CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The CION Instruction (1 Filer ID (Ethics Commission Filers)	2 Tatal sames	
The C/OH Instruction G	Suide explains how	to complete this form		2 Total pages i	niled:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR M.C. M.	Arshall LAST	B,suffix	OFFICE Date Received	EUSEONLY OCT 28 2024 R
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX:		city; STATE; ZIP CODE Richmond TX 77406		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 846 - 7568	EXTENSION	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST Ozgur	MI	Receipt #	Amount \$
	Ozzie	Baya	zitoglu	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		no po box please); Ap	senberg, TX 774	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (281) 54	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before	C Considerable of the control of the	treasurer a	after campaign appointment ler Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month O9	170ay Year 27, 202	Month THROUGH	Day Yes / 26 / 20	
11 ELECTION	Month Day	Year Prin	Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Fort Bend C		eriff
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDIT	IONS ACCEPTED OR POLITICAL EXPENDITURES N TURES MAY HAVE BEEN MADE WITHOUT THE CAN EQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAME		
			TO PAGE 2		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Marshall B. Slot	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 215.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19565,70				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,662,49				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$10,593.25				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 30,000.00				
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information				
	M					
	Signature of Ca	ndidate or Officeholder				
	Please complete either option below	r:				
	(1) Affidavit					
(1) Affidavit						
NOTARY STAMP/SEA	L o	= 0				
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 administe	ring oath Printed name of officer administering oath	Title of officer administering oath				
(0)	OR	1694				
(2) Unsworn Declarati						
My name is MARS		02/08/1971				
My address is	OLD DIXIE DR. RICHMOND	R, 77406 USA				
Executed in FORT 'BE	(street) (city) (street) County, State of TEXAS, on the 28th day of OCTOF	tate) (zip code) (country) 3 ER 20 24 (year)				
	Signature of Candid	ate/Officeholder (Declarant)				
	-ig. Listo of outline	(a colui alit)				



SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) Marshall B. Slot 21 SCHEDULE SUBTOTALS SUBTOTAL NAME OF SCHEDULE **AMOUNT** 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. \$ SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS \$ 18662.49 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 8. \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. \$ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

Revised 1/1/2024

\$

TO FILER

12.

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	rshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
0 10 10	Cindy Reese Adkins 6 Contributor address; City; State; Zip Code	(0,00
9-18-24	6 Contributor address; City; State; Zip Code	60.00
	2118 S. Shadow Grove Ln. Richmond,	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9.211-14	Judith Schmid Contributor address; City; State; Zip Code	200,00
1.70 21		20070
	502 E. Shadow Grove Law, Richmond,	
Principal occup retind	eation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9-28-24	Bachphuong Williams Contributor address; City; State; Zip Code	100,00
	8505 Graceful Oak Crossing, Katy TX	
	pation / Job title (See Instructions) Employer (See Instru	ctions)
retire	d refixed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10-8-24	Republican Party of Texas Contributor address; City; State; Zip Code	1000.00
	P.O. Box 2206 Austin TX 78768	P
Principal occup	eation / Job title (See Instructions) Employer (See Instru	
	`	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	

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:
Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
Margie Krenek 6 Contributor address; City; State; Zip Code 1823 Cone Flower Richmond TX 77469 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	40.00 tions)
Date Full name of contributor out-of-state PAC (ID#:) Committee For a Safer America PAC 10-16-24 Contributor address; City; State; Zip Code	Amount of contribution (\$)
Committee For a Safer America PAC 10-16-24 Contributor address; City; State; Zip Code 23501 Cinco Ranch Blud., Suite H12-920 Katy, TX 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions)	•
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
10-20-24 Contributor address; City; State; Zip Code 1910 Fawn Way Court, Richmond, 77406	1000.60
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9-27-24 James Dalton Contributor address; City; State; Zip Code 1815 Jourdan Way Sugar Law, TX 77479	2500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	rshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Nicholas Landoski		
9-28-24	Nicholas Landoski 6 Contributor address; City;	State; Zip Code	400.00
	2119 Masters Lane, Missour	; City, 77459	700
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
retired		retired	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
0.00.00	Margaret Daniel		
9-29-29	Margaret Daniel Contributor address; City;	State; Zip Code	100.00
	25507 Winston Hollow Lane,	Katy, 77494	
	eation / Job title (See Instructions)	Employer (See Instruct	ions)
retired retired			
Date		(ID#:)	Amount of contribution (\$)
	Keller Oaden		
9-30-24	Kelly Ogden Contributor address; City;	State; Zip Code	25.00
, 50 % .	32914 Wall Flower Drive, We	ston Lakes, 7744	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	
re-	rived	retired	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10-1-24	William Infanger Contributor address; City;	7-0-1	
10-1-27		State; Zip Code	50.00
	5303 Whit more St., Weston L	Mres, 77441	
	pation / Job title (See Instructions)	Employer (See Instruct	ions)
ret	rived	retired	

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SCHEDULE A1

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

The	Instruction Guide explains how to comple	te this form.	1 Total pages Schedule A1:
2 FILER NAME	will B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-s	tate PAC (ID#:)	7 Amount of contribution (\$)
10-1-24	Pete Silewicz 6 Contributor address; City;	State; Zip Code	500.00
	2510 Caney Creek Ct.,	Richmond, 77406	300,00
	pation / Job title (See Instructions)	9 Employer (See Instructive of	tions)
Date		tate PAC (ID#:)	Amount of contribution (\$)
10-2-24	Jeff Alford Contributor address; City; 1665 Southwest Freny, Sepation / Job title (See Instructions)	State; Zip Code	500,00
	1000 1 2014HMCS1 112509) 35	and too, say	74 79
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)/
physic	97		
Date	Full name of contributor	tate PAC (ID#:)	Amount of contribution (\$)
10-2-24	Xuemei Yang Contributor address; City; 5511 Tyler Park Lane, K		100.00
Disciss Leading	/	Employer (See Instruc	tione
,	pation / Job title (See Instructions)		
nome	maker	homemake	
Date		tate PAC (ID#:)	Amount of contribution (\$)
10-2-24	Donald Fiorino Contributor address; City; 2127 North Fountain Valle	State; Zip Code Missouri Gty	100100
		10//1)	9
reto.	pation / Job title (See Instructions)	Employer (See Instruc	itions)
En	ineer	Sempra	

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Irshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10-2-24	Alan Cruce 6 Contributor address; City; 346 Ranch House, Richmon	State; Zip Code d TX 77469	25.00
8 Principal occurret		9 Employer (See Instruction of Fired)	ions)
Date	David Hochek	(ID#:)	Amount of contribution (\$)
10-4-24	Contributor address; City; 1006 Cleistes Lane, Richm	State; Zip Code TX: 71469	100.00
	pation / Job title (See Instructions)	Employer (See Instructi	ions)
retiv	roll	retired	
Date	1	(ID#:)	Amount of contribution (\$)
10-4-24	Victor Perez Contributor address; City; 4715 Bryce Landing Lane, Ka	State; Zip Code	300.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
re	tired	retired	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
10-5-24	Contributor address; City; 1610 Brookstone Lane, Sugar	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
aller	nly	W6-118A	

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SCHEDULE A1

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

The	Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1:
2 FILER NAME	will B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-sta	ate PAC (ID#:)	7 Amount of contribution (\$)
10-6-24	George King 6 Contributor address; City; 2103 Old Dixie Drive,	State: Zip Code Richmond, 7740	50,00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Pro	sident	KSWC	
116		703.00	
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)
	Mack Xu		*
10-7-24	Contributor address; City;	State; Zip Code	100,00
		TV	100.
	23306 Two Harbors Glen	1, Katy, 77494	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
En	zineer	Brunel	Energy
			3/
Date		ate PAC (ID#:)	Amount of contribution (\$)
10-7-24	Mary Ann Marzec Contributor address; City;	State; Zip Code	100.00
	22907 Fairleuf Cir. Ko	14y TX 77494	700-
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
		call	
ςρι	eech pathologist	Sec	
Date		ate PAC (ID#:)	Amount of contribution (\$)
10-7-24	Phillip Croker Contributor address; City;	State; Zip Code	25.00
	2003 Westside Ct. Suga	r Land, TX 77478	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
m.	red	retired	
167			
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS N	IEEDED

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

Revised 11/15/2022 New

SCHEDULE A1

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

			1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this	torm.	10
2 FILER NAME	shall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Todd Norman 6 Contributor address; City;		
10-8-24	6 Contributor address; City;	State; Zip Code	100.00
	10214 Dannhaus Rd., Needu	ille, TX 77461	100100
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Princy	oal Member	Norman Arm	10xy LLC
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
	Anthony Do		
10-10-24	Contributor address; City;	State; Zip Code	20,00
	1322 Magnolia Dale Drive, 1	TX TX	20100
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
_ 1	neer	Engie	
Date	Full name of contributor		Amount of contribution (\$)
	_		Amount of contribution (\$)
10-10-24	John Lane Contributor address; City;	State; Zip Code	ara pa
	POB 62, Sugar Land,		250,00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	tions)
- 4	ANCE	The Loan	- 1
Date		C (ID#:)	Amount of contribution (\$)
10-10-24	Jacob McLaney Contributor address; City;	State; Zip Code	50.00
94	5038 Pine Haven Lane, Fresh	10, TX 71545	30100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
B	ngineer		
10			
			•

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total page	s Schedule A1:
2 FILER NAME	rshall 13, Slot		3 Filer ID (I	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA		7 Amount o	of contribution (\$)
	Richard Kuslan 6 Contributor address; City;			
10-11-24	6 Contributor address; City;	State; Zip Code	1	00.00
10 11 01	19826 Hawkins Ridge Lane, 1	Zichmond, TX		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
ret	red	refired		
Date	Full name of contributor	C (ID#:	A	6
Date			Amount	of contribution (\$)
	Cheryl Buford			
10-11-24	Contributor address; City;	State; Zip Code	10	0.00
	811 Merrick Drive, Sugar	Land, 77478	,,,	
	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
	onsultant	self		
Date	Full name of contributor and Daniel PA	C ([D#:)	Amount	of contribution (\$)
	O I Wand Dand M		7 11.10 11.11	(4)
10-13-24	Randy Mersiavsky Contributor address; City;	State; Zip Code	4	1000.00
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7915 Riverine Terrace Dr., A	Zichmond, 71406		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Ġ	wher	Outdoor	Thrown	hous Texas
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount	of contribution (\$)
	Melisson Blanscet			
10-15-24	Contributor address; City;	State; Zip Code	1	00.00
AV 13 V.			10	70100
	4604 Westerdule Drive, West	on Lanes, 77441		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
retire	.1	retired		
1 17 1				
1				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED	

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SCHEDULE A1

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

The I	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	shall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
10-18-24	Darwin Enax 6 Contributor address; City; State; Zip Code P.O. Box 451, Richmond, TX 77406	35.00
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
re.	tired retired	
Date	Full name of contributor out-of-state PAC (ID#:) Jacqfar Mohammed	Amount of contribution (\$)
10-18-24	Contributor address; City; State; Zip Code 16420 West Bellfort Avenue 6 Sugar Land, ation / Job title (See Instructions) Employer (See Instructions)	6000.00
Principal occup	ation / Job title (See Instructions) / Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Mary Charles Carroll	Amount of contribution (\$)
10-18-24	Contributor address; City; State; Zip Code 21003 James Long Ct., Richmond, 77406	100.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	etions)
ret	ired retired	
Date	Full name of contributor out-of-state PAC (ID#:) Thomas Bartram	Amount of contribution (\$)
10-19-24	Contributor address; City; State; Zip Code 7527 Old Bridge Ct., Sugar Land, 77479	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	(Memployed	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
FILER NAME	rshall 13, Slot		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
1-3-24	Deborah Oliver 6 Contributor address; City; 16238 Salida Del Sol Drive,	State: Zip Code Houston, TX 77083	100,00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		> (ID#:)	Amount of contribution (\$)
0-25-24	Ozgur Boyazitoglu contributor address; city; 8120 Blase Road, Rosenbe	State; Zip Code	350,00
	ation / Job title (See Instructions)	Employer (See Instruction Corebridge	American M
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

The Instruction Guide explains how to complete this form.

Total pages Schedule F1	2 FILER NAME	3	Filer ID (Ethi	cs Commission Filers
17	Marshall B. Slot		(
Date	5 Payee name		***************************************	
9-27-24	Anedot Inc.			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
100.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
3	(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, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name			
9-28-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4,30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		1036 4111
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
9-28-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
16.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder livi	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Cald Fayment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot	3	Filer ID (Ethi	cs Commission Filers)
4 Date 9-29-2024	5 Payee name Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4.30	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	K, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
9-30-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX	K, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10-01-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee		
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin, TX	(, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDE	D	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethio	cs Commission Filers)
4 Date	5 Payee name			
10-1-2024	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
20.30	1340 Poydras Street, Suite 1770	New Orleans	s LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Accounting/Banking	Processing Fee)	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	ng expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10-2-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
20.30	1340 Poydras Street, Suite 1770	New Orleans	s LA	70112
	Category (See Categories listed at the top of this schedule)	Description		· ·
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee	Э	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
10-2-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	s LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Cledit Cald Payment	The Instruction Guide expl	ains how to d	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3	Filer ID (Ethi	cs Commission Filers	;)
4 Date 10-2-2024	5 Payee name Anedot Inc.					
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code	
4.30	1340 Poydras Street, Suite	1770	New Orleans	LA	70112	
8	(a) Category (See Categories listed at the top of t	his schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking		Processing Fee			
	(C) Check if travel outside of Texas. Complete	te Schedule T.	Check if Austin, T	X, officeholder livir	ng expense	
9 Complete ONLY if direct expenditure to benefit C/ON	Candidate / Officeholder name		Office sought		Office held	
Date	Payee name				TO COMMAND OF COMMAND AND AND AND AND AND AND AND AND AND	
10-2-2024	Anedot Inc.					
Amount (\$)	Payee address;		City;	State;	Zip Code	
1.30	1340 Poydras Street, Suite	1770	New Orleans	LA	70112	
	Category (See Categories listed at the top of the	is schedule)	Description			***********
PURPOSE	Accounting/Banking		Processing Fee			
OF EXPENDITURE						
- 1	Check if travel outside of Texas, Complete	te 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	Payee name					
10-4-2024	Anedot Inc.					
Amount (\$)	Payee address;		City;	State;	Zip Code	
4.30	1340 Poydras Street, Suite 1	770	New Orleans	LA	70112	
	Category (See Categories listed at the top of the	is schedule)	Description			
PURPOSE OF EXPENDITURE	Accounting/Banking		Processing Fee			
	Check if travel outside of Texas, Complete	e Schedule T.	Check if Austin, T	X, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name		Office sought		Office held	
	ATTACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEED!	ED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

The Instruction Guide explains how to complete this form.

	ine instruction Guide explains now to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee name			
10-4-2024	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
12.30	1340 Poydras Street, Suite 1770	New Orleans	s LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Accounting/Banking	Processing Fee	Э	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name -I	Office sought		Office held
Date	Payee name			
10-5-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.30	1340 Poydras Street, Suite 1770	New Orleans	s LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Processing Fe	е	
OF EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder livin	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	, IA, uniconologi nan	——————————————————————————————————————
expenditure to benefit C/Oh		Onice sought		Office held
Date	Payee name			
10-6-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.30	1340 Poydras Street, Suite 1770	New Orleans	s LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee)	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot	3	Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee name Anedot Inc.			
10-7-2024 6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4.30	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	, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10-7-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10-7-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
1.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description	7,44-7,44-7	
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Marie Control of the	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDE	D	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethio	cs Commission Filers)
4 Date	5 Payee name			
10-8-2024	Anedot Inc.			4-5
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orlean	s LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Accounting/Banking	Processing Fe	е	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livid	ng expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
10-10-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
1.10	1340 Poydras Street, Suite 1770	New Orlean	s LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Processing Fe	e	
OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10-10-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
10.30	1340 Poydras Street, Suite 1770	New Orlean	s LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Processing Fee	Э	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livi	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	H			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Eth	ics Commission Filers)
4 Date 10-10-2024	5 Payee name Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2.30	1340 Poydras Street, Suite 1770	New Orleans	s 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, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10-11-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	s LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee	9	
EXPERDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livi	ing expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	A Trave	Office held
Date	Payee name			
10-11-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder livi	ing expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEED	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Marshall B. Slot 4 Date 5 Payee name 10-13-2024 Anedot Inc.
6 Amount (\$) 7 Pavee address 7 Payee address; City: State: Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112 80,30 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Processing Fee Accounting/Banking PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 10-15-2024 Anedot Inc. Amount (\$) Payee address; City; State: Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 4,30 Category (See Categories listed at the top of this schedule) Description Accounting/Banking Processing Fee **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10-18-2024 Anedot Inc. Amount (\$) Payee address; Zip Code State; 1340 Poydras Street, Suite 1770 **New Orleans** 70112 LA 1.70 Category (See Categories listed at the top of this schedule) Description Accounting/Banking **PURPOSE** Processing Fee **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot			3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee name				
10-18-2024	Anedot Inc.				
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
240.30	1340 Poydras Street, Suit	e 1770	New Orlean	s LA	70112
8	(a) Category (See Categories listed at the to	p of this schedule)	(b) Description		
PURPOSE	Accounting/Banking		Processing Fed	е	
OF EXPENDITURE	7 to coan tan 19 2 a man 19				
· · · · · · · · · · · · · · · · · · ·	(c) Check if travel outside of Texas. Co	mplete Schedule T.	Check if Austin	ı, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H		Office sought	***********************	Office held
Date	Payee name				
10-18-2024	Anedot Inc.				
Amount (\$)	Payee address;		City;	State;	Zip Code
4.30	1340 Poydras Street, Suit	e 1770	New Orlean	s LA	70112
	Category (See Categories listed at the top	of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking		Processing Fe	е	
	Check if travel outside of Texas. Co	mplete Schedule T.	Check if Austin	, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
10-19-2024	Anedot Inc.				
Amount (\$)	Payee address,		City;	State;	Zip Code
1.30	1340 Poydras Street, Suite	e 1770	New Orleans	s LA	70112
	Category (See Categories listed at the top	of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking		Processing Fee		
	Check if travel outside of Texas, Co.	mplete Schedule T.	Check if Austin	, TX, officeholder living	ng expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H		Office sought		Office held
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethi	cs Commission Filers)	
4 Date	5 Payee name				
10-25-2024	Anedot Inc.				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
14.30	1340 Poydras Street, Suite 1770	New Orlean	ns LA	70112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e	20	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name	/			
	Anedot Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
	1340 Poydras Street, Suite 1770	New Orlean	is LA	70112	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Accounting/Banking	Processing Fe	ee		
OF EXPENDITURE		1			
9	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder livid	ng expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
	Anedot Inc.			-	
Amount (\$)	Payee address;	City;	State;	Zip Code	
	1340 Poydras Street, Suite 1770	New Orlean	s LA	70112	
	Category (See Categories listed at the top of this schedule)	Description		78	
PURPOSE	Accounting/Banking	Processing Fee	е		
EXPENDITURE					
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	Parshall B. S	dot		3 Filer ID (Ethic	s Commission Filers)
4 Date 9-30-2024	5 Payee name Clear Channel C	outdoor			
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
4096.43	12852 Westheimer	Pd.	Houston	TX	77077
8	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expe	ns c	Billboar	ds	
	(c) Check if travel outside of Texas, Comp		Check if Austir	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
9-30-2024	Randall's				
Amount (\$)	Payee address;		City;	State;	Zip Code
48.68	1840 FM 359		Richmond	TX	77406
	Category (See Categories listed at the top of	this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation / Food Exp	RUSE	candy to	give as gi	fts to putic
	Check if travel outside of Texas. Comp	lete 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	Payee name				
9-30-2024	Frost Bank				
Amount (\$)	Payee address;		City;	State;	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 / Bon	nking	Service	Fee	
	Check if travel outside of Texas, Compl	lete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Complete ONLY if direct				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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

A Date	EXPENDITURE CATEGORIES FOR BOX 8(a)				
1 Total pages Schedule F11 2 FILER NAME Marshul B. Slot 3 Filer ID (Ethics Commission Flores) 4 Date 7 Payee name 10 - 2 - 2024 Payee aname (c) Check It auto, Complete Subschild T. Check It Auto, TX 77491 8 PURPOSE PINTURE (c) Check It Town Consider Flores Subschild T. Check It Auto, TX 77491 9 Complete Qhi T if direct expenditure to benefit CIOH Category (See Categories Islate at the top of this schedule) PURPOSE PURPOSE PURPOSE PURPOSE Categories Islate at the top of this schedule T. Check It Auto, TX dischalder Pring expense PURPOSE Confidence Chick It for A Donation Double of Toxas Complete Subschild T. Check It Auto, TX dischalder Pring expense PURPOSE Confidence Chick It for A Donation Double of Toxas Complete Subschild T. Check It Auto, TX, dischalder Pring expense PURPOSE Confidence Chick It for A Donation Double of Toxas Complete Subschild T. Check It Auto, TX, dischalder Pring expense Complete Qhi I if direct expenditure to benefit CIOH Candidate / Office holder name Complete Qhi I if direct expenditure to benefit CIOH Candidate / Office holder name Complete Qhi I if direct expenditure to benefit CIOH Candidate / Office Policy (See Categories Islaed at the top of this schedule) Debution Double of Toxas Complete Subschild T. Check It Auto, TX, dischalder Pring expense Complete Qhi I is a Payee name 10 - 7 - 2024 Sold It is a Complete Subschild T. Check It Auto, TX, dischalder Pring expense Purpose Expenditure Purpose Categories Islaed at the top of this schedule) Debution Debution TX 77478 Category (See Categories Islaed at the top of this schedule) Debution Office held Complete Qhi I if direct condition of Toxas Complete Schedule T. Check It Auto, TX, dischalder Pring expense Complete Qhi I if direct expenditure to benefit COH Complete Qhi I if direct condition of Toxas Complete Schedule T. Check It Auto, TX, dischalder Pring expense	Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Office Food/Beverage Expense Pollir Gift/Awards/Memorials Expense Committee Legal Services Salar	e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	Transportation Equipm Travel In District Travel Out Of District	nent & Related Expense
A Date 5 Payee name 5 Payee address; City; State; Zip Code	Credit Card Payment	The Instruction Guide explains how	to complete this form.		
Complete ONLY if direct expenditure to benefit Croth Payee address; City: State; Zip Code	17	Marshall B. Slot		3 Filer ID (Ethics	Commission Fivers)
6 Amount (s) 16 20 80 16 20 80 17 Payee address; 16 20 80 18 PURPOSE EXPENDITURE (a) Category (See Categories listed at the top of this schedule) 18 PURPOSE EXPENDITURE (b) Candidate / Office holder name Candidate / Office holder name Category (See Categories listed at the top of this schedule) Date Payee name 10 - 2 - 2034 Amount (s) Purpose EXPENDITURE Candidate / Office Categories listed at the top of this schedule) Candidate / Office Categories listed at the top of this schedule) Candidate / Office holder name Category (See Categories listed at the top of this schedule) Payee address; Category (See Categories listed at the top of this schedule) Purpose EXPENDITURE Complete ONLY if direct expenditure to benefit CiOH Payee address; Candidate / Office holder name Office sought Office hold Payee name Date Payee address; Candidate / Officeholder name Office sought Office hold Category (See Categories listed at the top of this schedule) Camplete ONLY if direct expenditure to benefit CiOH Payee address; Candidate / Officeholder name Office sought Office hold Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Description Purpose Office hold Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Complete ONLY if direct of the categories listed at the top of this schedule) Complete ONLY if direct of the cate	4 Date	- 4: 11 O A	. in Lan		
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(c)	OF	Printing Expence	yard sig	gus	
9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10 - 2 - 3034			T. Check if Austir	n, TX, officeholder living	expense
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Amount (\$) Payee address; City: State: Zip Code 200.00 P.O. Box 13151 Houston TX 77233 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Contribution / Donation Donation Donation Donation Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name 10-7-2024 Rosy U.S. 90-Alt. Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Purpose OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	Date	Payee name			
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PURPOSE OF EXPENDITURE Contribution / Donation Complete ONLY if direct expenditure to benefit C/OH Contribution / Donation / Donation by the association of Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Complete O	200.00	P.O. Box 231521	Houston	TX	77223
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Complete ONLY if direct expenditure to benefit C/OH Date Payee name Branding Matters Amount (\$) Payee address; City: State: Zip Code 102.841 Purpose OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held	OF	Contribution / Donation	n Donatio	on to the	a ssociation
Date Payee name 10-7-2024 Branding Matters Amount (\$) Payee address; City; State; Zip Code 102.84 8034 U.S. 90-Alt. Sugar Land TX 77478 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held		Check if travel outside of Texas, Complete Schedule	T. Check if Austi	n, TX, officeholder living	expense
Date Payee name 10-7-2024 Branding Matters Amount (\$) Payee address; City; State; Zip Code 102.84 8034 U.S. 90-A1+. Sugar Land TX 77478 PURPOSE OF EXPENDITURE PURPOSE OF Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) PURPOSE OF Category (See Categories listed at the top of this schedule) 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	Complete ONLY if direct	Candidate / Officeholder name	Office sought	******	Office held
Amount (\$) Payee address; City; State; Zip Code 102.84 8034 U.S. 90 - Alt. Sugar Land TX 77478 Purpose of expenditure Category (See Categories listed at the top of this schedule) Printing Expense business 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	expenditure to benefit C/OF				
Amount (\$) Payee address; City; State; Zip Code 102.84 8034 U.S. 90 - Alt. Sugar Land TX 77478 Purpose of expenditure Category (See Categories listed at the top of this schedule) Printing Expense business 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	Date	Pavee name			
Amount (\$) Payee address; City; State; Zip Code 102.84 8034 U.S. 90-A1+, Sugar Land TX 77478 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)	Jaio				
Amount (\$) Payee address; City; State; Zip Code 102.84 8034 U.S. 90-A1+, Sugar Land TX 77478 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)	10-7-2024	Brandina Matters			
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing Expense 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	Amount (\$)		City;	State;	Zip Code
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	102.84	8034 U.S. 90-Alt.	SugarLand	d TX	77478
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Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		Printing Expense	busine	ss cards	
expenditure to benefit C/OH		Check if travel outside of Texas, Complete Schedule	T. Check if Austi	n, TX, officeholder living	expense
ATTACH ADDITIONAL CODIES OF THE COLUMN F AS MEEDE.			Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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SCHEDULE F1

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

	EXPENDITURE CA	I EGORIES F	-OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	l Committee Legal Services	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundralsii Transportation Equipr Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
	The Instruction Guide exp	plains now to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slo	t		3 Filer ID (Ethics	Commission Filers)
4 Date 10-7-2024	5 Payee name Dibrell & Associ	intes			
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
1620,80	4203 Glade Shadow	Ct.	Karty	TX	77491
8	(a) Category (See Categories listed at the top of	f this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense		yard sig	NS	
	(c) Check if travel outside of Texas. Comp	lete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
16-9-2024	Frost Bank				
Amount (\$)	Payee address;		City;	State;	Zip Code
5.00	620 HW6		SugarL	and TX	77478
	Category (See Categories listed at the top of	this schedule)	Description		
PURPOSE	,				
OF	Acomorphism / D. V		Sarie	& Fee	
EXPENDITURE	Accounting / Bank	ring	Jervil	s ree	
	Check if travel outside of Texas. Compl	lete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought	(Office held
Date	Payee name				
10-15-2024	Dibrell & Assor	intes			
Amount (\$)	Payee address;		City;	State;	Zip Code
1972,20	4203 Glade Shade	(1	Kad	TX	77491
		70 01,	Paradiation	. / -	// / / /
	Category (See Categories listed at the top of	this schedule)	Description		
PURPOSE			,	•	
OF EXPENDITURE	Printing Expense	3	Yand	SIGNS	
				V	
	Check if travel outside of Texas. Compl	ete Schedule T.	L	n, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COP	IES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Marshall B. Slot 5 Payee name 4 Date 10-22 Facebook 6 Amount (\$ 7 Payee address; City; Zip Code 100,00 1 Hacker Way Menlo Park CA 94025 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Social Media Post Advertising **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 10-22-2024 Facebook Amount (\$) Payee address; City; State; Zip Code Menio Park 1 Hacker Way CA 94025 194.74 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Social Media Post EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 10-23-2024Facebook Amount (\$) Payee address; City; State: Zip Code Menlo Park 1 Hacker Wav CA 94025 500.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Social Media Post **EXPENDITURE**

Office held

Check if Austin, TX, officeholder living expense

Office sought

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) nt Expense Loan Repayment/Reimburseme

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

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

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

Credit Card Payment	The Instruction Guide e		lete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME Marshall B. SI	ot		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name				***************************************
10-21-2034	Disha US/A				
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
75.00	5680 HW6 Suit	·e 186	Missouri C	City TX	77459
8	(a) Category (See Categories listed at the top	of this schedule) (b) Description		
PURPOSE	0		Į.	1	
OF EXPENDITURE	Contribution / Dona	ition	event -	ticket	
	(c) Check if travel outside of Texas. Com	nplete 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	Payee name				ď
10-24-2024	Fort Bend County Ci	tizens Police	Academy	Alumni A	ssociation
Amount (\$)	Payee address;		City;	State;	Zip Code
37.50	1840 RICHMONS PI	KW4.	RICHMOND	7又	77469
	Category (See Categories listed at the top of	of this schedule)	Description		
PURPOSE OF	C 1'1 \1.		2	1 1 1.	1:1.6
EXPENDITURE	Contribution		Donation	plus lunda	tikels
	Check if travel outside of Texas. Com	plete 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	ı	Office held
Date	Payee name				
10-25-2024	512 New Media				
Amount (\$)	Payee address;		City;	State;	Zip Code
6000.00	6161 Savoy Drive,	Suite 1200 A	Houston	n TX	77036
	Category (See Categories listed at the top of	of this schedule)	Description		A
PURPOSE OF EXPENDITURE	Consulting Expense	Advertising Expinse	Production	und Man	heting of Videos
*	Check if travel outside of Texas. Com	plete 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 CO	PIES OF THIS SCH	IEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Eth	ics Commission Filers)		
Date 10-26-2024	5 Payee name Facebook					
Amount (\$)	7 Payee address;	City;	State;	Zip Code		
500.00	1 Hacker Way	Menlo Park	CA	94025		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Advertising	Social Media Post				
OF EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
	Facebook					
Amount (\$)	Payee address;	City;	State;	Zip Code		
	1 Hacker Way	Menlo Park	CA	94025		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Advertising	Social Media P	ost			
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name 5					
	Facebook					
Amount (\$)	Facebook Payee address;	City;	State;	Zip Code		
Amount (\$)		City; Menlo Park	State; CA	Zip Code 94025		
Amount (\$)	Payee address;					
Amount (\$) PURPOSE OF EXPENDITURE	Payee address; 1 Hacker Way	Menlo Park	CA			
PURPOSE OF	Payee address; 1 Hacker Way Category (See Categories listed at the top of this schedule)	Menlo Park Description Social Media Po	CA	94025		