FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR MI OFFICE USE ONLY OFFICEHOLDER Marshall NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: STATE: ZIP CODE OFFICEHOLDER MAILING Richmond TX 503 FM 359 # 130-130 ADDRESS JAN 12 2024 R CVD Change of Address CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER 846 - 7568 (832)PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN MI **TREASURER** Mr Date Processed NAME NICKNAME SUFFIX Date Imaged Bayazitoglu () zz 1e STREET ADDRESS (NO PO BOX PLEASE): STATE: ZIP CODE CAMPAIGN TREASURER Rosenberg 77471 **ADDRESS** 8120 Blase Road TX (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER PHONE 546-6401 (281)9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Year Month Dav Year COVERED 01 23 31 23 **THROUGH ELECTION DATE** ELECTION TYPE 11 ELECTION Primary Runoff Other Description Month Day Year General Special 05 24 13 OFFICE SOUGHT (IF known) Fort Bend County Sheriff OFFICE HELD (if any) 12 OFFICE 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 14 NOTICE FROM **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	larshall 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) 	\$ 622.00
,	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,187.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,727.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 32,916.61
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 united to be reported by me under Title 15, Election Code.	and correct and includes all information
	M	
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	r:
Notary My Cor NOTARY STAMP/SEA	VEN ROY HILL ID #129897361 nmission Expires gust 11, 2026	
Sworn to and subscribed	before me by MANDHALL B. SLOT this the	12 day of JANUARY,
20 27 to certify	which, witness my hand and seal of office. STEVEN Roy Hire	NOTERY
Signature of officer administer		Title of officer administering oath
(O) Heaven Desley "	OR	
(2) Unsworn Declaration	on .	
My name is	, and my date of birth is	
My address is		(1.6.) (-in anda) (-in-in-in)
Executed in	(street) (city) (s County, State of , on the day of (month	state) (zip code) (country), 20 (year)
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19		(Ethics Commission Filers)
	Marshall B. Slot	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,565.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 30,000,00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s \$ 16,620.95
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ions \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 211.09
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,895.91
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	NS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	RNED \$

SCHEDULE A1

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

			•
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	shall 13. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 7 - 6 -	-6 - Denise Haenel		7 Amount of contribution (\$) 250.00
20 23		State; Zip Code	
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		NC (ID#:)	Amount of contribution (\$)
7-5-2023		State; Zip Code	50.00
	1347 Lamonte Lane Houst	on TX 77018	
Principal occup	eation / Job title (See Instructions) - Consultant	Employer (See Instruct The Flanas	ions) an Company
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
7-7-2023	Contributor address; City;	State; Zip Code Jur Land 77479	100.00
	pation / Job title (See Instructions)	Employer (See Instruct	
Date Date	Full name of contributor out-of-state_PA	Liberty Hon	Amount of contribution (\$)
7-7-2023	Kelly Smith Contributor address; City; 734 Royal Lakes Blvd. Richmo	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
2 FILER NAME	arshall B. Slot			,	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Dennis Curry	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
7-8-2023		City; Weatherford	State;	Zip Code 76087	250.00
	pation / Job title (See Instructions) AMAGE, Fire Alarm			yer (See Instruc	able Group
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
7-8-2013	Stoker Adkins Contributor address; 1354 Sanibel Lane	City; Gulf Breeze	State;	Zip Code 32563	100.00
	pation / Job title (See Instructions) Manager			yer (See Instruc	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
7-8-2013	Coach Halfen Contributor address; 1706 Sabine Lane	City;	State;	Zip Code 77406	100.00
Principal occup	pation / Job title (See Instructions)	· Great Great	Emplo	yer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
7-18-2023	Teffrey Strange Contributor address;	City;		Zip Code	500.00
	126 Conchola Lane	Rose nberg	TX	77469	
Principal occup	pation / Job title (See Instructions) Attomey		Jeff.	yer (See Instruc	Attorney at Law

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Marshall B, Slot		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
7-26-2023	Patrick Stenkamp		
•	6 Contributor address; City;	State; Zip Code	100.00
	27702 Rumson Drive Korty	TX 77494	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Secun	ity Advisor	Chevron	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
8-16-2023	Tom Dutton		Amount of contribution (\$)
0 10 10 1	Contributor address; City;	State; Zip Code	100.00
	04 0 /4/4	CA 94584	,00,00
	Sau reimovi	04 77307	
^ .	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Securi	y Advisor	Chevron	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
7-6-2023	Thomas Arrigo		
, 0 ,0,0	Contributor address; City;	State; Zip Code	100.00
	8511 Kings Oak Drive Damor	TX 77430	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Superin	1 ten dent	DPR Const	ruction
Date	Full name of contributor out-of-state PAC	2 (10#-	Amount of contribution (\$)
	out or state in	, (10#)	Amount of contribution (\$)
9-24-23	Kafie Bracero Contributor address; City;	State; Zip Code	140
, , , , , ,			100,00
	939 Oak Falls Drive Will	lu 1X 773/8	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
homema	nker	homemaker	

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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	arshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 7 - 28 - 23	5 Full name of contributor out-of-state PAC	State; Zip Code TX 75684	7 Amount of contribution (\$)
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
P-1-23	Ali Sheikhani	State; Zip Code Richmond TX 7740-7	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
busi	russ owner	self-employed	1
Date 10 - 4 - 13	Jason Owen	State; Zip Code	Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction of 18)	•
Date 10-11-23	Sully Falami	State; Zip Code TX 77469	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE A1

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

1 Total pages Schedule A1:
3 Filer ID (Ethics Commission Filers)
7 Amount of contribution (\$)
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Amount of contribution (\$)
100.00
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Amount of contribution (\$)
25.00
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Amount of contribution (\$)
100.00
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i.

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SCHEDULE A1

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

		- Land
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	hall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) A ciano Beck 6 Contributor address; City; State; Zip Code 3803 County Sent Lane Richmond TX 77469	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Myrleen P. Knott	Amount of contribution (\$)
10-11-23	Contributor address; City; State; Zip Code 4043 Mossycup Lane Richmond TX 77469	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
Principal occup	2915 Persimmon Crox Richmond TX 77469 pation / Job title (See Instructions) Employer (See Instructions)	y
Date	Full name of contributor out-of-state PAC (ID#:) Linda Ramsey	Amount of contribution (\$)
10-11-13	Contributor address; City; State; Zip Code 706 Texas Star Drive Richmond TX 77469	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 10-11-13	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
	417 MISTHOWER VAN, KUMMONN IN 17101	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
10-11-13	Deborah Norman Contributor address; City; State; Zip Code 423 Grand Fir Lane Richmond 77469	50.00
	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Mary To Larsen	Amount of contribution (\$)
10-11-13	Mary Jo Larsen Contributor address; City; State; Zip Code 423 Mistflower Drive Richmond TX 77469	25,00
	pation / Job title (See Instructions) Employer (See Instructions)	etions)
Date	Full name of contributor out-of-state PAC (ID#:) Scott Leonard	Amount of contribution (\$)
10-31-23	Contributor address; City; State; Zip Code 21473 Beverly Chase Dr. Richmond TX 77406	500.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	
owner	Sugar Land	Consulting
	V	0

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

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 fo	orm.	Total pages Schedule A1:
2 FILER NAME	Marshall B. Slot	3	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (III	D#:	' Amount of contribution (\$)
11-10-23		State; Zip Code Karly, TX 77494	100.00
8 Principal occu		Employer (See Instruction	s)
Date	01 0	D#:)	Amount of contribution (\$)
11-13-23		State; Zip Code 77494	50.00
1	pation / Job title (See Instructions)	Employer (See Instruction	s)
homen	10/sc/	homemakir	
Date	Full name of contributor out-of-state PAC (IE Nancy Craham)#:)	Amount of contribution (\$)
11-13-23		State; Zip Code M TX 77469	25,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	s)
retire	ol	setived	
Date)#:)	Amount of contribution (\$)
11-13-13	Sally Falgout Contributor address; City; 116 Ranch House Lane, Richmo	State; Zip Code	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	s)
retir	red	retired	

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ushall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Mary Ann Sturdivant	7 Amount of contribution (\$)
111000	6 Contributor address; City; State; Zip Code 3418 Satin Leaf Lane Richmond TX 77469	100.00
A	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
11-13-23	Marianne Alcorn Contributor address; City; State; Zip Code 323 Arbor Trail Lane Conroe TX 77384	100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
11-13-23	Patrick Stenkamp Contributor address; City; State; Zip Code 17702 Rumson Drive Katy TX 77494	100,00
^	cation / Job title (See Instructions) Employer (See Instructions) Chevron	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Linda Land Ramsey	Amount of contribution (\$)
11-13-23	Contributor address; City; State; Zip Code 706 Texas Star Drive, Richmond TX 77469	100.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)

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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 Marsi	nall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
11-13-23	John Morales 6 Contributor address; City;	State; Zip Code	25.00
	2202 Keystone Ridge Ln., Rich	nmond TX 1746	y
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
	Deputy	Fort Bend	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
11-13-23	Amber Strickland		
	Contributor address; City;	State; Zip Code	50.00
	20302 Lakeland Falls Dr. C	ypress 77433	30,00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ons)
Teac	her	CFISD	
Date		(ID#:)	Amount of contribution (\$)
11-13-23	Contributor address; City;	State; Zip Code	15 60
	21610 Roberts Cemetery Rd. F	tockley TX	25,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	retired	retired	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
11-13-23	William Hoft		
,,	Contributor address; City; 2035 Old Dixle Prive Rich	State; Zip Code	100.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
- Fillopal occup	Manaser	Zimpioye. (Odo mondo)	,
	viv u. J		

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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 th	is form.	1 Total pages Schedule A1:
2 FILER NAME	Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
1 Date	Glenn Harper 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 25.00
	3315 Continental Drive, Missou	in City, 77459	
	upation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state Parah Mayle	AC (ID#:)	Amount of contribution (\$)
- 3-23	Contributor address; City; 2503 Country Place Drive Rich		20.00
	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 11-13-23	Full name of contributor out-of-state Proceedings of Contributor address; City;	AC (ID#:) State; Zip Code	Amount of contribution (\$) $ \mathcal{AS}, \mathcal{OO} $
	24710 Plympton Drive 1		
	pation / Job title (See Instructions)	Employer (See Instruction	•
hov	nemaker	nomin	nalur
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)
1-13-23	Contributor address; City; 2423 Glen Haven Lanc, Rich	State; Zip Code	250,00
	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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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	Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)
11-13-23	6 Contributor address; City;	State; Zip Code	30,00
	14806 Delbarton Drive Houston	n TX 77083	
		9 Employer (See Instruct	
<u>ho</u>	omemalser	homemaker	_
Date	. –	(ID#:)	Amount of contribution (\$)
11-13-23	Thad Glive Contributor address; City;	State; Zip Code	100.00
	611 Venice Sugar Land	12 /1910	
	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	Insurance Agent	self-employed	/
Date	Full name of contributor Quit-of-state PAC	(ID#:)	Amount of contribution (\$)
11-13-23	Kimberly Nichols Contributor address; City;	State; Zip Code	
,,,,,	10811 Richmond Ave. \$52, Houston		50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Relat	tionship Manager	Insgroup	
Date	Full name of contributor out-of-state PAC	•	Amount of contribution (\$)
11-13-23	Sally Falgout Contributor address; City;	State; Zip Code	00 00
	226 Ranch House Lane Richmone	1 TX 77469	25,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
retime	d	retired	
10,00	V.		

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

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) Tammy Cleary	7 Amount of contribution (\$)
-13 -23	6 Contributor address; City; State; Zip Code 6415 Cool Water Dan Sugar Land TX 77479	25.00
	pation / Job title (See Instructions) 9 Employer (See Instructions) Spectrum P	Sumbing Inc.
Date	Full name of contributor out-of-state PAC (ID#:) Milton Heath	Amount of contribution (\$)
13-23	Contributor address; City; State; Zip Code 11102 Celing Knoll Missouri City TX 77459	100,00
	pation / Job title (See Instructions) Employer (See Instructions)	otions)
Date	Full name of contributor	Amount of contribution (\$)
13-23	Contributor address; City; State; Zip Code 2818 Gray Moss Ct, Sugar Law TX 77478	25,00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions) retire	ctions)
Date	Full name of contributor	Amount of contribution (\$)
13-23	Contributor address; City; State; Zip Code 14307 Fenton Lane Sugar Land TX 77498	25.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ctions)

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (7 Amount of contribution (\$)
11 10 10	6 Contributor address; City; 7723 Green Path Court, Sugar L	State; Zip Code	100.00
	pation / Job title (See Instructions)	Employer (See Instruction Liberty Ho.	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
11-13 -23	James Wright Contributor address; City;	State; Zip Code	100.00
	42 Burwick St. Sugar L	// //	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
retire	./	retired	
retire	0	7 67 17 6 07	
Date		ID#:)	Amount of contribution (\$)
11-13-23	Susan Jenkins Contributor address; City;	State; Zip Code	15000
	418 Larkspur Lane Richmond	TX 77469	150,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
reti	red	retired	· ·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-13-23	Contributor address; City;	State; Zip Code	25.00
	V	nol TX 77479	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Olis)
reti	red	retired	
10/1			

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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:
	The factor of the second of th	19
2 FILER NAME	Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	William Hoft	
11-13-23	6 Contributor address; City; State; Zip Code	15.00
	2035 Old Dixie Drive Richmond TX 77406	75,00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
m	anage ~	
Date	Full name of contributor	Amount of contribution (\$)
	Mitchell Slot	
11-14-23	Contributor address; City; State; Zip Code	100,00
	5702 Bonica Lane Herriman UT 84096	70070
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	
Surgi	cal Teels 1-bly Cross	Mountain Point Hospita
Date	Full name of contributor	Amount of contribution (\$)
	W. Mary Truman	
11-15-23	W. Mary Truman Contributor address; City; State; Zip Code	100.00
	17806 Hayward Hill Drive, Richmond 77407	
	pation / Job title (See Instructions) Employer (See Instructions)	tions)
reti	red retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11 10 12	Alison Johnson	
11-18-23	Contributor address; City; State; Zip Code	70.00
	3403 Swiff Creek Court, Sugar Land, 77479	70,00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Prox	of budgeting Fluor	
	• -0	

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SCHEDULE A1

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

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
11-13-23	Brandon D., Bolin 6 Contributor address; City; State; Zip Code 4810 Legend Creek Fulshear TX 77441	500,00
8 Principal occupa	ation / Job title (See Instructions) 9 Employer (See Instructions)	1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-17-23	Contributor address; City; State; Zip Code 8120 Blase Road Rosenberg TX 71471	350,00
Principal occupa	tion / Job title (See Instructions) Employer (See Instructions)	tions)
a)	Horney Combridge Fin	iancial
Date	Full name of contributor	Amount of contribution (\$)
11-13-23 Principal occupa	Contributor address; City; State; Zip Code 16531 Pradera Drive Houston 77083 Ition / Job title (See Instructions) Employer (See Instructions)	200,00 tions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupa	ation / Job title (See Instructions) Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 11-13-2023	5 Full name of contributor out-of-state PAC (ID#:) Shayne Newell 6 Contributor address; City; State; Zip Code 5012 Cedar Spring Drive Missouri City 77459	7 Amount of contribution (\$) 2 SCICO
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 1/-13-23	Full name of contributor out-of-state PAC (ID#:) Chad Norvel/	Amount of contribution (\$)
	Contributor address; City; State; Zip Code P.O. Box 428, Simonton, TX 77476	100,00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions) Fort Bend	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
11-13-23	Contributor address; City; State; Zip Code 7810 Shamrock Lane Richmond TX 77406	100.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-12-23	Virsinín Randolph Contributor address; City; State; Zip Code 622 Texas Star Driw Richmond TX 77469	50,00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (Dean Hrbucek 6 Contributor address; City; 1139 Creckford Circle Sugar Land pation / Job title (See Instructions)	State; Zip Code 70, 714787	7 Amount of contribution (\$) $5U_{s}U_{b}$
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)
Jud		Fort Bend County	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
11-13-23	Dixie Jean Sheffield Contributor address; City; 419 MisHlower Drive Richmond	State; Zip Code TX 77469	30.00
	pation / Job title (See Instructions)	Employer (See Instructio	ns)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
11-14-23		State; Zip Code 77 77498	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructio	ns)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-30-23	Bruce Marshall Contributor address; City; 205 Knollwood Creek Onalaska	State; Zip Code 7x 77360	200,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructio	ns)
reti	ned	retined	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	Marshall B. Slot	·	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (II		7 Amount of contribution (\$)
12 -23-23	Terry Felcman 6 Contributor address; City; 2525 Cedar Lane Rocenberg	State; Zip Code	250,00
8 Principal occu		Employer (See Instruction	ons)
retical	1	refinel	
Date	Full name of contributor out-of-state PAC (II		Amount of contribution (\$)
12-25-23	Shirley Wilson Contributor address; City; 2702 Millers Falls G., Richn	State; Zip Code NOVO 77406	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
refind		retind	
Date		D#:)	Amount of contribution (\$)
12 - 28-23	Charlie Farrugion Contributor address; City; 522 S. Belknap Sh. Sugar La	State; Zip Code TX 77478	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	
Sale	S	Westheimer T	ransfer & Storage
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
12-30-23	Denise Haenel Contributor address; City; 9911 Ironwood Lane Rich	State; Zip Code TX NOME 77469	500,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
retu	ined	retined	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

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 E:
2 FILER NAME Marshall B. Slot			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$) 15,000.00
6 Is lender a financial Institution?	8 Lender address; City; 318 Deer Creek Trail	State; Zip Code, Baneberry TN	10 Interest rate 11 Maturity date
Y (N)	-	37890	-
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15	ds were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
✓ not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan 12-29-2023	1 1	PAC (ID#:)	Loan Amount (\$) 15,000,00
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N	2031 Old Dixie Un	77406	Maturity date
Principal occupation Security	on / Job title (See Instructions) Advisor	Employer (See Instructions) Chevron	
Description of Colla	ateral	Check if personal fund account (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
_/	Guarantor address; City;	State; Zip Code	
not applicable		Employer (Contraction)	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	DED

SCHEDULE F1

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

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol y Gift/Awards/Memorials Expense Prir	an Repayment/Reimbursement ice Overhead/Rental Expense Iling Expense nting Expense aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)	
4 Date 7-31-23	5 Payee name Frust Bank			
6 Amount (\$)	7 Payee address; G20 Hwy 6, Sugar Land,	City; 7× 77478	State; Zip Code	
8	(a) Category (See Categories listed at the top of this sched	lule) (b) Description	,	
PURPOSE OF EXPENDITURE	Augusting / Banking - Fees	Fee s		
	(c) Check if travel outside of Texas. Complete Schedul	le T. Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9-27-23	Parks Youth Ranch			
Amount (\$)	Payee address;	City;	State; Zip Code	
519.75	11614 FM 361,	Richmo	nd TX 77469	
	Category (See Categories listed at the top of this schedu			
PURPOSE OF EXPENDITURE	Event Expense	Punhase	of spoushorships for event	
	Check if travel outside of Texas. Complete Schedul	le T. Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10-10 - 23	Relentless Defender Appa	nl		
Amount (\$)	Payee address;	City;	State; Zip Code	
1478.00	215 Gonya Lane	Richmond	TX 77469	
	Category (See Categories listed at the top of this schedu			
PURPOSE OF EXPENDITURE	Printing Expense	7-Shirts .	y Logos and Ads	
	Check if travel outside of Texas. Complete Schedul	le T. Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense Po y Gift/Awards/Memorials Expense Po	pan Repayment/Reimbursement ffice Overhead/Rental Expense ollling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:	T .	ow to complete this form.	3 Filer ID (Ethics	s Commission Filers)
4 Date 10 - 27 - 23	5 Payee name Branding Matters		L	
6 Amount (\$)	7 Payee address, US 90 - Alt	Sugar Land	State;	Zip Code 77478
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Printing Expense	(b) Description Campaign Gill	cers, pens	
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	in, 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			
11-8-23	Universal Signs & Banne	rs		
Amount (\$)	Payee address;	City;	State;	Zip Code
675.00	7825 Huy G	Honston	TX	77083
	Category (See Categories listed at the top of this sched	ule) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Sisns, Con	npayin Sijns	
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11-8-23	Universal Signs & Bann	ers		
Amount (\$)	Payee address;	City;	State;	Zip Code
55.68	7825 Hay 6	Houston	TX	77083
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Printing Expense		· Bunner	,
	Check if travel outside of Texas. Complete Schedu	le 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
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED	

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Vages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	Mashell B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
11-14-23	Branding Motters	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
110.42	8034 US-AH. 90	Sugar Land TX 77478
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Printing Expense	Campaign Cords, Handouts
	(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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11-14-23	Clancy 1s Public House	
Amount (\$)	Payee address;	City; State; Zip Code
1467.99	503 FM 359 # 118	Richmond TX 77406
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Event Expense	Food
	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	
11-30-23	Frust Bank	
Amount (\$)	Payee address;	City; State; Zip Code
5.00	620 Hwy 6	Sugar Land TX 77478
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Accounting / Banking	Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/M The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above) complete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date 12-01-1013	512 New Medin			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
8847.80	6161 Savoy Drive, Suite	1200 A Houston TX 77036		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Campaisn design, medin production		
	(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/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
12-14-23	Frost Bank			
Amount (\$)	Payee address;	City; State; Zip Code		
15.00	620 Hay 6	Sugar Land TX 77478		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accountins / Bankins	Wire Fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
12-18-23	The UPS Store # 6563	5		
Amount (\$)	Payee address;	City; State; Zip Code		
73.00	503 FM 359, Saife 130	Richmond TX 77406		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fus	post box account fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

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

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Marshall 4 Date Republican Club 12-22-23 6 Amount (\$) Richmond TX 500.00 (a) Category (See Categories listed at the top of this schedule) (b) Description Punhase of Table Sponsorship for Event PURPOSE Event Expense OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Fox Bend Herold City; State: Zip Code 77471 1902 South Fourth St Rosenbers 800.00 Category (See Categories listed at the top of this schedule) Newspaper advertisiment purchase PURPOSE Advivtising Expine 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 512 New Medien 12-29-23 Zip Code City; State: Amount (\$) Payee address; 6161 Savey Drive, Suite 1200 A Houslon TX 289.67 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Consulting Exprese Medin production, web page desism EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overhead/Rental Expense colling Expense trinting Expense dalaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
oroal salar aymon	The Instruction Guide explains h	now to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date 12-23	5 Payee name 512 New Medin				
6 Amount (\$)	7 Pavee address:	City;	State; Zip Code		
1379.00	6161 Savoy Drive, Sulfe 1	1200 A Houston	n TX 77036		
8	(a) Category (See Categories listed at the top of this scho	edule) (b) Description			
PURPOSE OF EXPENDITURE	Consulting Expense	Campaign o	lesisn, was page		
	(c) Check if travel outside of Texas. Complete Sched	dule 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 11 - 19 - 23	Frost Bank				
Amount (\$)	Payee address;	City;	State; Zip Code		
5.00	620 Hwy 6	Sugar Land	TX 77478		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche				
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				
7-5 - 23	Anedot Inc.				
Amount (\$)	Payee address;	City;	State; Zip Code		
2.30	1340 Poydras Street,	Suite 1700 New O	Henrs LA 70112		
	Category (See Categories listed at the top of this sche	dule) Description			
PURPOSE OF EXPENDITURE	Accounting Banking	Fae			
	Check if travel outside of Texas. Complete Scheo	dule 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 CODIES OF THIS SCHEDIII E AS NEEDED				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	s Commission Filers)
7-6-23	5 Payee name Anedot Inc.		31 31 31 31 31 31 31 31 31 31 31 31 31 3	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
10.30	1340 Poydras Street, Suite 1770	New Orleans, LA	70112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e	
	(c) Check if travel outside of Texas. Complete 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			
7-7-23	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
8.60	1340 Poydras Street, Suite 1770	New Orleans, LA	70112	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	е	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
7-8-23	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
18.90	1340 Poydras Street, Suite 1770	lew 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	ı, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S 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)

Credit Card Payment	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 7-18-23	5 Payee name Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
20.30	1340 Poydras Street, Suite 1770	New Orleans, LA	70112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e ·	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	ng expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	-	Office held
Date	Payee name			
7-26-23	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 Fe	е	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8-16-23	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770 N	lew Orleans, LA	70112	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee	Ð	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	1: 2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	es Commission Filers)
4 Date 9 - 06 - 23	5 Payee name Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	lew Orleans, 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 livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
9-24-23	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	lew Orleans, LA	70112	
	Category (See Categories listed at the top of this schedule)	Description	4	
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	ee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10-4-23	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.30	1340 Poydras Street, Suite 1770 N	lew Orleans, LA	70112	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee)	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 4 Date 5 Payee name Anedot Inc. 6 Amount (\$) 7 Payee address: City; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 20.20 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Accounting/Banking **Processing Fee** PURPOSE 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 10-16 - 23 Anedot Inc. Amount (\$) City; State: Zip Code Pavee address: 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 4.30 Category (See Categories listed at the top of this schedule) Description Accounting/Banking **Processing Fee PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 10-31-23 Anedot Inc. Amount (\$) Payee address; State: Zip Code City: New Orleans, LA 1340 Poydras Street, Suite 1770 70112 20,30 Category (See Categories listed at the top of this schedule) Description Accounting/Banking Processing Fee **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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 (orders extractly not listed shown)

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)	
11-10-23	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	Accounting/Banking	Processing Fee	•	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11-13-23	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	Accounting/Banking	Processing Fee	•	
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/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11-13-23	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, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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.	Other letites a categ	dry not iisted above)
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name	<u></u>		
11/13/2023	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1.30	1340 Poydras Street, Suite 1770	New Orleans, LA	70112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	е	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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			
11/13/2023	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 Fe	ee	
	Check if travel outside of Texas. Complete 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			
11/13/2023	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770 N	lew Orleans, LA	70112	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee	Э	
	Check if travel outside of Texas. Complete 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
	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

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 explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name	***************************************	I,	
11/13/2023	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
	1340 Poydras Street, Suite 1770	New Orleans, LA	70112	
4.30	10401 Oyulas Street, State 1770		70112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Accounting/Banking	Processing Fe	е	
OF EXPENDITURE				
EXPERIENCE				
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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			
11/13/2023	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
-	1340 Poydras Street, Suite 1770	New Orleans, LA	70112	1
4,30	,			
	Category (See Categories listed at the top of this schedule)	Description		
	Accounting/Banking	Processing Fe		
PURPOSE OF	Accounting/Danking	Processing re	,6	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/13/2023	A det les			
11/13/2023	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
120	1340 Poydras Street, Suite 1770	New Orleans, LA	70112	
1,30				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Processing Fe	е	
OF	7.000driang/Danking	i rooccomg r o		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oh	4			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
	AT IACH ADDITIONAL COPIES OF THE	O SCHEDULE AS NEI		

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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 4 Date 5 Payee name 11/13/2023 Anedot Inc. 6 Amount (\$) 7 Payee address; City; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 2,30 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Accounting/Banking **PURPOSE** Processing Fee EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/13/2023 Anedot Inc. City; Amount (\$) Pavee address; State: Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 l.30 Category (See Categories listed at the top of this schedule) Description Accounting/Banking **Processing Fee** PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/13/2023 Anedot Inc. Amount (\$) Payee address; City; State: Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 4,30 Description Category (See Categories listed at the top of this schedule) Accounting/Banking Processing Fee **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethic	es Commission Filers)			
4 Date	5 Payee name					
11/13/2023	Anedot Inc.					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
1.30	1340 Poydras Street, Suite 1770	lew Orleans, LA	70112			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	е			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
11/13/2023	Anedot Inc.					
Amount (\$)	Payee address;	City;	State;	Zip Code		
1,10	1340 Poydras Street, Suite 1770	lew Orleans, 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. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
11/13/2023	Anedot Inc.					
Amount (\$)	Payee address;	City;	State;	Zip Code		
1.30	1340 Poydras Street, Suite 1770 N	lew Orleans, LA	70112			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee	9			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	\$ A C P P P P P P		

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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethi	ics Commission Filers)	-				
4 Date	5 Payee name	5 Payee name							
11/13/2023	Anedot Inc.								
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code					
10.30	1340 Poydras Street, Suite 1770	340 Poydras Street, Suite 1770 New Orleans, LA 70112							
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Annual Control of the	The second secon					
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee	В						
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder livin	ng expense					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held					
Date	Payee name								
11/13/2023	Anedot Inc.								
Amount (\$)	Payee address;	City;	State;	Zip Code					
1.50	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 Fed	е						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder livin	ng expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held					
Date	Payee name								
11/13/2023	Anedot Inc.								
Amount (\$)	Payee address;	City;	State;	Zip Code					
4.30	1340 Poydras Street, Suite 1770 N	lew Orleans, LA	70112						
	Category (See Categories listed at the top of this schedule)	Description							
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee							
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living	g expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held					
	ATTACH ADDITIONAL COPIES OF THIS	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/Opticholder/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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a catego	ory not listed above)
Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	Commission Filers)
4 Date	5 Payee name			
11/13/2023	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2,30	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 Fe	е	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/13/2023	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
1.30	1340 Poydras Street, Suite 1770	New Orleans, LA	70112	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/13/2023	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	9	
	Check if travel outside of Texas. Complete 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
	ATTACH ADDITIONAL COPIES OF THI	S 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

	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	es Commission Filers)		
4 Date 11/13/2023	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	Accounting/Banking	Processing Fe	е			
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	g expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
11/13/2023	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	Accounting/Banking	Processing Fe	е			
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense		
	Candidate / Officeholder name	Check if Austin	a, TX, officeholder living	g expense Office held		
EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name		ı, TX, officeholder living			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		ı, TX, officeholder living			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Payee name Anedot Inc. Payee address;	Office sought City;	State;			
Complete ONLY if direct expenditure to benefit C/OFDate 11/13/2023	Candidate / Officeholder name Payee name Anedot Inc. Payee address;	Office sought	State;	Office held		
Complete ONLY if direct expenditure to benefit C/OFDate 11/13/2023 Amount (\$)	Candidate / Officeholder name Payee name Anedot Inc. Payee address; 1340 Poydras Street, Suite 1770 Category (See Categories listed at the top of this schedule)	Office sought City; New Orleans, LA Description	State; 70112	Office held		
Complete ONLY if direct expenditure to benefit C/OFDate 11/13/2023 Amount (\$)	Payee name Anedot Inc. Payee address; 1340 Poydras Street, Suite 1770	Office sought City; New Orleans, LA	State; 70112	Office held		
Complete ONLY if direct expenditure to benefit C/OFDate 11/13/2023 Amount (\$) L 30 PURPOSE OF	Candidate / Officeholder name Payee name Anedot Inc. Payee address; 1340 Poydras Street, Suite 1770 Category (See Categories listed at the top of this schedule)	Office sought City; New Orleans, LA Description Processing Fee	State; 70112	Office held Zip Code		
Complete ONLY if direct expenditure to benefit C/OFDate 11/13/2023 Amount (\$) L 30 PURPOSE OF	Candidate / Officeholder name Payee name Anedot Inc. Payee address; 1340 Poydras Street, Suite 1770 Category (See Categories listed at the top of this schedule) Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought City; New Orleans, LA Description Processing Fee	State; 70112	Office held Zip Code		

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 (case of passes) and listed above (case of passes).

Credit Card Payment	The Instruction Guide explains how to	complete this form.		,,,		
Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethio	es Commission Filers)		
11-13-23	5 Payee name Anedot Inc.					
Amount (\$)	7 Payee address;	City;	State;	Zip Code		
4.30	1340 Poydras Street, Suite 1770	New Orleans, LA	70112			
M	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name					
11-13-23	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 Fe	e			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
//-/3-23 Amount (\$)	Anedot Inc.					
Amount (\$) 6,30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans, LA	State; 70112	Zip Code		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee	9			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEE	DED			

SCHEDULE F1

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

		EXPENDITURE CAT	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Ov Polling Ex Printing E Salaries/	xpense Wages/Contract Labor	Travel In District Travel Out Of Dist	uipment & Related Expense
1 Total pages Schedule F1:	2 FILER NA Marshall				3 Filer ID (Ethi	ics Commission Filers)
4 Date 11-13-23	5 Payee na Anedot I					
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
1.30	1340 Po	ydras Street, Suite 1	770 N	lew Orleans, LA	70112	
8	(a) Category	(See Categories listed at the top of the	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Account	ting/Banking		Processing Fee	9	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin,	TX, officeholder living	ng expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me	Maria de la Companyora			
11-13-23	Anedot I	nc.				
Amount (\$)	Payee ad			City;	State;	Zip Code
0.90	1340 Po	ydras Street, Suite 1	770 N	lew Orleans, LA	70112	
		(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Account	ting/Banking		Processing Fee		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		Office held
Date	Payee na	me		and the second of the second o		
11-14-23	Anedot I	nc.				
Amount (\$)	Payee add			City;	State;	Zip Code
4,30	1340 Poy	dras Street, Suite 17	770 N	ew Orleans, LA	70112	
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Accounti	ng/Banking		Processing Fee		
	(Check if travel outside of Texas. Complete	Schedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		te / 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 Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	cs Commission Filers)				
11-15 - 23	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	e						
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held				
Date	Payee name							
11-18-23	Anedot Inc.							
Amount (\$)	Payee address;	City;	State;	Zip Code				
3.10	1340 Poydras Street, Suite 1770	New Orleans, LA	70112					
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	е					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held				
Date	Payee name							
11-30 -23	Anedot Inc.							
Amount (\$)	Payee address;	City;	State;	Zip Code				
8.30	1340 Poydras Street, Suite 1770 N	lew Orleans, LA	70112					
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee)					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	g expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) It Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expen

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 (aster a extraory cet listed should)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 4 Date 5 Payee name Anedot Inc. 6 Amount (\$) 7 Payee address; City; State: Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Accounting/Banking Processing Fee **PURPOSE 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 Pavee name 12-25-23 Anedot Inc. Amount (\$) Payee address; City: State: Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 .30 Category (See Categories listed at the top of this schedule) Description Accounting/Banking Processing Fee **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 12-28-23 Anedot Inc. Payee address: City; State: Amount (\$) Zip Code New Orleans, LA 1340 Povdras Street, Suite 1770 4.30 Category (See Categories listed at the top of this schedule) Description Accounting/Banking PURPOSE Processing Fee OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District 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 c	omplete this form.				
1 Total pages Schedule F1:	Marshall B. Slot	3 Filer ID (Et	thics Commission Filers)			
4 Date 12-30-23	5 Payee name Ancdot Inc.					
6 Amount (\$)	7 Payee address; 1340 Poydras Street, Suite	City; State;	70111			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE			,			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder I	iving expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder I	iving expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder I	iving expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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

Contributions/Donations Made By Candidate/Officeholder/Politica	· · · · · · · · · · · · · · · · · · ·		Travel Out Of District	unat listed above)
	The Instruction Guide explains how to		Other (enter a categor	y not listed above)
1 Total pages Schedule F4:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CI	REDIT CARD	\$	
5 Date	6 Payee name			
July 31,2023	Branding Matters 8 Payee address;			
7 Amount (\$)		City;	State;	Zip Code
129.90	8034 U.S. Alt. 90	Sugar Lan	d TX	77478
9 TYPE OF EXPENDITURE	Political Non-P	Political		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Name	Tags	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office he	ld
Date	Payee name			
August 22, 2023	Branding Matters			
Amount (\$)	Payee address;	City;	State;	Zip Code
81.19	8034 U.S. 90-AH.	Sugar Law	ed TX	77478
TYPE OF EXPENDITURE	Political Non-F	Political		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office he	ld
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Polit Credit Card Payment	
1 Total pages Schedule G:	2 FILER NAME Marshall B. Slot 3 Filer ID (Ethics Commission Filers)
4 Date 9-7-2023	5 Payee name American Express
Amount (\$) 211.09 Beimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 96001, Los Angeles CA 90096
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Payment of credit card bill for printing expense for political adv. material (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 8-13-2023	UPS Store #6565
Amount (\$) G4.25 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 503 FM 359, Suite 130 Richmond TX 77406
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing & peup Check if travel outside of Texas. Complete Schedule T. Description Printed handcuts Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH
8-21-2023	UPS Store #6565
Amount (\$) 73.62 Peimbursement from political contributions intended	So3 FM 359, Suite 130 Richmond TX 77406
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense Check if travel outside of Texas. Complete Schedule T. Description Prepare printed fliers and handouts Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPEND	ITURE CATEGORI	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	pense Office Pollir prials Expense Printi Salar	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense les/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
	The Instructio	n Guide explains how	to complete this form.		
1 Total pages Schedule G:	2 FILER NAME Marshall B.	Slot		3 Filer ID (Ethics	Commission Filers)
4 Date 9-25-2025	5 Payee name Clock work	Consult ing	, 460		
Amount (\$) 1,252,50 Reimbursement from political contributions intended	7 Payee address;	•	City;	State;	Zip Code 77018
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lister Consulting Exp	rense		n consulting	
	(c) Check if travel outside of	Texas. Complete Schedule T.	Check if Austin	TX, officeholder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	er name	Office sought	(Office held
Pate 9-1-2023	Payee name Xpress Sign				
Amount (\$) 154.64 Reimbursement from political contributions intended	Payee address; 3819 South H	W6, Hou	city;	State;	Zip Code 77082
PURPOSE OF EXPENDITURE		d at the top of this schedule)	Description Yourd Sig	'NS	nenso
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholde	er name	Office sought		Office held
Pate 9-3 - 2013	Payee name The Leaders	hip Institu	nte		
Amount (\$)	Payee address;	•	City;	State;	Zip Code
Reimbursement from political contributions intended	1101 N. Highla	and St.	Arlingt	on VA	22201
PURPOSE OF EXPENDITURE	Category (See Categories lister	d at the top of this schedule) Expense	Description Campais	n training	3
	Check if travel outside of	Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde	er name	Office sought	C	Office held
	ATTACH ADDITIONA	AL COPIES OF THIS	SCHEDULE AS NEED	ED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Polling Expense Contributions/Donations Made By 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 11-10-2023 6 Amount (\$) City; Zip Code 114.00 1723 5 34 Rosenberg 77471 TX Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Cochies for event Food / Beverage Expina 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 Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **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 Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH