is not applicable, DO NOT in	clude this page in the r	schedule A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
	shall B. Slot		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Dout-of-state PAN Marie Moffett	State; Zip Code	7 Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date - 29 - 2024	Full name of contributor Out-of-state PAC Laurie Meredith	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date -30 - 2024	T. I was	State; Zip Code	Amount of contribution (\$)
	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 7-31- 2024	Full name of contributor Out-of-state PAG Robert Beham Contributor address; City; 24219 Falcon Point Drive,		Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES		

MONET	ARY POLITICAL CONTRIBU	JTIONS	s	CHEDULE A1
If the reque	ested information is not applicable, DO NOT in	nclude this page in the	report.	
The	e Instruction Guide explains how to complete thi	s form.	1 Total pages	Schedule A1:
2 FILER NAME	hall B. Slot		3 Filer ID (Et	hics Commission Filers)
a Date		.C (ID#:)	7 Amount of	contribution (\$)
8-31-		State; Zip Code	2	50.00
2024	2711 Greenblade Ct., Pearlan	d TX 77584		
Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date		C (ID#:)	Amount of	contribution (\$)
9-1-	Dennis M. Scott Contributor address; City;	State; Zip Code		500.00
2024	3526 Grayson Gardens Ct.	Fulshear, TX		
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	iions)	
Date	Full name of contributor	.C (ID#:)	Amount of	contribution (\$)
9-1-	Atwood Mc Andrew			
2024	Contributor address; City; 8910 High Ridge Lane, Rosenb	State; Zip Code erg, TX 77469	10	10.00
	upation / Job title (See Instructions)	Employer (See Instruc		1
prese	cuter	City of	1211hman	10/
Date	Full name of contributor Out-of-state PA Evelyn Montalvo	\C (ID#:)	Amount of	contribution (\$)
9-4- 2024	Contributor address; City; 1906 Wildwood Lane, Rich	State; Zip Code moud, TX 77406	4	50.00
10	upation / Job title (See Instructions)	Employer (See Instruc	tions)	
retra		retired		
	ATTACH ADDITIONAL COPIES			ements.
and a second second second	r Texas Ethics Commission www.ethic	s.state.tx.us		Revised 1/1/202

TI	he Instruction Guide explains how to complete th	nis form.	1 Total pag	es Schedule A1:
FILER NAM	15		3 Filer ID	Ethics Commission Filers)
	shall B. Slot		• • • • • •	
Date		PAC (ID#:)	7 Amount	of contribution (\$)
9-4-	Donald Fiorino			
2024	6 Contributor address; City;	State; Zip Code		100.00
	2127 North Fountain Valley	Drive TX 7745	9	_
Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instruc		
· · · · · · · · · · · · · · · · · · ·				
Date	Full name of contributor Out-of-state F	PAC (ID#:)	Amount	of contribution (\$)
9-5-	Jennifer Haar			
2024	Contributor address; City;	State; Zip Code		100.00
,	24815 Mount Auburn Dr., Ko	ty TX 11494		
Principal oco	cupation / Job title (See Instructions)	Employer (See Instruc	tions)	
retir	ell	refired		
Date		PAC (ID#:)	Amount	of contribution (\$)
7-7-	David Boehm			
2024	Contributor address; City; 23503 Eula Mae Lane, R	State; Zip Code		1000.00
Principal	cupation / Job title (See Instructions)	77469 Employer (See Instruc	tions)	
	ntractor	MC2	lionsy	
			and the second second	
Date	Full name of contributor 🗌 out-of-state F		Amount	of contribution (\$)
9-7-	Contributor address: City:	State; Zip Code		50.00
2024	Frank Piekos Contributor address; City; 3126 West Autumn Run Circle	, Sugar Land,		00100
Dringing		TX 77479 Employer (See Instruct	tions)	
Principal oco	cupation / Job title (See Instructions)	Employer (See Instruc	uons)	

If the reque	ested information is not applicable, DO NO	Γ include this page in the	report.	
Th	e Instruction Guide explains how to complete	this form.	1 Total page	s Schedule A1:
	shall B. Slot		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	PAC (ID#:)	7 Amount	of contribution (\$)
7-8-	Roy A. Grichuk	State; Zip Code		00.00
2024	6 Contributor address; City; 30927 Lower Oxbow Trace,		,	00100
Principal occ	supation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Eng	ineer			
Date		PAC (ID#:)	Amount	of contribution (\$)
1-6 -	Lindo Griffin			
2024	Contributor address; City; 1120 Heron C4., Sugar L	State; Zip Code and, TX 77418		100.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor) PAC (ID#:)	Amount	of contribution (\$)
7-9-	Geoff & Tricia Kimbro	augh		
	Contributor address; City;	State; Zip Code		100.00
2024	1226 Greenbusch Rd., K	aty TX 77494	1	
	upation / Job title (See Instructions)	Employer (See Instruct	tions)	
	el la	retired		
retire		PAC (ID#:)	Amount	of contribution (\$)
Date	Full name of contributor	PAC (ID#:)	Anount	
Date				
Date 8-12-	Dan Noltensmeyer Contributor address; City;	State; Zip Code		000.00
Date 7-12-	Dan Noltensmeyer	State; Zip Code		000.00
Date 7-12- 2024	Dan Noltensmeyer Contributor address; City;	State; Zip Code	, tions)	
	Dan Noltensmeyer	-		000.00

	TARY POLITICAL CONTRIBUTIONS sted information is not applicable, DO NOT include this page in the		SCHEDULE A1
	Instruction Guide explains how to complete this form.		es Schedule A1:
FILER NAME		3 Filer ID	Ethics Commission Filers)
	shall B. Slot		
Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount	of contribution (\$)
8-29-	Dixie Jean Sheffield	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00.00
2024	6 Contributor address; City; State; Zip Code 419 Mist flower Dr., Richmond, 77469		,0,00
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date	Full name of contributor)	Amount	of contribution (\$)
1-29-	Douglas P. Harms Contributor address; City; State; Zip Code		00.00
2024	419 Little Walnut Dr., Richmond, TX		00.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount	of contribution (\$)
9-14-	Jason Bell Contributor address; City; State; Zip Code	10	0,00
1024	28139 Helmsman Knolls Dr., Katy, TX	10	0,00
	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
detec	tive FI. Bend	Cty.	
Date	Full name of contributorout-of-state PAC (ID#:)	Amount	of contribution (\$)
1-23-	Contributor address; City; State; Zip Code		100.00
1024	5926 Grande Gables Dr., Rosenberg, 77469		
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional		irements.
me provided by	Texas Ethics Commission www.ethics.state.tx.us		Revised 1/1/20

MONET	ARY POLITICAL CONTRIB	UTIONS		SCHEDULE A1
If the reque	sted information is not applicable, DO NOT i	nclude this page in the	report.	
The	Instruction Guide explains how to complete th	is form.	1 Total pag	es Schedule A1:
	shall B. Slot		3 Filer ID	Ethics Commission Filers)
Date 9-23- 2024	 5 Full name of contributor □ out-of-state P. Carol Novosaci 6 Contributor address; City; 1810 Pecan Lake Dr., R upation / Job title (See Instructions) 	State; Zip Code	6	of contribution (\$)
	tary / treasurer	Digital A		Rysteins
Date 9-23- 2024	Full name of contributor st-state P Judith Echols	AC (ID#:) State; Zip Code	Amount	of contribution (\$) 50.00
Principal occu Date	Full name of contributor	Employer (See Instruct		of contribution (\$)
9-16- 2024	Cindy Reese Adkins Contributor address; City; 2118 S, Shadow Crove Ln.,	State; Zip Code		100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date 9-15- 2024	Full name of contributor out-of-state P Carla & Kevin Casey Contributor address; City; P.O. Box 424, Fulshear,	AC (ID#:) State; Zip Code TX 7744/	Amount	of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
	ATTACH ADDITIONAL COPIES		FEDED	
	ATTACH ADDITIONAL COPIES			irements.
rms provided by	Texas Ethics Commission www.ethic	s.state.tx.us		Revised 1/1/202

If the reques	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Date 9-19- 2024	5 Full name of contributor 0 out-of-state PAC (ID#:) 0 Daniel Noeth 6 Contributor address; City; State; 531 Mistflower Drive, Rithmond, TX 77469 Ipation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
Date 7 - 24 - 2029 Principal occup	Full name of contributor □ out-of-state PAC (ID#:) Republican Party of Texas Contributor address; City; State; Zip Code P.O. Box 2206 Austin TX 78768 Dation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
Date 9 - 25 - 202 4 Principal occup	Full name of contributor □ out-of-state PAC (ID#:) Republican Party of Texas Contributor address; City; State; Zip Code P.O. Box 2206 Austin TX 78768 Dation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
Date 9 - 2 2 - 2 0 2 4 Principal occup	Full name of contributor Image: out-of-state PAC (ID#:) Mary Tawney Contributor address; City; State; Zip Code 2019 Shadow Forest Dr. Katy TX Dation / Job title (See Instructions)	Amount of contribution (\$)

			SCHEDULE A1
n me reque	sted information is not applicable, DO NOT include this page in the	report.	
The	Instruction Guide explains how to complete this form.	1 Total pag	es Schedule A1:
FILER NAME	14	3 Filer ID	Ethics Commission Filers)
Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount	of contribution (ft)
7-20-	 Full name of contributor	7 Amount	of contribution (\$) 100.00
2024	4202 Green Hills Civile, Sugar Land, 77479		100100
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Date	Full name of contributor	Amount	of contribution (\$)
1-25 -	Matthew Brown Contributor address; City; State; Zip Code	2	00.00
2024	8463 FM 1464, Richmond, TX 77407		
Principal occuj	bation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount	of contribution (\$)
7-5-	Bernice Spector	t	00.00
2024	Contributor address; City; State; Zip Code 2319 Texana Way, Richmond, TX 77406	C	00,00
	Dation / Job title (See Instructions) Employer (See Instructions)	tions)	
n	etired retired		
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount	of contribution (\$)
9-23	Edward Haar Contributor address; City; State; Zip Code	1	000.00
2024	24815 Mount Auburn, Korty, TX 77494		
Principal occu	Dation / Job title (See Instructions) Employer (See Instructions)	tions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional		irements
	Fexas Ethics Commission www.ethics.state.tx.us	-porting redu	Revised 1/1/20

MONET	ARY POLITICAL CONTRIBU	JTIONS	s	CHEDULE A1
If the reques	sted information is not applicable, DO NOT ir	nclude this page in the	report.	
The	Instruction Guide explains how to complete this	s form.	1 Total pages	Schedule A1:
2 FILER NAME	hall B. Slot		3 Filer ID (Et	hics Commission Filers)
4 Date 9-23- 2024		C (ID#:) State; Zip Code TX 11406		contribution (\$)
	pation / Job title (See Instructions)	9 Employer (See Instruct		
Sec	/treasurer	Disital Akar	in System	<i>ns</i>
Date 9-23- 2024	James Smith	c (ID#:) State; Zip Code ity, TX, 77494	Amount of	contribution (\$)
	ccounting	Employer (See Instruct	ions)	
Date 9-24- 2024	Davan Attinson	C (ID#:) State; Zip Code Nond, TX 77469	Amount of	contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruct		
	ouner	Anson	Aviation	
Date 9-24 - 2024 Principal occup	Full name of contributor Description out-of-state PAR Contributor address; City; ISII Nails Creek Dr., Sugar Destion / Job title (See Instructions)	State; Zip Code		contribution (\$)
retir		retired		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED	
	If contributor is out-of-state PAC, please see Inst			
Forms provided by	Texas Ethics Commission www.ethics	s.state.tx.us		Revised 1/1/2024

Th	e Instruction Guide explains how to complete this	s form.	1 Total pag	es Schedule A1:
FILER NAME			3 Filer ID	Ethics Commission Filers)
	hall B. Slot			,
Date	5 Full name of contributor out-of-state PAr	C (ID#:)	7 Amount	of contribution (\$)
7-25-	Keith Kalman			
	6 Contributor address; City;	State; Zip Code	Ó	15.00
2024	24719 Lockebrier Dr., Kerty,	TX 77494		
Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
retu	1			
Date		C (ID#:)	Amount	of contribution (\$)
9-25 -	Rebecca Oberhoff'	State; Zip Code		15 000
2024	4706 Gerkin Rd. Needvill			25.00
Principal occu	ipation / Job title (See Instructions)	Employer (See Instruct	ions)	
reti	red	retired		
Date		C (ID#:)	Amount	of contribution (\$)
9-26-				1AM ma
2024	Contributor address; City; 19826 Hawkins Ridge Laine,	State; Zip Code Richmond, TX	_	100.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount	of contribution (\$)
9-25-	Darrel Brudley Contributor address; City;		10	A A A
2024	Contributor address; City; 1415 Wellshire Drive, Ka	State; Zip Code y, TX 77494	10	0.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ions)	

Marshall B: Slot Date 5 Full name of contributor autof.state PAC (ID#) 7 Amount of contribution (7-25- 6 Contributor address; Dity; State; Zip Code 20244 1910 Fawn Way Cf. Rithmond TX 300.000 20244 1910 Fawn Way Cf. Rithmond TX 300.000 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Date Full name of contributor out-of-state PAC (ID#:	The	Instruction Guide explains how to complete this	is form.	1 Total pages Schedule A1:
Date 5 Full name of contributor gut-of-state PAC (ID#	FILER NAME			3 Filer ID (Emics commission Filers)
refired Amount of contributor Date Full name of contributor out-of-state PAC (ID#:	Date 7-25- 2024	5 Full name of contributor Gut-of-state PA Gut-of-state PA Contributor address; City; 1910 Fawn Way Cf. Rid	zer State; Zip Code hmond TX 71406	7 Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date			Amount of contribution (\$)
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	Dation / Job title (See Instructions)	Employer (See Instruct	ions)
	Date			Amount of contribution (\$)
Date Full name of contributor and of state PAC (ID#) Amount of contribution	Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	Date	Full name of contributor 🗌 out-of-state PA	AC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		Contributor address; City;	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)

		DITURES MADE	5			SCHE	DULE F1
If the requested in	formation is	s not applicable, DO NOT	include t	his page in the re	port.		
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing E Salaries/M	kpense Vages/Contract Labor	Travel In Dis Travel Out C	on Equipm strict of District	g Expense ent & Related Expense not listed above)
Total pages Schedule F1		IAME I B. Slot			3 Filer ID	(Ethics (Commission Filers)
+ Date 7-22-2024	5 Payeen Anedot						
Amount (\$)	7 Payee a	ddress;		City;	Sta	ate;	Zip Code
10.30	1340 Pc	oydras Street, Suite 17	70	New Orleans	L	A	70112
3	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description	A PLANTING OF THE OWNER O		
PURPOSE OF EXPENDITURE	Accour	nting/Banking		Processing Fe	e		
	(c)	Check if trevel outside of Texas. Complete S	Schedule T.	Check if Austin	, TX, officehol	der living e	xpense
Complete <u>QNLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		c	ffice held
Date	Payee n	ame					
7-30-2024	Anedot	Inc.					
Amount (\$)	Payee a	ddress;		City;	Sta	ate;	Zip Code
4.30	1340 Pc	oydras Street, Suite 17	70	New Orleans	L	A	70112
		y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Accour	nting/Banking		Processing Fe	е	-	
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Austin	, TX, officehol	der living e	kpense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		0	ffice held
Date	Payee n	ame		And			an an all a fair an
8-12-2024	Anedot	Inc.					
Amount (\$) 4,30	Payee a 1340 Po	^{ddress;} ydras Street, Suite 17	70	City; New Orleans		ate; A	Zip Code 70112
	Categor	y (See Categories listed at the top of this a	schedule)	Description			
PURPOSE OF EXPENDITURE	Accoun	ting/Banking		Processing Fe	e		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officehold	der living ex	cpense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		C	Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		and a second
orms provided by Texas Et	hine Commiss	ion waw ethic	s.state.tx.u	18			Revised 1/1/2024

SCHEDULE F1

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		EXPENDITURE CATE					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing E Salarles/V	xpense Vages/Contract Labor	Travel In Dis Travel Out 0	on Equip trict of District	ment & Related Expense
		The Instruction Guide explai	ns how to a	complete this form.			
	FILER N	B. Slot			3 Filer ID	(Ethics	Commission Filers)
	Payee na	ame					
8-15-2024 A	nedot	Inc.					
	Payee a	idress;		City;	Sta	ate;	Zip Code
4.30 ¹	340 Po	ydras Street, Suite 17	770	New Orleans	L	A	70112
(4	a) Catego	y (See Categories listed at the top of this	schedule)	(b) Description			20 *****
PURPOSE / OF EXPENDITURE	Accoun	ting/Banking		Processing Fe	e		
(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officehal	der living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought			Office held
Date	Payee na	Ime	APPER STOLEN				
8-16-2024 A	nedot	nc.					
Amount (\$)	Payee ad	ldress;		City;	Sta	ate;	Zip Code
2.30 1	340 Po	ydras Street, Suite 17	770	New Orleans	Ļ	A	70112
	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Accour	ting/Banking		Processing Fe	e		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officehold	ler living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought			Office held
Date	Payee na	ame					
8-19-2024 A	nedot	nc.					
Amount (\$)	Payee ad			City;		ite;	Zip Code
3,30	340 Po	ydras Street, Suite 17	70	New Orleans	Ļ	Ą	70112
	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE A OF EXPENDITURE	Account	ing/Banking		Processing Fe	e		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officehold	ler living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought			Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		
orms provided by Texas Ethics	Commiss	ion www.ethic	s.state.tx.	21			Revised 1/1/2024

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.	If the requested	information is not applicable	DO NOT include this page in the report.
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	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expens Travel In District Travel Out of District Other (entera category not listed above)
Credit Card Payment	The Instruction Guide explai	ins how to complete this form.	
	FILER NAME Aarshall B. Slot		3 Filer ID (Ethics Commission Filers)
0 4. 4	Payee name Anedot Inc.		
	Payee address;	City;	State; Zip Code
4.30 ¹	340 Poydras Street, Suite 1	770 New Orleans	s LA 70112
3	a) Category (See Categories listed at the top of thi	s schedule) (b) Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	ee
	c) Check if travel outside of Texas, Complete	Schedule T. Check if Aus	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Data	Payee name	and and a second se	
8-22-2024 A	Anedot Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
4.30 ¹	340 Poydras Street, Suite 1	770 New Orleans	s LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Accounting/Banking	schedule) Description Processing Fe	ee
	Check if travel outside of Texas. Complete	Schedule T. Check if Aust	stin, TX, officehalder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-22-2024	Anedot Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
9.30	340 Poydras Street, Suite 17	70 New Orleans	s LA 70112
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE / OF EXPENDITURE	Accounting/Banking	Processing Fe	ee
	Check if travel outside of Texas. Complete	Schedule T. Check if Aust	stin, 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	S OF THIS SCHEDULE AS NE	EDED
orms provided by Texas Ethic	Commission www.ethi	cs.state.tx.us	Revised 1/1/20

	EXPENDITURES MADE TICAL CONTRIBUTIONS		SCHEDULE F1
If the requested in	formation is not applicable, DO NOT include	this page in the repo	rt
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E By Gift/Awards/Memorials Expense Printing B	erhead/Rental Expense Ti xpense Ti xpense Ti Wages/Contract Labor O	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel In District ravel Out Of District ther (enter a category not listed above)
Total pages Schedule Fi	A FILER NAME Marshall B. Slot	3	Filer ID (Ethics Commission Filers)
4 Date 8-22-2024	5 Payee name Anedot Inc.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1.30	1340 Poydras Street, Suite 1770	New Orleans	LA 70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, T	X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
8-22-2024	Anedot Inc.		
Amount (\$) 20.30	Payee address: 1340 Poydras Street, Suite 1770	city; New Orleans	State; Zip Code 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, T	K, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-23-2024	Anedot Inc.		
Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	^{City;} New Orleans	State; Zip Code 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, T)	, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D
orms provided by Texas Et	hics Commission www.ethics.state.tx	us	Revised 1/1/2024

FROM POLI	EXPENDITURES MADE		SCHEDULE F1
If the requested info	ormation is not applicable, DO NOT include	this page in the report.	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officehokder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Expense Printing E	ayment/Reimbursement Solicitation. Transportal pense Travel In D xpense Travel Out Vages/Contract Labor Other (enter	
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot	3 Filer II	(Ethics Commission Filers)
4 Date 8-23-2024	5 Payee name Anedot Inc.		
6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770		ate; Zip Code A 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, officeho	Ider living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 8-24-2024	Payee name Anedot Inc.		
Amount (\$) 8.30	Payee address; 1340 Poydras Street, Suite 1770		ate; Zip Code _A 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, officeho	lder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 8-24-2024	Payee name Anedot Inc.		
Amount (\$) 20.30	Payee address; 1340 Poydras Street, Suite 1770		tate; Zip Code A 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, officeho	Ider living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Rep Office Ov Polling Ex Printing E Salarles/	ayment/Reimbursement arhead/Rental Expense opense xpense Vages/Contract Labor	Transportat Travel In Di Travel Out	ion Equip strict Of Distric	ing Expense ment & Related Expense :t ory not listed above)
Total pages Schedule F1:	2 FILER N Marshal				3 Filer ID	(Ethic:	s Commission Filers)
Date	5 Payee na						
8-26-2024	Anedot	Inc.					
Amount (\$)	7 Payee a	dress;		City;	St	ate;	Zip Code
40.30	1340 Pc	ydras Street, Suite 17	70	New Orleans	L	A	70112
100 100 100 100 100 100 100 100 100 100	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accoun	ting/Banking		Processing Fe	е		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeho	der living	a expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought			Office held
Date	Payee na	ame					
8-26-2024	Anedot	Inc.					
Amount (\$)	Payee a	dress;		City;	SI	ate;	Zip Code
10.30	1340 Pc	ydras Street, Suite 17	770	New Orleans	L	Α.	70112
	Category	/ (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Accour	ting/Banking		Processing Fe	e		
		Check if travel outside of Texas, Complete	Schedule T.	Check if Austin	n, TX, officeho	lder living) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought			Office held
Date	Payee n	ame					
8-27-2024	Anedot	Inc.					
Amount (\$)	Payee a			City;		ate;	Zip Code
10.30	1340 Po	ydras Street, Suite 17	70	New Orleans	Ļ	A	70112
	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Account	ing/Banking		Processing Fe	e		
		Chack if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeho	lder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought			Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		
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SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
8-27-2024	Anedot Inc.		
Amount (\$)	7 Payee address;	City;	State; Zip Code
1.30	1340 Poydras Street, Suite 17	70 New Orleans	LA 70112
1	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	96
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	Angenderfor Angenderfor Angenderforder Angenderforder Angenderforder Angenderforder Angenderforder Angenderford	
8-28-2024			
Amount (\$)	Payee address;	City;	State; Zip Code
1.30	1340 Poydras Street, Suite 17	70 New Orleans	LA 70112
an a	Category (See Categories listed at the top of this so		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	96
	Check if travel outside of Texas. Complete Sc	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
8-29-2024	Anedot Inc.		
Amount (\$)	Payee address;	City;	State; Zip Code
8.30	1340 Poydras Street, Suite 177	70 New Orleans	LA 70112
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e
	Check if travel outside of Texas, Complete Sc	hedule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	EDED
orms provided by Texas Et	hics Commission www.ethics	etate ty us	Revised 1/1/202

		URES MADE	5			SCHEDULE F1
If the requested int	formation is not	applicable, DO NOT i	nclude t	his page in the re	port.	
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Food By Gift// al Committee Lega	it Expense /Beverage Expense wards/Memorials Expense Il Services e Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Transportation Travel In Dis Travel Out C	
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 (\$)	7 Payee address	3;		City;	Sta	te; Zip Code
40.30	1340 Poydra	as Street, Suite 17	70	New Orleans	L	A 70112
8	(a) Category (See	Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting	/Banking		Processing Fe	e	
	(c) Check	if travel outside of Texas, Complete S	ichedule T.	Check If Austin	n, TX, officehol	der living expense
9 Complete ONLY if direct expenditure to benefit C/O		Officeholder name		Office sought		Office held
Date	Payee name	·				
8-31-2024	Anedot Inc.					
Amount (\$)	Payee address	3;		City;	St	ate; Zip Code
3,30	1340 Poydra	as Street, Suite 17	70	New Orleans	L	A 70112
		Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting	/Banking		Processing Fe	e	
	Check	if travel outside of Texas. Complete S	chedule T.	Check If Austin	, TX, officehol	der living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Officeholder name		Office sought		Office held
Date	Payee name			t tan		
8-31-2024	Anedot Inc.					
Amount (\$)	Payee address			City;		ate; Zip Code
10.30	1340 Poydra	is Street, Suite 17	70	New Orleans	Ļ	A 70112
	Category (See	Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/	Banking		Processing Fe	e	
	Check	if travel outside of Texas, Complete Se	chedule T.	Check if Austin	, TX, officehald	der living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Officeholder name		Office sought		Office held
	ATTACH	ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

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SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling By Giff/Awards/Memorials Expense Printin	tepayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor to complete this form.	Transportation Travel In Dis Travel Out C	
1 Total pages Schedule F1	2 FILER NAME Marshall B. Slot		3 Filer ID	(Ethics Commission Filers)
4 Date 9-1-2024	5 Payee name Anedot Inc.	1		
6 Amount (\$)	7 Payee address;	City;	St	te; Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans		A 70112
8	(a) Category (See Categories listed at the top of this schedule	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officehol	der living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
Date 9-4-2024	Payee name Anedot Inc.			
Amount (\$)	Payee address;	City;	Ste	ate; Zip Code
18,30	1340 Poydras Street, Suite 1770	New Orleans	Ц	A 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fe	e	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeho	der living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name	AND A CONTRACT OF A CONTRACT O		and the second s
9-4-2024	Anedot Inc.			
Amount (\$) 4,30	Payee address; 1340 Poydras Street, Suite 1770	^{City;} New Orleans		ate; Zip Code A 70112
	Category (See Categories listed at the top of this schedule)	Description		and the second
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	, TX, officehold	der living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED	
orms provided by Texas Et	hics Commission www.ethics.state.	x.us		Revised 1/1/2024

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Rep Office Ove Polling Ex Printing E Salarles/V	ayment/Reimbursement enhead/Rental Expense pense xpense Vages/Contract Labor	Transporta Travel In D Travel Out	ton Equi istrict Of Distri	sing Expense prnent & Related Expense ct ory not listed above)
1 Total pages Schedule F1:	2 FILER N Marshal				3 Filer II) (Ethic	s Commission Filers)
4 Date 9-5-2024	5 Payeen Anedot	ame	a constant				
amount (\$)	7 Payee a	ddress;		City;	S	ate;	Zip Code
4.30	1340 Po	oydras Street, Suite 17	770	New Orleans		A	70112
3	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description	the second de		
PURPOSE OF EXPENDITURE	Accour	nting/Banking		Processing Fe	e		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeh	der livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought			Office held
Date	Payeen	ame			- 06 - E - 0		
9-7-2024	Anedot	Inc.					
Amount (\$)	Payee a	ddress;		City;	S	tate;	Zip Code
40.30	1340 Po	oydras Street, Suite 1	770	New Orleans		LA	70112
	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Accour	nting/Banking		Processing Fe	e		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeho	ider livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought			Office held
Date	Payee n		an an Anna an A				
9-7-2024	Anedot	Inc.			_		
Amount (\$)	Payee a		170	City;		tate;	Zip Code
2.30	1340 Po	ydras Street, Suite 17	70	New Orleans	l	A	70112
	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Accoun	ting/Banking		Processing Fe	e		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeho	lder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought			Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		
orms provided by Texas Etl	hics Commiss	sion www.ethi	cs.state.tx.	US			Revised 1/1/2024

SCHEDULE F1

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

Advertiging Everage		EXPENDITURE CATE			Collector		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By Gift/Awards/Memorials Expense Printing Expense		Transporta Travel In I Travel Ou	ation Equip District t Of Distric	ng Expense ment & Related Expense t ny not listed above)		
Credit Card Payment		The Instruction Guide explai	ns how to d	complete this form.			
hand hand a second second second	2 FILER N				3 Filer I	D (Ethics	Commission Filers)
	5 Payee na					-	and a second sector of an
	Anedot	Inc.					
	7 Payee ad	ddress;		City;	5	State;	Zip Code
4.30	1340 Po	ydras Street, Suite 17	770	New Orleans		LA	70112
1	(a) Categor	Y (See Categories listed at the top of this	s schedule)	(b) Description		1	- Allen
PURPOSE OF EXPENDITURE	Accoun	ting/Banking		Processing Fe	е		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officer	older living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought			Office held
Date	Payee na	ame				1	
	Anedot						
Amount (\$)	Payee a	ddress;		City;	5	state;	Zip Code
4.30	1340 Pc	oydras Street, Suite 17	770	New Orleans		LA	70112
	Category	/ (See Categories listed at the top of this	schedule)	Description		1	
PURPOSE OF EXPENDITURE	Accour	iting/Banking		Processing Fe	e		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeh	der living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	1		Office held
Date	Payee n	ame	1.400				
9-12-2024	Anedot	Inc.					
Amount (\$)	Payee ad			City;		state;	Zip Code
40.30	1340 Po	ydras Street, Suite 17	70	New Orleans		A	70112
	Category	/ (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Account	ting/Banking		Processing Fe	е		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	, TX, officeh	der living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought			Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		
orms provided by Texas Ethi	cs Commiss	ion www.ethi	s.state.tx.	us			Revised 1/1/2024

FROM POL	ITICAL	DITURES MADE CONTRIBUTIONS not applicable, DO NOT i		his nade in the re		SCHEDULE	F1
in the requested in	normation				port.		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		EXPENDITURE CATE Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repa Office Ove Polling Exp Printing Ex Salaries/M	nyment/Reimbursement rhead/Rental Expense pense pense /ages/Contract Labor	Transportation Travel In Dis Travel Out C		
Total pages Schedule F	1: 2 FILER N Marshal				3 Filer ID	(Ethics Commission	Filers)
1 Date 9-14-2024	5 Payee na Anedot						
Amount (\$)	7 Payee a	ddress;		City;	Sta	ate; Zip Code	э
4.30	1340 Pc	ydras Street, Suite 17	70	New Orleans	L	A 70112	
3	(a) Catego	Y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accour	ting/Banking		Processing Fe	e		
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officehol	der living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/0		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
9-23-2024							
Amount (\$) 4,30	Payee at 1340 Pc	^{ddress;} ydras Street, Suite 17	70	^{City;} New Orleans		ate; Zip Code A 70112	
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s iting/Banking	schedule)	Description Processing Fe	e		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officehol	der living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
9-23-2024	Anedot	Inc.					
Amount (\$)	Payee at 1340 Po	^{ddress;} ydras Street, Suite 17	70	City; New Orleans		ate; Zip Code A 70112	
	Category	(See Categories listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Account	ting/Banking		Processing Fe	е		
		Check if travel outside of Texas, Complete Se	chedule T.	Check if Austin	, TX, officehol	der living expense	_
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		
		ion www.ethic	s.state.tx.u				1/1/20

POLITICAL	SCHEDULE F1		
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Ex By Gift/Awards/Memorials Expense Printing E	erhead/Rental Expense Transporta rpense Travel In [prense Travel Ou Nages/Contract Labor Other (ent	n/Fundraising Expense ation Equipment & Related Expense District t Of District er a category not listed above)
1 Total pages Schedule F1: 24	2 FILER NAME Marshall B. Slot	3 Filer I	D (Ethics Commission Filers)
4 Date 9-23-2024	5 Payee name Anedot Inc.		
6 Amount (\$)	7 Payee address;	City; S	State; Zip Code
10.30	1340 Poydras Street, Suite 1770	New Orleans	LA 70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	······································
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeh	older living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-23-2024	Anedot Inc.		
Amount (\$)	Payee address;	City; S	ate; Zip Code
2,30	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, officeh	der living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·	
9-24-2024	Anedot Inc.		
Amount (\$) 2,30	Payee address; 1340 Poydras Street, Suite 1770		tate; Zip Code A 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, officeho	ider living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Andreas Annual Annua	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense pense /ages/Contract Labor	Transportat Travel In Di Travel Out	on Equip strict Of Distric	ing Expense ment & Related Expense t tyry not listed above)
1 Total pages Schedule F1	2 FILER Marshal				3 Filer ID	(Ethics	Commission Filers)
4 Date 9-24-2024	5 Payeen Anedot	ame					
6 Amount (\$)	7 Payee a	ddress;		City;	St	ate;	Zip Code
1.30	1340 Pc	oydras Street, Suite 17	770	New Orleans	L	A	70112
8	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accour	nting/Banking		Processing Fe	e		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check If Austin	n, TX, officeho	lder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		date / Officeholder name		Office sought			Office held
Date	Payee n						
9-25-2024	7410401				_		
Amount (\$)	Payee a 1340 Pc	^{ddress;} bydras Street, Suite 17	770	City; New Orleans		ate; .A	Zip Code 70112
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this nting/Banking	schedule)	Description Processing Fe	e		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeho	lder living	ехрепзе
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought			Office held
Date	Payeen	ame				1. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9-25-2024	Anedot	Inc.					
Amount (\$)	Payee a 1340 Po	^{ddress;} ydras Street, Suite 17	70	City: New Orleans		^{ate;} A	Zip Code 70112
	Categor	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Accoun	ting/Banking		Processing Fe	e		
		Check if travel outside of Texas, Complete S	Schedule T.	Check If Austin	, TX, officehol	der living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought			Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		
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SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		EXPENDITORE CATE Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense bense pense /ages/Contract Labor	Travel In Di Travel Out	on Equipr strict Of District	nent & Related Expense
1 Total pages Schedule F1:	2 FILER N Marshal		an de ser a proposition de la construction de la construction de la construction de la construction de la const		3 Filer ID	(Ethics	Commission Filers)
Date 9-26-2024	5 Payeen Anedot	ame					
Amount (\$)	7 Payee a	ddress;		City;	St	ate;	Zip Code
4.30	1340 Pc	oydras Street, Suite 1	770	New Orleans	L	A	70112
}	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accour	ting/Banking		Processing Fe	e		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeho	der living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought			Office held
Date	Payee n Anedot						/
Amount (\$)	Payee a 1340 Pc	^{ddress;} bydras Street, Suite 1	770	_{City;} New Orleans		ate: A	Zip Code 70112
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this hting/Banking	schedule)	Description Processing Fe	e		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officehol	der living	expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought			Office held
Date	Payee n					/	
Amount (\$)	Payee a 1340 PC	ogress; oydras Street, Suite 17	770	City: New Orleans		ate; A	Zip Code 70112
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this ting/Banking	schedule)	Description Processing Fe	e		
/		Check if travel outside of Texas, Complete	Schedule T.	Check if Austin	n, TX, officehol	der living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought			Office held
- 11-30-00-00-00-00-00-00-00-00-00-00-00-00-	A	TACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEE	DED		
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FROM POLI	EXPENDITURES MADE		SCHEDULE F1
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex Gift/Awards/Memonials Expense Printing Ex	ayment/Reimbursement Solicitation/F inhead/Rental Expense Travel In Dis xpense Travel Out C Vages/Contract Labor Other (enter	
1 Total pages Schedule F1: 24	² FILER NAME Marshall B. Slot	3 Filer ID	(Ethics Commission Filers)
4 Date 7-1-2024 6 Amount (\$)	5 Payee name Dibrell & Associates 7 Payee address;	City; Sta	ate; Zip Code
285.45	4203 Glade Shadow Ct.	Karty TX	77491
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (c) Check if travel outside of Texas, Complete Schedule T.	(b) Description Push Carols	der living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 7-7-2024	Payee name Fort Bend County Republi	lican Party	
Amount (\$)	Payee address; P.O. Box 461	City; sta Sugar Land, D	ate; Zip Code K 71487
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation / Food	Description Totble purchas fo	r event ry food
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	der living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 7-7-2024	Payee name Branding Matters		
Amount (\$)	Payee address; 8034 U.S. 90-Alt	city; ste Sugar Land, TX	ate; Zip Code 77478
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense Check if travel outside of Texas, Complete Schedule T.	Description Mini cards (bit	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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	EXPENDITURES MADE		
	TICAL CONTRIBUTIONS		SCHEDULE F1
If the requested info	ormation is not applicable, DO NOT include the	his page in the report.	
	EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officehokder/Politice Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Exp	head/Rental Expense Transportat pense Travel In D pense Travel Out ages/Contract Labor Other (ente	
1 Total pages Schedule F1:	2 FILER NAME		(Ethics Commission Filers)
24	Marshall B. Slot		
4 Date 7 - 22 - 2024	5 Payee name Face book		
6 Amount (\$)	7 Payee address;	City; Si	ate; Zip Code
291.47	1 Hacker Way	Menlo Park	CA 94025
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Social Media R	ost
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	Ider living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7-26-2024	512 New Media		
Amount (\$)	Payee address;	City; S	ate; Zip Code
4477.20	6161 Savoy Drive, Suite 12	100A Houston,	TX 77036
	Category (See Categories listed at the top of this schedule)	Description	and the second sec
PURPOSE OF EXPENDITURE	Consulting Expense	Marketing, V	ided production
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	Ider living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	and draw of the Alexandra Statement of the Alexandra St	
7-7-2024	Houston Latino Family	Magazine	
Amount (\$)	Payee address;	City; S	tate; _c ·Zip Code
1500.00	11511 Korty Freeway, Suite 4	104 Houston	TX 77079
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule) Advertising Expense	Advertising in	n mayazines.
	Check if travel outside of Texas, Complete Schedule T.	Check If Austin, TX, officeho	Ider living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	
Forms provided by Texas Eth	ics Commission www.ethics.state.tx.u	IS	Revised 1/1/2024

	EXPENDITURES MADE TICAL CONTRIBUTIONS		SCHEDULE F1
If the requested inf	ormation is not applicable, DO NOT include	this page in the report.	
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense y Gift/Awards/Memorials Expense Printing E	erhead/Rental Expense Transportati pense Travel In Dir xpense Travel Out C Vages/Contract Labor Other (enter	
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot	3 Filer ID	(Ethics Commission Filers)
4 Date 7-31-2024	5 Payee name Frost Bank		
6 Amount (\$)	7 Payee address;	City; Sta	ite; Zip Code
5,00	620 HW6	Sugar Land -	TX 77478
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Accounting / Banking	Service Fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officehol	der living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	and the second	and all and an and a second
8-5-2024	Dibrell & Associates		
Amount (\$)	Payee address;	City; St	ate; Zip Code
1580.45	4203 Glade Shadow Ct.	Koty T.	x 77491
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense	Yard Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehol	der living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-6-2024	Fort Bend Herald Coaste	r	
Amount (\$)	Payee address;	City; St	ate; Zip Code
895.00	1902 4th St., Rosenberg	TX	17471
	Category (See Cetegories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Ad in paper	·
	Check if travel outside of Texas, Complete Schedule T.	Check If Austin, TX, officehold	ler living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	
Forms provided by Texas Eth	ics Commission www.ethics.state.tx.u	JS	Revised 1/1/2024

FROM POLIT	EXPENDITURES MADE		SCHEDULE F1
If the requested info	ormation is not applicable, DO NOT include the	his page in the report.	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex	yment/Reimbursement Solicitation/ rhead/Rental Expense Travel In D pense Travel Qut /ages/Contract Labor Other (enter	
1 Total pages Schedule F1: 24 4 Date 8-9-2024	2 FILER NAME Marshall B Slot 5 Payee name Facebook	3 Filer I	(Ethics Commission Filers)
6 Amount (\$) 500.00	7 Payee address; 1 Hacker Way		tate; Zip Code CA 9 4025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Social Media	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	ider living expense Office held
Date 8-12-2024	Payee name ACE Plantation Hardward	e	
Amount (\$) 34,60	Payee address; 11818 Mason Road	city: s Richmonol	tate; Zip Code TX 77406
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas, Complete Schedule T.	Description Hardware for	
Complete <u>QNLY</u> 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; 503 FIM 359, Suite 130		tate; Zip Code TX 77406
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Post Box Re	ntal Fee
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check If Austin, TX, office ho Office sought	lder living expense Office held
and a second sec	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	na na sensa se
Forms provided by Texas Eth	ics Commission www.ethics.state.tx.u	10	Revised 1/1/2024

	EXPENDITURES MADE		SCHEDULE F1
If the requested info	ormation is not applicable, DO NOT include t	his page in the report.	
	EXPENDITURE CATEGORIES F	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Ex	rhead/Rental Expense Transportal cense Travel In D opense Travel Out /ages/Contract Labor Other (ente	
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot	3 Filer II	D (Ethics Commission Filers)
4 Date 8-15-2024	5 Payee name JGI Outdoor Advertisi	Ид	
6 Amount (\$)	7 Payee address;	City; S	tate; Zip Code
6729,00	525 Park Grove, Katy,	Tex	cas 77450
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	billboard le	ases
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	der living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-22-2024	Facebook		
Amount (\$)	Payee address;	City; S	tate; Zip Code
200.00	1 Hacker Way	Menlo Park C	A 94025
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Social Media	Post
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	lder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-22-2024	Dibrell & Associates Payee address;		
Amount (\$)	Payee address;		tate; Zip Code
4400,00	4203 Glade Shadow C	t. Katy T.	x 77491
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Push Cards	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	lder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
na an a	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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	EXPENDITURES MADE		SCHEDULE F1
If the requested info	ormation is not applicable, DO NOT include the	his page in the report.	
	EXPENDITURE CATEGORIES F	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Ex	rhead/Rental Expense Transportat pense Travel In Di pense Travel Out (/ages/Contract Labor Other (enter	
1 Total pages Schedule F1:	² FILER NAME Marshall B. Slot	3 Filer ID	(Ethics Commission Filers)
4 Date 8-28-2024			
6 Amount (\$)	7 Payee address;		ate; Zip Code
1/21,04	4203 Glade Shadow Ca	t. Katy T	x 77491
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Large Signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	lder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-30-2024	Frost Bank		
Amount (\$)	Payee address;	City; St	ate; Zip Code
5.00	620 HW6	Sugar Land -	TX 77478
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Accounting / Banking	Service Fee	
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin, TX, officeho	der living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-4-2024	Dibrell & Associates Payee address; 4203 Glade Shadow Ct.		
Amount (\$)	Payee address;	City; St	ate; Zip Code
1618.06	4203 Glade Shadow Ct.	Korty TX	(77491
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense	yard signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehol	der living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 6(a	XPENDITURE CATEGORIES	FOR BOX 8(a	a)
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Advertising Expense	Event Expense
Accounting/Banking	Fees
Consulting Expense	Food/Beverage
Contributions/Donations Made By	Gift/Awards/Me
Candidate/Officeholder/Political Committee	Legal Services
Credit Card Payment	The Inchase

age Expense Memorials Expense es

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

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

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	The instruction Guide explains now to	complete this form.	
1 Total pages Schedule F1:	² FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 9-9-2024	5 Payee name ACE Plantation Hardw	are	
6 Amount (\$)	7 Payee address;	City; State	e; Zip Code
369,41	11818 Muson Road	Richmond 7	X 77406
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Hardware for	signs
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholde	r living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-10-2024	Lowe's Home Improveme	ent	
Amount (\$)	Payee address;	City; State	e; Zip Code
451.31	9505 Springagreen	Blud, Karty -	TX 77494
in the second	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expinse	Hardware fo	or signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholde	r living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
9-10-2024	NBD Graphics		
Amount (\$)	Payee address;	City; Stat	e; Zip Code
593.82	917 S. Mason Rd.	Katy Tx	77450
	Category (See Categories listed at the top of this schedule)	Description	and the second former and the second se
PURPOSE OF EXPENDITURE	Advertising Expense	large signs	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholde	r living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F1

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	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printing	Dverhead/Rental Expense Transportati Expense Travel In Dir g Expense Travel Out C s/Wages/Contract Labor Other (enter	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID	(Ethics Commission Filers)
24	Marshall B. Slot		
4 Date 9-11-2024	5 Payee name Ace Hardware Cinco Raw	<i>weh</i>	
6 Amount (\$)	7 Payee address;	City; Sta	ate; Zip Code
77.43	1720 S. Mason Rd.,	Katy TX	77450
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	0
PURPOSE OF EXPENDITURE	Printing / Advertising B	sprnsc Hard	ware for signs
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officehol	der living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	and a second	
9-11-2024	Fort Bend Herald Co	aster	
Amount (\$)	Payee address;	City; Sta	ate; Zip Code
950.00	1902 4th St., Rosenber	rs TX	77471
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Ad in pape	r
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	der living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-11-2024	Fulshear Ace Hardwa	ire	
Amount (\$)	Payee address;	City; Sta	ate; Zip Code
22.00	8411 FM 359, Fulshe	ear TX	77441
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Hardware fo	r signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	fer living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEEDED	

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enterna category not listed above)

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1 Total pages Schedule F1:	² FILER NAME Marshall B. Slot	3 Filer ID	(Ethics Commission Filers)
4 Date 9-13-2024	5 Payee name Literacy Councel of Fo	nt Bend County	7-0-1
6 Amount (\$)	7 Payee address;	City; St	ate; Zip Code
150.00	12530 Emily Court	Sugar Land -	TX 77478
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Donation	Spelling Bee	sponsorship
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	der living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-20-2024	Fort Bend Herald Coa	ster	
Amount (\$)	Payee address;	City; St	ate; Zip Code
404.00	1902 4th St.	Rosenberg 7	X 77471
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Ad in paper	r
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	der living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	And a second sec	
9-23-2024	Hamor Printing and Gr	uphics	
Amount (\$)	Payee address;		ate; Zip Code
974.25	10311 W. Airport Blud. #	105, Stafford,	TX 77477
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense	Folding fang	oush cards
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeho	der living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
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