

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 30
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Marshall B	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Slot		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 503 FM 359 #130-130, Richmond TX 77406		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 846-7568	Date Received OCT 28 2024 RCVD	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Ozgur K.	Date Hand-delivered or Date Postmarked	
	NICKNAME LAST SUFFIX Ozzie Bayazitoglu	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8120 Blase Road, Rosenberg, TX 77471		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 546-6401		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 09 / 27 / 2024 THROUGH 10 / 26 / 2024		
11 ELECTION	ELECTION DATE Month Day Year 11 / 05 / 2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Fort Bend County Sheriff	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

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**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	1. 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 LAST DAY OF REPORTING PERIOD	\$ 10,593.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,000.00

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



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

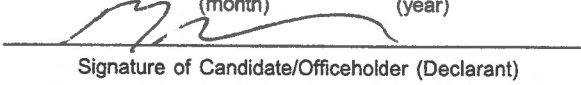
Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

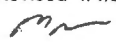
OR

(2) Unsworn Declaration

My name is MARSHALL SLOT, and my date of birth is 02/08/1971.
 My address is 2031 OLD DIXIE DR., RICHMOND, TX, 77406, USA.
(street) (city) (state) (zip code) (country)
 Executed in FORT BEND County, State of TEXAS, on the 28th day of OCTOBER, 2024.
(month) (year)



Signature of Candidate/Officeholder (Declarant)



SUBTOTALS - C/OH

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

19 FILER NAME

Marshall B. Slot

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,350.70
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18,662.49
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 9-28-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Reese Adkins	7 Amount of contribution (\$) 60.00
6 Contributor address; City; State; Zip Code 2118 S. Shadow Grove Ln. Richmond, TX 77406		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 9-30-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith Schmid	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 502 E. Shadow Grove Lane, Richmond, TX 77406		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

Date 9-28-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bachphuong Williams	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8505 Graceful Oak Crossing, Katy, TX 77494		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

Date 10-8-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Republican Party of Texas	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code P.O. Box 2206 Austin TX 78768		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 10-17-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margie Krenek	7 Amount of contribution (\$) 40.00
6 Contributor address; City; State; Zip Code 2823 Cone Flower Richmond TX 77469		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-16-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Committee For a Safer America PAC	Amount of contribution (\$) 2500.00
Contributor address; City; State; Zip Code 23501 Cinco Ranch Blvd, Suite H12-920 Katy, TX 77494		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-20-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Bend Republican Womens Club PAC	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 1910 Fawn Way Court, Richmond, TX 77406		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-27-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Dalton	Amount of contribution (\$) 2500.00
Contributor address; City; State; Zip Code 1815 Jourdan Way Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 9-28-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholas Landoski	7 Amount of contribution (\$) 400.00
6 Contributor address; City; State; Zip Code 2119 Masters Lane, Missouri City, TX 77459		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 9-29-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Daniel	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 25507 Winston Hollow Lane, Katy, TX 77494		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 9-30-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Ogden	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 32914 Wall Flower Drive, Weston Lakes, TX 77441		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10-1-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Infanger	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 5303 Whitmore St., Weston Lakes, TX 77441		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 10-1-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Silewicz	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 2510 Coney Creek Ct., Richmond, TX 77406		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 10-2-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Alford	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 16651 Southwest Freeway, Suite 100, Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 10-2-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xuemei Yang	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5511 Tyler Park Lane, Katy, TX 77494		
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) homemaker
Date 10-2-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald Fiorino	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2127 North Fountain Valley Drive, Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Sempra
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 10-2-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Cruce	7 Amount of contribution (\$) 25.00
	6 Contributor address; City; State; Zip Code 346 Ranch House, Richmond, TX 77469	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 10-4-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Vrshek	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 1006 Cleistes Lane, Richmond, TX 77469	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10-4-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victor Perez	Amount of contribution (\$) 300.00
	Contributor address; City; State; Zip Code 4715 Bryce Landing Lane, Katy, TX 77494	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10-5-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Harger	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 1610 Brookstone Lane, Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) WG-H&A
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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:

10

2 FILER NAME

Marshall B. Slot

3 Filer ID (Ethics Commission Filers)

4 Date

10-6-24

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

George King

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

2103 Old Dixie Drive, Richmond, TX 77406

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

KSWC

Date

10-7-24

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

Mark Xu

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

23306 Two Harbors Glen, Katy, TX 77494

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Brunel Energy

Date

10-7-24

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

Mary Ann Marzec

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

22907 Fairleaf Cir. Katy TX 77494

Principal occupation / Job title (See Instructions)

speech pathologist

Employer (See Instructions)

self

Date

10-7-24

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

Phillip Croker

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

2003 Westside Ct. Sugar Land, TX 77478

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 10-8-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Norman	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 10214 Dannhaus Rd., Needville, TX 77461	
8 Principal occupation / Job title (See Instructions) Principal Member		9 Employer (See Instructions) Norman Armory LLC
Date 10-10-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony Do	Amount of contribution (\$) 20.00
	Contributor address; City; State; Zip Code 1322 Magnolia Dale Drive, Fresno, TX 77545	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Engie
Date 10-10-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Lane	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code POB 62, Sugar Land, TX 77487	
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) The Loan Store
Date 10-10-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob McLaney	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 5038 Pine Haven Lane, Fresno, TX 77545	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 10-11-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Kuslan	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 19826 Hawkins Ridge Lane, Richmond, TX 77407		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 10-11-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Buford	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 811 Merrick Drive, Sugar Land, TX 77478		
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 10-13-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Mersiovsky	Amount of contribution (\$) 2000.00
Contributor address; City; State; Zip Code 7915 Riverine Terrace Dr., Richmond, TX 77406		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Outdoor Innovations Texas
Date 10-15-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Blanscet	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4604 Westerdale Drive, Weston Lakes, TX 77441		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 10-18-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darwin Enax	7 Amount of contribution (\$) 35.00
6 Contributor address; City; State; Zip Code P.O. Box 452, Richmond, TX 77406		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 10-18-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaafar Mohammed	Amount of contribution (\$) 6000.00
Contributor address; City; State; Zip Code 16420 West Bellfort Avenue - Sugar Land, TX 77498		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-18-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Charles Carroll	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 21003 James Long Ct., Richmond, TX 77406		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10-19-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Bartram	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 7527 Old Bridge Ct., Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 10-3-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Oliver	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 16238 Salida Del Sol Drive, Houston, TX 77083		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-25-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ozgur Bayazitoglu	Amount of contribution (\$) 350.00
Contributor address; City; State; Zip Code 8120 Blase Road, Rosenberg, TX 77471		
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Corebridge Financial
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 9-27-24	5 Payee name Anedot Inc.
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6 Amount (\$) 100.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-28-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-28-2024	Payee name Anedot Inc.
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Amount (\$) 16.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>17</i>	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date <i>9-29-2024</i>	5 Payee name Anedot Inc.	
6 Amount (\$) <i>4,30</i>	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <i>9-30-2024</i>	Payee name Anedot Inc.	
Amount (\$) <i>1,30</i>	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <i>10-01-2024</i>	Payee name Anedot Inc.	
Amount (\$) <i>2,30</i>	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>17</i>	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-1-2024</i>	5 Payee name Anedot Inc.	
6 Amount (\$) <i>20.30</i>	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10-2-2024</i>	Payee name Anedot Inc.	
Amount (\$) <i>20.30</i>	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10-2-2024</i>	Payee name Anedot Inc.	
Amount (\$) <i>4.30</i>	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>17</i>	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-2-2024</i>	5 Payee name Anedot Inc.	
6 Amount (\$) <i>4.30</i>	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10-2-2024</i>	Payee name Anedot Inc.	
Amount (\$) <i>1.30</i>	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10-4-2024</i>	Payee name Anedot Inc.	
Amount (\$) <i>4.30</i>	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 17	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 10-4-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 12.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-5-2024	Payee name Anedot Inc.
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Amount (\$) 2.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-6-2024	Payee name Anedot Inc.
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Amount (\$) 2.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>17</i>	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-7-2024</i>	5 Payee name Anedot Inc.	
6 Amount (\$) <i>4.30</i>	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10-7-2024</i>	Payee name Anedot Inc.	
Amount (\$) <i>4.30</i>	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10-7-2024</i>	Payee name Anedot Inc.	
Amount (\$) <i>1.30</i>	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 10-8-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-10-2024	Payee name Anedot Inc.
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Amount (\$) 1.10	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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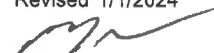
Date 10-10-2024	Payee name Anedot Inc.
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Amount (\$) 10.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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

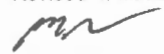
EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 10-10-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 2.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 10-11-2024	Payee name Anedot Inc.	
Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 10-11-2024	Payee name Anedot Inc.	
Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>17</i>		2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10-13-2024</i>		5 Payee name Anedot Inc.			
6 Amount (\$) <i>80,30</i>		7 Payee address; 1340 Poydras Street, Suite 1770		City; New Orleans	State; LA
				Zip Code 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Processing Fee		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date <i>10-15-2024</i>		Payee name Anedot Inc.			
Amount (\$) <i>4,30</i>		Payee address; 1340 Poydras Street, Suite 1770		City; New Orleans	State; LA
				Zip Code 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Processing Fee		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name					
Office sought		Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>10-18-2024</i>		Payee name Anedot Inc.			
Amount (\$) <i>1,70</i>		Payee address; 1340 Poydras Street, Suite 1770		City; New Orleans	State; LA
				Zip Code 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Processing Fee		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name					
Office sought		Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <p style="text-align:center;">17</p>	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 10-18-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 240.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-18-2024	Payee name Anedot Inc.	
Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-19-2024	Payee name Anedot Inc.	
Amount (\$) 1.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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[Handwritten Signature]

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 10-25-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 14,30	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name Anedot Inc.	
Amount (\$)	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name Anedot Inc.	
Amount (\$)	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>17</i>	2 FILER NAME <i>Marshall B. Slot</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9-30-2024</i>	5 Payee name <i>Clear Channel Outdoor</i>	
6 Amount (\$) <i>4096.43</i>	7 Payee address; <i>12852 Westheimer Rd.</i>	City; State; Zip Code <i>Houston TX 77077</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Billboards</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9-30-2024</i>	Payee name <i>Randall's</i>	
Amount (\$) <i>48.68</i>	Payee address; <i>1840 FM 359</i>	City; State; Zip Code <i>Richmond TX 77406</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation / Food Expense</i>	Description <i>candy to give as gifts to public</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9-30-2024</i>	Payee name <i>Frost Bank</i>	
Amount (\$) <i>5.00</i>	Payee address; <i>620 HW6</i>	City; State; Zip Code <i>Sugar Land TX 77478</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting / Banking</i>	Description <i>Service Fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 17	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filer ID)
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4 Date 10-1-2024	5 Payee name Dibrell & Associates
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6 Amount (\$) 1620.80	7 Payee address; 4203 Glade Shadow Ct. Katy TX 77491	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description yard signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-2-2024	Payee name National Latino Police Officer's Association
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Amount (\$) 200.00	Payee address; P.O. Box 231521 Houston TX 77223	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution / Donation	Description Donation to the association
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-7-2024	Payee name Branding Matters
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Amount (\$) 102.84	Payee address; 8034 U.S. 90-Alt. Sugar Land TX 77478	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description business cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>17</i>	2 FILER NAME <i>Marshall B. Slot</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-7-2024</i>	5 Payee name <i>Dibrell & Associates</i>	
6 Amount (\$) <i>1620.80</i>	7 Payee address; <i>4203 Glade Shadow Ct.</i>	City; State; Zip Code <i>Katy TX 77491</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>yard signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10-9-2024</i>	Payee name <i>Frost Bank</i>	
Amount (\$) <i>5.00</i>	Payee address; <i>620 HW 6</i>	City; State; Zip Code <i>Sugar Land TX 77478</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting / Banking</i>	Description <i>Service Fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10-15-2024</i>	Payee name <i>Dibrell & Associates</i>	
Amount (\$) <i>1972.20</i>	Payee address; <i>4203 Glade Shadow Ct.</i>	City; State; Zip Code <i>Katy TX 77491</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>yard signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 10-22-2024	5 Payee name Facebook
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6 Amount (\$) 100.00	7 Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Social Media Post
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-22-2024	Payee name Facebook
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Amount (\$) 194.74	Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media Post
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-23-2024	Payee name Facebook
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Amount (\$) 500.00	Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media Post
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 10-21-2024	5 Payee name Disha USA	
6 Amount (\$) 75.00	7 Payee address; City; State; Zip Code 5680 HW 6 Suite 186 Missouri City TX 77459	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution / Donation	(b) Description event ticket
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-24-2024	Payee name Fort Bend County Citizens Police Academy Alumni Association	
Amount (\$) 37.50	Payee address; City; State; Zip Code 1840 RICHMOND'S PKWY. RICHMOND TX 77469	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Donation plus lunch tickets
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-25-2024	Payee name 512 New Media	
Amount (\$) 6000.00	Payee address; City; State; Zip Code 6161 Savoy Drive, Suite 1200A Houston TX 77036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense / Advertising Expense	Description Production and Marketing of Videos
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: 17	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 10-26-2024	5 Payee name Facebook
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6 Amount (\$) 500.00	7 Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Social Media Post
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name Facebook			
Amount (\$)	Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name Facebook			
Amount (\$)	Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025

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

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