




**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

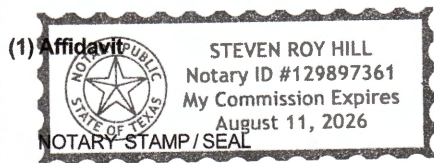
15 C/OH NAME Marshall B. Slot 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>622.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>19,187.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>19,727.95</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>32,916.61</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>30,000.00</u>

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

  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**



Sworn to and subscribed before me by MARSHALL B. SLOT this the 12 day of JANUARY, 2024 to certify which, witness my hand and seal of office.

Steven Roy Hill Signature of officer administering oath      STEVEN Roy Hill Printed name of officer administering oath      NOTARY Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Marshall B. Slot

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,565.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 30,000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16,620.95
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 211.09
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,895.91
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7-6-2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Denise Haenel</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>9911 Ironwood Lane Richmond TX 77469</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date <b>7-5-2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Flanagan</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>1347 Lamonte Lane Houston TX 77018</b>		
Principal occupation / Job title (See Instructions) <b>Owner - Consultant</b>		Employer (See Instructions) <b>The Flanagan Company</b>
Date <b>7-7-2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Ferguson</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>7723 Green Path Court Sugar Land TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>Construction, Owner</b>		Employer (See Instructions) <b>Liberty Home Pros</b>
Date <b>7-7-2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kelly Smith</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>734 Royal Lakes Blvd. Richmond TX 77469</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7-8-2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dennis Curry</b>	7 Amount of contribution (\$) <b>250.00</b>
	6 Contributor address; City; State; Zip Code <b>201 Greene Road Weatherford TX 76087</b>	
8 Principal occupation / Job title (See Instructions) <b>Service Manager, Fire Alarm</b>		9 Employer (See Instructions) <b>Christian Cable Group</b>
Date <b>7-8-2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stoker Adkins</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address; City; State; Zip Code <b>1354 Sanibel Lane Gulf Breeze FL 32563</b>	
Principal occupation / Job title (See Instructions) <b>Facilities Manager</b>		Employer (See Instructions) <b>Proportion Air</b>
Date <b>7-8-2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Coach Halfen</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address; City; State; Zip Code <b>1706 Sabine Lane Richmond TX 77406</b>	
Principal occupation / Job title (See Instructions) <b>President</b>		Employer (See Instructions) <b>BSG, Inc.</b>
Date <b>7-18-2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeffrey Strange</b>	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code <b>126 Conchola Lane Rosenberg TX 77469</b>	
Principal occupation / Job title (See Instructions) <b>Lawyer, Attorney</b>		Employer (See Instructions) <b>Jeff Strange Attorney at Law</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7-26-2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick Stenkamp</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>27702 Rumson Drive Katy TX 77494</b>		
8 Principal occupation / Job title (See Instructions) <b>Security Advisor</b>		9 Employer (See Instructions) <b>Chevron</b>
Date <b>8-16-2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tom Dutton</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 6046 San Ramon CA 94584</b>		
Principal occupation / Job title (See Instructions) <b>Security Advisor</b>		Employer (See Instructions) <b>Chevron</b>
Date <b>9-6-2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thomas Arrigo</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>8511 Kings Oak Drive Damon TX 77430</b>		
Principal occupation / Job title (See Instructions) <b>Superintendent</b>		Employer (See Instructions) <b>DPR Construction</b>
Date <b>9-24-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Katie Bracero</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>939 Oak Falls Drive Willis TX 77378</b>		
Principal occupation / Job title (See Instructions) <b>homemaker</b>		Employer (See Instructions) <b>homemaker</b>

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7-28-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeanette Lawrence</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>9315 CR 152N Overton TX 75684</b>		
8 Principal occupation / Job title (See Instructions) <b>retired</b>		9 Employer (See Instructions) <b>retired</b>
Date <b>9-1-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ali Sheikhani</b>	Amount of contribution (\$) <b>10,000.00</b>
Contributor address; City; State; Zip Code <b>11402 Sandhaven Drive Richmond TX 77407</b>		
Principal occupation / Job title (See Instructions) <b>business owner</b>		Employer (See Instructions) <b>self-employed</b>
Date <b>10-4-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jason Owen</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>17915 Squirrel Hollow, Damon TX 77430</b>		
Principal occupation / Job title (See Instructions) <b>Director</b>		Employer (See Instructions) <b>Tailored Bands</b>
Date <b>10-11-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sally Falgout</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>226 Ranch House Lane, Richmond, TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10-11-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michelle Chavez</b>	7 Amount of contribution (\$)  <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>514 Sapelo Court Richmond TX 77469</b>		
8 Principal occupation / Job title (See Instructions) <b>retired</b>		9 Employer (See Instructions) <b>retired</b>
Date <b>10-11-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nancy Graham</b>	Amount of contribution (\$)  <b>100.00</b>
Contributor address; City; State; Zip Code <b>2951 Cone Flower Drive, Richmond TX 77469</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
Date <b>10-11-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patsy Bennett</b>	Amount of contribution (\$)  <b>25.00</b>
Contributor address; City; State; Zip Code <b>3814 County Seat Ln Richmond TX 77469</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
Date <b>10-16-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Jenkins</b>	Amount of contribution (\$)  <b>100.00</b>
Contributor address; City; State; Zip Code <b>418 Larkspur Richmond TX 77469</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10-10-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ariana Beck</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>3803 County Seat Lane Richmond TX 77469</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10-11-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Myrleen P. Knott</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>4043 Mossycup Lane Richmond TX 77469</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-11-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Skarzynski</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>2915 Persimmon Grove Richmond TX 77469</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-11-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda Ramsey</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>706 Texas Star Drive Richmond TX 77469</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10-11-13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dixie Sheffield</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>419 Mistflower Drive, Richmond TX 77469</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10-11-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Deborah Norman</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>423 Grand Fir Lane Richmond TX 77469</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-11-13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Jo Larsen</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>423 Mistflower Drive Richmond TX 77469</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-31-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Scott Leonard</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>21423 Beverly Chase Dr. Richmond TX 77406</b>		
Principal occupation / Job title (See Instructions) <b>owner</b>		Employer (See Instructions) <b>Sugar Land Consulting</b>

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-10-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gina Scherwitz</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>25610 Greenwell Springs Lane, Katy, TX 77494</b>		
8 Principal occupation / Job title (See Instructions) <b>retired</b>		9 Employer (See Instructions) <b>retired</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stacy Schochler</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>24710 Plympton Dr. Katy TX 77494</b>		
Principal occupation / Job title (See Instructions) <b>homemaker</b>		Employer (See Instructions) <b>homemaker</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nancy Craham</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>2951 Cone Flower Drive, Richmond TX 77469</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sally Falgout</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>226 Ranch House Lane, Richmond TX 77469</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-13-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Ann Sturdivant</b>	7 Amount of contribution (\$)  <b>100.00</b>
	6 Contributor address; City; State; Zip Code <b>3418 Satin Leaf Lane Richmond TX 77469</b>	
8 Principal occupation / Job title (See Instructions) <b>retired</b>		9 Employer (See Instructions) <b>retired</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marianne Alcorn</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>323 Arbor Trail Lane Conroe TX 77384</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick Stenkamp</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>27702 Rumson Drive Katy TX 77494</b>	
Principal occupation / Job title (See Instructions) <b>Security Adviser</b>		Employer (See Instructions) <b>Chevron</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda Land Ramsey</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>706 Texas Star Drive, Richmond TX 77469</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-13-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Morales</b>	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>2202 Keystone Ridge Ln., Richmond TX 77469</b>		
8 Principal occupation / Job title (See Instructions) <b>Deputy</b>		9 Employer (See Instructions) <b>Fort Bend</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amber Strickland</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>20302 Lakeland Falls Dr. Cypress TX 77433</b>		
Principal occupation / Job title (See Instructions) <b>Teacher</b>		Employer (See Instructions) <b>CFISD</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Darcel Mercer</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>21610 Roberts Cemetery Rd. Hockley TX 77447</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Hoft</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>2035 Old Dixie Drive Richmond TX 77406</b>		
Principal occupation / Job title (See Instructions) <b>Manager</b>		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-13-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Glenn Harper</b>	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>3315 Continental Drive, Missouri City, TX 77459</b>		
8 Principal occupation / Job title (See Instructions) <b>retired</b>		9 Employer (See Instructions) <b>retired</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah Mayle</b>	Amount of contribution (\$) <b>20.00</b>
Contributor address; City; State; Zip Code <b>2503 Country Place Drive Richmond TX 77406</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stacy Schochler</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>24710 Plympton Drive Katy TX 77494</b>		
Principal occupation / Job title (See Instructions) <b>homemaker</b>		Employer (See Instructions) <b>homemaker</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Larry Rierendeau</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>2423 Glen Haven Lane, Richmond TX 77406</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-13-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vivian Lyons</b>	7 Amount of contribution (\$) <b>30.00</b>
6 Contributor address; City; State; Zip Code <b>14806 Delbarton Drive Houston TX 77083</b>		
8 Principal occupation / Job title (See Instructions) <b>homemaker</b>		9 Employer (See Instructions) <b>homemaker</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thad Olive</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>611 Venice Sugar Land TX 77478</b>		
Principal occupation / Job title (See Instructions) <b>Insurance Agent</b>		Employer (See Instructions) <b>self-employed</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kimberly Nichols</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>10811 Richmond Ave., #52, Houston TX 77042</b>		
Principal occupation / Job title (See Instructions) <b>Relationship Manager</b>		Employer (See Instructions) <b>Insgroup</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sally Falgout</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>226 Ranch House Lane Richmond TX 77469</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-13-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tammy Cleary</b>	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>6415 Cool Water Drive Sugar Land TX 77479</b>		
8 Principal occupation / Job title (See Instructions) <b>Office manager</b>		9 Employer (See Instructions) <b>Spectrum Plumbing Inc.</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Milton Heath</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>11102 Celine Knoll Missouri City TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>Sales</b>		Employer (See Instructions)
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Donna Kwiatkowski</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>2818 Gray Moss Ct. Sugar Land TX 77478</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bryce Ritzen</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>14307 Fenton Lane Sugar Land TX 77498</b>		
Principal occupation / Job title (See Instructions) <b>Legal Assistant</b>		Employer (See Instructions)

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-13-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Ferguson</b>	7 Amount of contribution (\$)  <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>7723 Green Path Court, Sugar Land TX 77479</b>		
8 Principal occupation / Job title (See Instructions) <b>Construction</b>		9 Employer (See Instructions) <b>Liberty Home Pros</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Wright</b>	Amount of contribution (\$)  <b>100.00</b>
Contributor address; City; State; Zip Code <b>42 Burwick St. Sugar Land TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Jenkins</b>	Amount of contribution (\$)  <b>150.00</b>
Contributor address; City; State; Zip Code <b>418 Larkspur Lane Richmond TX 77469</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Andrew Wilf</b>	Amount of contribution (\$)  <b>25.00</b>
Contributor address; City; State; Zip Code <b>3803 Caryn Drive Sugar Land TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-13-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Hoft</b> 6 Contributor address; City; State; Zip Code <b>2035 Old Dixie Drive Richmond TX 77406</b>	7 Amount of contribution (\$) <b>15.00</b>
8 Principal occupation / Job title (See Instructions) <b>manager</b>		9 Employer (See Instructions)
Date <b>11-14-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mitchell Slot</b> Contributor address; City; State; Zip Code <b>5702 Bonica Lane Herriman UT 84096</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Surgical Tech</b>		Employer (See Instructions) <b>Holy Cross Mountain Point Hospital</b>
Date <b>11-15-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>W. Mary Truman</b> Contributor address; City; State; Zip Code <b>17806 Hayward Hill Drive, Richmond TX 77407</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
Date <b>11-18-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alison Johnson</b> Contributor address; City; State; Zip Code <b>3403 Swift Creek Court, Sugar Land, TX 77479</b>	Amount of contribution (\$) <b>70.00</b>
Principal occupation / Job title (See Instructions) <b>Project budgeting</b>		Employer (See Instructions) <b>Fluor</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-13-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brandon D. Bolin</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>4810 Legend Creek Fulshear TX 77441</b>		
8 Principal occupation / Job title (See Instructions) <b>deputy</b>		9 Employer (See Instructions) <b>Fort Bend County</b>
Date <b>11-17-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ozgur Bayazitoglu</b>	Amount of contribution (\$) <b>350.00</b>
Contributor address; City; State; Zip Code <b>8120 Blase Road Rosenberg TX 77471</b>		
Principal occupation / Job title (See Instructions) <b>attorney</b>		Employer (See Instructions) <b>Corebridge Financial</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kristine Jensen Thomason</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>16531 Pradera Drive Houston TX 77083</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-13-2023</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shayne Newell</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>5022 Cedar Spring Drive Missouri City TX 77459</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chad Norvell</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 428, Simonton, TX 77476</b>		
Principal occupation / Job title (See Instructions) <b>Constable</b>		Employer (See Instructions) <b>Fort Bend County</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Henley</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>7810 Shamrock Lane Richmond TX 77406</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
Date <b>11-12-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Virginia Randolph</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>622 Texas Star Drive Richmond TX 77469</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-13-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dean Hrbacek</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>1239 Creekside Circle Sugar Land TX 77478</b>		
8 Principal occupation / Job title (See Instructions) <b>Judge</b>		9 Employer (See Instructions) <b>Frost Bend County</b>
Date <b>11-13-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dixie Jean Sheffield</b>	Amount of contribution (\$) <b>30.00</b>
Contributor address; City; State; Zip Code <b>419 Mistflower Drive Richmond TX 77469</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11-14-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Friends of John Herman</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>906 Mill Run Drive Sugar Land TX 77498</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11-30-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bruce Marshall</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>205 Knollwood Creek Onalaska TX 77360</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>19</b>
2 FILER NAME <b>Marshall B. Slot</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12-23-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Terry Felcman</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>2525 Cedar Lane Rosenberg TX 77471</b>		
8 Principal occupation / Job title (See Instructions) <b>retired</b>		9 Employer (See Instructions) <b>retired</b>
Date <b>12-25-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shirley Nilson</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>2702 Millers Falls Ct. Richmond TX 77406</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>
Date <b>12-28-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charlie Farrugia</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>522 S. Belknap St Sugar Land TX 77478</b>		
Principal occupation / Job title (See Instructions) <b>Sales</b>		Employer (See Instructions) <b>Westheimer Transfer &amp; Storage</b>
Date <b>12-30-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Denise Haemel</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>9911 Ironwood Lane Richmond TX 77469</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>retired</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



**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:

1

2 FILER NAME

Marshall B. Slot

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ —

5 Date of loan

12-14-2023

7 Name of lender

Parke Slot

out-of-state PAC (ID#: \_\_\_\_\_ )

9 Loan Amount (\$)

15,000.00

6 Is lender a financial institution?

Y  N

8 Lender address;

City;

State;

Zip Code

318 Deer Creek Trail, Baneberry TN  
37890

10 Interest rate

—

11 Maturity date

—

12 Principal occupation / Job title (See Instructions)

retired

13 Employer (See Instructions)

retired

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

12-29-2023

Name of lender

Marshall B. Slot

out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

15,000.00

Is lender a financial institution?

Y  N

Lender address;

City;

State;

Zip Code

2031 Old Dixie Drive, Richmond TX  
77406

Interest rate

—

Maturity date

—

Principal occupation / Job title (See Instructions)

Security Advisor

Employer (See Instructions)

Chevron

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>23</b>	<b>2</b> FILER NAME <b>Marshall B. Slot</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7-31-23</b>	<b>5</b> Payee name <b>Frost Bank</b>	
<b>6</b> Amount (\$) <b>10.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>620 Hwy 6, Sugar Land, TX 77478</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Accounting / Banking - Fees</b>	<b>(b)</b> Description <b>Fees</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <b>9-27-23</b>	<b>Payee name</b> <b>Parks Youth Ranch</b>	
<b>Amount (\$)</b> <b>519.75</b>	<b>Payee address; City; State; Zip Code</b> <b>11614 FM 361, Richmond TX 77469</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Event Expense</b>	<b>Description</b> <b>Purchase of sponsorships for event</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <b>10-10-23</b>	<b>Payee name</b> <b>Relentless Defender Apparel</b>	
<b>Amount (\$)</b> <b>1478.00</b>	<b>Payee address; City; State; Zip Code</b> <b>215 Gonyo Lane Richmond TX 77469</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>Description</b> <b>T-Shirts w/ Logos and Ads</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>23</b>	2 FILER NAME <b>Marshall B. Slot</b>	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date <b>10-27-23</b>	5 Payee name <b>Branding Matters</b>
---------------------------	---

6 Amount (\$) <b>124.49</b>	7 Payee address; <b>8034 US 90-Alt</b>	City; <b>Sugar Land</b>	State; <b>TX</b>	Zip Code <b>77478</b>
--------------------------------	---	----------------------------	---------------------	--------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Campaign stickers, pens</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <b>11-8-23</b>	Payee name <b>Universal Signs &amp; Banners</b>
------------------------	--

Amount (\$) <b>675.00</b>	Payee address; <b>7825 Hwy 6</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77083</b>
------------------------------	-------------------------------------	-------------------------	---------------------	--------------------------

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

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

Date <b>11-8-23</b>	Payee name <b>Universal Signs &amp; Banners</b>
------------------------	--

Amount (\$) <b>55.68</b>	Payee address; <b>7825 Hwy 6</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77083</b>
-----------------------------	-------------------------------------	-------------------------	---------------------	--------------------------

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>23</i>	<b>2</b> FILER NAME <i>Marshall B. Slot</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11-14-23</i>	<b>5</b> Payee name <i>Branding Matters</i>	
<b>6</b> Amount (\$) <i>110.42</i>	<b>7</b> Payee address; City; State; Zip Code <i>8034 US-AH. 90 Sugar Land TX 77478</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	<b>(b)</b> Description <i>Campaign Cards, Handouts</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>11-14-23</i>	Candidate / Officeholder name <i>Clancy's Public House</i>	Office sought Office held
Amount (\$) <i>1467.94</i>	Payee address; City; State; Zip Code <i>503 FM 359 # 118 Richmond TX 77406</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Food</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Date <i>11-30-23</i>	Candidate / Officeholder name <i>Frost Bank</i>	Office sought Office held
Amount (\$) <i>5.00</i>	Payee address; City; State; Zip Code <i>620 Hwy 6 Sugar Land TX 77478</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Accounting / Banking</i>	Description <i>Fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>23</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <b>12-01-2023</b>	5 Payee name <b>512 New Media</b>	
6 Amount (\$) <b>8847.80</b>	7 Payee address; City; State; Zip Code <b>6161 Savoy Drive, Suite 1200A Houston TX 77036</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <b>Campaign design, media production</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>12-14-23</b>	Candidate / Officeholder name <b>Frost Bank</b>	
Amount (\$) <b>15.00</b>	Office sought <b>Sugar Land TX 77478</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Accounting / Banking</b>	Description <b>Wire Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name <b>Frost Bank</b>		
Date <b>12-18-23</b>	Office held	
Amount (\$) <b>73.00</b>	Office sought	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>post box account fee</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name <b>The UPS Store # 6565</b>		
Date <b>12-18-23</b>	Office held	
Amount (\$) <b>73.00</b>	Office sought	
Candidate / Officeholder name <b>503 FM 359, Suite 130 Richmond TX 77406</b>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>23</b>	2 FILER NAME <b>Marshall B. Slot</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12-22-23</b>	5 Payee name <b>Sweetgrass Republican Club</b>	
6 Amount (\$) <b>500.00</b>	7 Payee address; City; State; Zip Code <b>707 Del Webb Blvd. Richmond TX 77469</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Purchase of Table Sponsorship for Event</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>12-27-23</b>	Candidate / Officeholder name <b>Fort Bend Herald</b>	
Amount (\$) <b>800.00</b>	Office sought <b>Rosenberg TX 77471</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Newspaper advertisement purchase</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>12-29-23</b>	Candidate / Officeholder name <b>512 New Media</b>	
Amount (\$) <b>289.67</b>	Office sought <b>Houston TX 77036</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Media production, web page design</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 23	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
---	---------------------	--

<b>4</b> Date 12-29-23	<b>5</b> Payee name 512 New Media
---------------------------	--------------------------------------

<b>6</b> Amount (\$) 1379.00	<b>7</b> Payee address; 6161 Savoy Drive, Suite 1200A	City; Houston	State; TX	Zip Code 77036
---------------------------------	--	------------------	--------------	-------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description Campaign design, web page
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12-29-23	Payee name Frost Bank
------------------	--------------------------

Amount (\$) 5.00	Payee address; 620 Hwy 6	City; Sugar Land	State; TX	Zip Code 77478
---------------------	-----------------------------	---------------------	--------------	-------------------

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

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

Date 7-5-23	Payee name Anedot Inc.
----------------	---------------------------

Amount (\$) 2.30	Payee address; 1340 Poydras Street, Suite 1700, New Orleans	City; LA	State; LA	Zip Code 70112
---------------------	--	-------------	--------------	-------------------

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 23	<b>2</b> FILER NAME Marshall B. Slot	<b>3</b> Filer ID (Ethics Commission Filers)
---	---	--

<b>4</b> Date 7-6-23	<b>5</b> Payee name Anedot Inc.
-------------------------	------------------------------------

<b>6</b> Amount (\$) 10.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
-------------------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Processing Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 7-7-23	Payee name Anedot Inc.
----------------	---------------------------

Amount (\$) 8.60	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
---------------------	---

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

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

Date 7-8-23	Payee name Anedot Inc.
----------------	---------------------------

Amount (\$) 18.90	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
----------------------	---

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 23	<b>2</b> FILER NAME Marshall B. Slot	<b>3</b> Filer ID (Ethics Commission Filers)
---	---	--

<b>4</b> Date 7-18-23	<b>5</b> Payee name Anedot Inc.
--------------------------	------------------------------------

<b>6</b> Amount (\$) 20.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
-------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Processing Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 7-26-23	Payee name Anedot Inc.
-----------------	---------------------------

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

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

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

Date 8-16-23	Payee name Anedot Inc.
-----------------	---------------------------

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

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>23</b>	<b>2</b> FILER NAME <b>Marshall B. Slot</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>9-06-23</b>	<b>5</b> Payee name <b>Anedot Inc.</b>
---------------------------------	---

<b>6</b> Amount (\$) <b>4.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
-------------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	<b>(b)</b> Description <b>Processing Fee</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>9-24-23</b>	Payee name <b>Anedot Inc.</b>
------------------------	----------------------------------

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

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

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

Date <b>10-4-23</b>	Payee name <b>Anedot Inc.</b>
------------------------	----------------------------------

Amount (\$) <b>2.30</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
----------------------------	--

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 23	<b>2</b> FILER NAME Marshall B. Slot	<b>3</b> Filer ID (Ethics Commission Filers)
---	---	--

<b>4</b> Date 10-11-23	<b>5</b> Payee name Anedot Inc.
---------------------------	------------------------------------

<b>6</b> Amount (\$) 20.20	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
-------------------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Processing Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10-16-23	Payee name Anedot Inc.
------------------	---------------------------

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

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

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

Date 10-31-23	Payee name Anedot Inc.
------------------	---------------------------

Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
----------------------	---

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F1: 23      **2** FILER NAME: Marshall B. Slot      **3** Filer ID (Ethics Commission Filers)

**4** Date: 11-10-23      **5** Payee name: Anedot Inc.

**6** Amount (\$): 4.30      **7** Payee address; City; State; Zip Code: 1340 Poydras Street, Suite 1770 New Orleans, LA 70112

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Accounting/Banking</u>	(b) Description <u>Processing Fee</u>
	(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: 11-13-23      Payee name: Anedot Inc.

Amount (\$): 2.30      Payee address; City; State; Zip Code: 1340 Poydras Street, Suite 1770 New Orleans, LA 70112

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Accounting/Banking</u>	Description <u>Processing Fee</u>
	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: 11-13-23      Payee name: Anedot Inc.

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

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>23</b>	<b>2</b> FILER NAME <b>Marshall B. Slot</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>11/13/2023</b>	<b>5</b> Payee name <b>Anedot Inc.</b>
------------------------------------	---

<b>6</b> Amount (\$) <b>1.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
-------------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	(b) Description <b>Processing Fee</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>11/13/2023</b>	Payee name <b>Anedot Inc.</b>
---------------------------	----------------------------------

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

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

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

Date <b>11/13/2023</b>	Payee name <b>Anedot Inc.</b>
---------------------------	----------------------------------

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

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>23</b>	<b>2</b> FILER NAME <b>Marshall B. Slot</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>11/13/2023</b>	<b>5</b> Payee name <b>Anedot Inc.</b>
------------------------------------	---

<b>6</b> Amount (\$) <b>4.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
-------------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	<b>(b)</b> Description <b>Processing Fee</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>11/13/2023</b>	Payee name <b>Anedot Inc.</b>
---------------------------	----------------------------------

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

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

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

Date <b>11/13/2023</b>	Payee name <b>Anedot Inc.</b>
---------------------------	----------------------------------

Amount (\$) <b>1.30</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
----------------------------	--

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>23</b>	<b>2</b> FILER NAME <b>Marshall B. Slot</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/13/2023</b>	<b>5</b> Payee name <b>Anedot Inc.</b>	
<b>6</b> Amount (\$) <b>2.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	<b>(b)</b> Description <b>Processing Fee</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>11/13/2023</b>	Payee name <b>Anedot Inc.</b>	
Amount (\$) <b>1.30</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Processing Fee</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>11/13/2023</b>	Payee name <b>Anedot Inc.</b>	
Amount (\$) <b>4.30</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Processing Fee</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>23</b>	<b>2</b> FILER NAME <b>Marshall B. Slot</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>11/13/2023</b>	<b>5</b> Payee name <b>Anedot Inc.</b>
------------------------------------	---

<b>6</b> Amount (\$) <b>1.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
-------------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	<b>(b)</b> Description <b>Processing Fee</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>11/13/2023</b>	Payee name <b>Anedot Inc.</b>
---------------------------	----------------------------------

Amount (\$) <b>1.10</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
----------------------------	--

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

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

Date <b>11/13/2023</b>	Payee name <b>Anedot Inc.</b>
---------------------------	----------------------------------

Amount (\$) <b>1.30</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
----------------------------	--

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>23</b>	<b>2</b> FILER NAME <b>Marshall B. Slot</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>11/13/2023</b>	<b>5</b> Payee name <b>Anedot Inc.</b>
------------------------------------	---

<b>6</b> Amount (\$) <b>10.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
--------------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	<b>(b)</b> Description <b>Processing Fee</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>11/13/2023</b>	Payee name <b>Anedot Inc.</b>
---------------------------	----------------------------------

Amount (\$) <b>1.50</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
----------------------------	--

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

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

Date <b>11/13/2023</b>	Payee name <b>Anedot Inc.</b>
---------------------------	----------------------------------

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

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>23</b>	<b>2</b> FILER NAME <b>Marshall B. Slot</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>11/13/2023</b>	<b>5</b> Payee name <b>Anedot Inc.</b>
------------------------------------	---

<b>6</b> Amount (\$) <b>2.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
-------------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	<b>(b)</b> Description <b>Processing Fee</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>11/13/2023</b>	Payee name <b>Anedot Inc.</b>
---------------------------	----------------------------------

Amount (\$) <b>1.30</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
----------------------------	--

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

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

Date <b>11/13/2023</b>	Payee name <b>Anedot Inc.</b>
---------------------------	----------------------------------

Amount (\$) <b>1.30</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
----------------------------	--

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>23</b>	<b>2</b> FILER NAME <b>Marshall B. Slot</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date <b>11/13/2023</b>	<b>5</b> Payee name <b>Anedot Inc.</b>
------------------------------------	---

<b>6</b> Amount (\$) <b>4.30</b>	<b>7</b> Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
-------------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	<b>(b)</b> Description <b>Processing Fee</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>11/13/2023</b>	Payee name <b>Anedot Inc.</b>
---------------------------	----------------------------------

Amount (\$) <b>1.30</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
----------------------------	--

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

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

Date <b>11/13/2023</b>	Payee name <b>Anedot Inc.</b>
---------------------------	----------------------------------

Amount (\$) <b>1.30</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
----------------------------	--

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 23	<b>2</b> FILER NAME Marshall B. Slot	<b>3</b> Filer ID (Ethics Commission Filers)
---	---	--

<b>4</b> Date 11-13-23	<b>5</b> Payee name Anedot Inc.
---------------------------	------------------------------------

<b>6</b> Amount (\$) 4.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
------------------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Processing Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11-13-23	Payee name Anedot Inc.
------------------	---------------------------

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

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

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

Date 11-13-23	Payee name Anedot Inc.
------------------	---------------------------

Amount (\$) 6.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
---------------------	---

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 23	<b>2</b> FILER NAME Marshall B. Slot	<b>3</b> Filer ID (Ethics Commission Filers)
---	---	--

<b>4</b> Date 11-13-23	<b>5</b> Payee name Anedot Inc.
---------------------------	------------------------------------

<b>6</b> Amount (\$) 1.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Processing Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 11-13-23	Payee name Anedot Inc.
------------------	---------------------------

Amount (\$) 0.90	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
---------------------	---

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

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

Date 11-14-23	Payee name Anedot Inc.
------------------	---------------------------

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>23</b>	2 FILER NAME <b>Marshall B. Slot</b>	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date <b>11-15-23</b>	5 Payee name <b>Anedot Inc.</b>
---------------------------	------------------------------------

6 Amount (\$) <b>4.30</b>	7 Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
------------------------------	--

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

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

Date <b>11-18-23</b>	Payee name <b>Anedot Inc.</b>
-------------------------	----------------------------------

Amount (\$) <b>3.10</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
----------------------------	--

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

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

Date <b>11-30-23</b>	Payee name <b>Anedot Inc.</b>
-------------------------	----------------------------------

Amount (\$) <b>8.30</b>	Payee address; City; State; Zip Code <b>1340 Poydras Street, Suite 1770 New Orleans, LA 70112</b>
----------------------------	--

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 23	<b>2</b> FILER NAME Marshall B. Slot	<b>3</b> Filer ID (Ethics Commission Filers)
---	---	--

<b>4</b> Date 12-23-23	<b>5</b> Payee name Anedot Inc.
---------------------------	------------------------------------

<b>6</b> Amount (\$) 10.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
-------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Processing Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12-25-23	Payee name Anedot Inc.
------------------	---------------------------

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

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

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

Date 12-28-23	Payee name Anedot Inc.
------------------	---------------------------

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

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 23	<b>2</b> FILER NAME Marshall B. Slot	<b>3</b> Filer ID (Ethics Commission Filers)
---	---	--

<b>4</b> Date 12-30-23	<b>5</b> Payee name Anedot Inc.
---------------------------	------------------------------------

<b>6</b> Amount (\$) 20.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1700 New Orleans LA 70112
-------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<input type="checkbox"/> <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 1	<b>2</b> FILER NAME Marshall B. Slot	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date July 31, 2023	<b>6</b> Payee name Branding Matters	
<b>7</b> Amount (\$) 129.90	<b>8</b> Payee address; 8034 U.S. Alt. 90 City: Sugar Land State: TX Zip Code: 77478	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Name Tags
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date August 22, 2023	Payee name Branding Matters	
Amount (\$) 81.19	Payee address; 8034 U.S. 90-Alt. City: Sugar Land State: TX Zip Code: 77478	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>3</b>	<b>2</b> FILER NAME <b>Marshall B. Slot</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>9-7-2023</b>	<b>5</b> Payee name <b>American Express</b>	
<b>6</b> Amount (\$) <b>211.09</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>P.O. Box 96001, Los Angeles CA 90096</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Credit Card Payment</b>	<b>(b)</b> Description <b>Payment of credit card bill for printing expense for political adv. materials</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>8-13-2023</b>	Payee name <b>UPS Store #6565</b>	
Amount (\$) <b>64.25</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>503 FM 359, Suite 130 Richmond TX 77406</b>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>prepare printed handouts</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>8-21-2023</b>	Payee name <b>UPS Store #6565</b>	
Amount (\$) <b>73.62</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>503 FM 359, Suite 130 Richmond TX 77406</b>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Prepare printed fliers and handouts</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>3</b>	2 FILER NAME <b>Marshall B. Slot</b>	3 Filer ID (Ethics Commission Filers)
---------------------------------------	---	---------------------------------------

4 Date <b>8-25-2023</b>	5 Payee name <b>Clockwork Consulting, LLC</b>
----------------------------	--

6 Amount (\$) <b>2,252.50</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1347 Lamonte Lane Houston TX 77018</b>
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <b>Campaign consulting &amp; advice fees</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date <b>9-1-2023</b>	Payee name <b>Xpress Sign</b>
-------------------------	----------------------------------

Amount (\$) <b>154.64</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>3819 South HWG, Houston TX 77082</b>
---	---

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

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

Date <b>9-3-2023</b>	Payee name <b>The Leadership Institute</b>
-------------------------	---

Amount (\$) <b>25.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1101 N. Highland St. Arlington VA 22201</b>
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Campaign training</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>3</b>	2 FILER NAME <b>Marshall B. Slot</b>	3 Filer ID (Ethics Commission Filers)
---------------------------------------	---	---------------------------------------

4 Date <b>11-10-2023</b>	5 Payee name <b>Arri's Cookies</b>
-----------------------------	---------------------------------------

6 Amount (\$) <b>114.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <b>1723 5<sup>th</sup> st.</b>	City; <b>Rosenberg</b>	State; <b>TX</b>	Zip Code <b>77471</b>
---	--	---------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food / Beverage Expense</b>	(b) Description <b>Cookies for event</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
---	----------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
---	----------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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