

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 19	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Marshall	MI B	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME	LAST Slot	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 503 FM 359 #130-130, Richmond TX 77406	APT / SUITE #;	CITY; STATE; ZIP CODE	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 846-7568	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Ozgur	MI K	
	NICKNAME Ozzie	LAST Bayazitoglu	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); 8120 Blase Road, Rosenberg		CITY; STATE; ZIP CODE TX 77471	
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 546-6401	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 2024 01 / 25 / 2024			
11 ELECTION	ELECTION DATE Month Day Year 03 / 05 / 2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Fort Bend County Sheriff	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

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.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,075.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,331.76
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 7
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 1-6-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy Creel	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 19215 Merchant Mark Lane, Richmond TX 77407 -3482		
8 Principal occupation / Job title (See Instructions) Software architect		9 Employer (See Instructions) Texas Children's Health Plan
Date 1-7-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy McCaslin	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3511 Autumn Bend Dr. SugarLand TX 77479		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 1-13-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Bronsell	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3010 River Bend Drive Rosenberg TX 77471		
Principal occupation / Job title (See Instructions) Deputy Constable		Employer (See Instructions) Fort Bend County
Date 1-12-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd R. Richey	Amount of contribution (\$) 3,000.00
Contributor address; City; State; Zip Code 2515 La Salle Lane Richmond TX 77406		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 1-14-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary L. Roye	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 3423 Sapelo Way, Richmond TX 77469-1960	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-14-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Ann Sturdivant	Amount of contribution (\$) 150.00
	Contributor address; City; State; Zip Code 3418 Satin Leaf Lane Richmond TX 77469-1964	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-14-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory Gibson	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 418 Spindrift Circle Richmond TX 77469	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 1-14-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amie Bogaard	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 3439 Satin Leaf Lane Richmond TX 77469	
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Chevron

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 1-17-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Koch	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4807 Hillswick Drive Sugar Land TX 77479		
8 Principal occupation / Job title (See Instructions) worker		9 Employer (See Instructions) KMI
Date 1-18-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindy Le	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 15614 Sierra Valle Drive Houston TX 77083		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 1-20-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Slot	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 850 Imperial Blvd., # 210 Sugar Land TX 77498		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-22-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Scott	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 16931 Ascot Meadow Dr. Sugar Land TX 77479		
Principal occupation / Job title (See Instructions) real estate manager		Employer (See Instructions) self

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 1-23-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie Meredith	7 Amount of contribution (\$) 150.00
6 Contributor address; City; State; Zip Code 4906 Cambridge St. Sugar Land TX 77479		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 1-25-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane Davis	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 1935 Farmers Creek Dr. Richmond TX 77406		
Principal occupation / Job title (See Instructions) registered nurse		Employer (See Instructions) HCA Healthcare
Date 1-22-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Lohman	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3107 Silver Springs Ct. Missouri City TX 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-21-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Snyder	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 5623 Ivory Cove Lane Fulshear TX 77441		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 1-21-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholas Cholometes	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 2845 W. Int. Airport Road, Condo G202 Anchorage, Alaska 99502	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-21-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Jennische Sr.	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 5819 Perdarnales Blvd. Fulshear TX 77441	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-18-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milton Heath III	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 11102 Celina Knl. Missouri City TX 77459	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-20-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Baron	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 29023 Coffee Mill Lane Fulshear TX 77441	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 1-21-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gail Shook	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 28905 Autumn Shore Dr. Fulshear TX 77441		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-23-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josephine E. Howard	Amount of contribution (\$) 2000.00
Contributor address; City; State; Zip Code 9300 US 90A Sugar Land TX 77478		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-11-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol A. Townsend	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 419 Larkspur Lane Richmond TX 77469		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-11-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent Beringer	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 330 Seaside Sparrow Way Richmond TX 77469		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 1-25-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) P. B. Aston	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 3935 Mossycup Richmond TX 77469	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-7-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-13-2024	Payee name Anedot Inc.
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Amount (\$) 2.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 1-14-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 10.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-14-2024	Payee name Anedot Inc.
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Amount (\$) 10.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-17-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 1-18-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 12.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-20-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-22-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F1: 9	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 1-23-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 6.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-25-2024	Payee name Anedot Inc.
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Amount (\$) 1.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

Amount (\$)	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 9	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 1-5-2024	5 Payee name Behind the Badge Charities	
6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code 202 Century Square Blvd. Sugar Land TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution to Charity	(b) Description Purchase of Table Sponsorship at Event
	(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 778.50	Payee name Dibrell & Associates	
Amount (\$)	Payee address; City; State; Zip Code 4203 Glade Shadow Ct. Katy TX 77494	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Consulting & Yard Signs
	<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 1-11-2024	Payee name 512 New Media	
Amount (\$) 8,847.80	Payee address; City; State; Zip Code 6161 Savoy Drive, Suite 1200A Houston TX 77036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign marketing, design
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9		2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)	
4 Date 1-12-2024		5 Payee name Dibrell & Associates			
6 Amount (\$) 622.80		7 Payee address; 4203 Glade Shadow Ct.		City; Katy	State; TX
				Zip Code 77494	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Consulting with Yard Signs, Yard Signs		
	<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 1-16-2024		Payee name Home Depot			
Amount (\$) 235.77		Payee address; 24400 Commercial Dr.		City; Rosenberg	State; TX
				Zip Code 77471	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Hardware and parts for signs		
	<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 1-16-2024		Payee name ACE Plantation Hardware			
Amount (\$) 349.30		Payee address; 11818 Mason Rd.		City; Richmond	State; TX
				Zip Code 77406	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Hardware and parts for signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 1-22-2024	5 Payee name ACE Plantation Hardware	
6 Amount (\$) 255.22	7 Payee address; 11818 Mason Road, Richmond	City; State; Zip Code TX 77406
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Hardware and parts for signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-22-2024	Payee name Lowe's	
Amount (\$) 311.13	Payee address; 28005 Southwest Freeway	City; State; Zip Code Rosenberg TX 77471
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Hardware and parts for signs
	<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 1-22-2024	Payee name Home Depot	
Amount (\$) 133.45	Payee address; 24400 Commercial Drive	City; State; Zip Code Rosenberg TX 77471
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Hardware and parts for signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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: 9	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 1-22-2024	5 Payee name Home Depot
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6 Amount (\$) 214.34	7 Payee address; 10419 HWG S	City; Sugar Land	State; TX	Zip Code 77498
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Hardware and parts for signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-22-2024	Payee name Facebook
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Amount (\$) 2.00	Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description social media post
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-22-2024	Payee name Facebook
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Amount (\$) 2.00	Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description social media post
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 1-23-2024	5 Payee name Facebook	
6 Amount (\$) 2.15	7 Payee address; City; State; Zip Code 1 Hacker Way Menio Park CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Social media post
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 1-25-2024	Payee name Frost Bank	
Amount (\$) 5.00	Payee address; City; State; Zip Code 620 HW 6 Sugar Land TX 77478	
PURPOSE OF EXPENDITURE	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	Payee name	
Amount (\$)	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

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