

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: 33
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Marshall	MI B.
	NICKNAME	LAST Slot	SUFFIX
OFFICE USE ONLY			
Date Received			
FEB 25 2024 RCUV			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; 503 FM 359 #130-130, Richmond TX	APT / SUITE #; 77406	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 TX	CITY: STATE: ZIP CODE 77471
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 546-6401	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" 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 / 26 / 2024 02 / 24 / 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)	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.		
Additional Pages	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

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

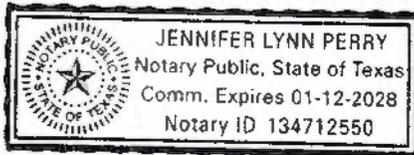
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>Marshall B. Slot</u>		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>120.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>9,236.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>23,433.40</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>13,327.40</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]
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Marshall Brian Slot this the 26 day of February

20 24, to certify which, witness my hand and seal of office.

[Signature] Jennifer Lynn Perry Notary of public
Signature of officer administering oath Printed name of officer administering oath 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 <i>Marshall B. Slot</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>9116.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>23,433.40</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date Feb. 1, 2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridget McGowen	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 527 Lombardy Drive Sugar Land TX 77478		
8 Principal occupation / Job title (See Instructions) business owner		9 Employer (See Instructions) Roadrunner Ltd.
Date Feb. 1, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Malone	Amount of contribution (\$) 1.00
Contributor address; City; State; Zip Code 6161 Savoy Drive, Suite 1200 Houston TX 77035		
Principal occupation / Job title (See Instructions) marketing		Employer (See Instructions) 512 New Media
Date Feb. 2, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana Hamor	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1003 Mill Valley Drive SugarLand TX 77498		
Principal occupation / Job title (See Instructions) Adminstrator		Employer (See Instructions) Hale Associates
Date Feb. 2, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Johnson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3927 Mossycup Lane Richmond TX 77469		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date Feb. 3, 2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anna Bills	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 28523 Pewter Knolls Dr. Katy TX 77494		
8 Principal occupation / Job title (See Instructions) teacher		9 Employer (See Instructions) Katy JSD
Date Feb. 3, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria Greer	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3902 Fawn Nest Trail, SugarLand TX 77479		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date Feb. 5, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Schiro	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 21118 Meadow Ash Ct. Richmond TX 77407		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date Feb. 5, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Feeney	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1106 Misty Lake Drive SugarLand TX 77498		
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: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date Feb. 6, 2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug White	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 5423 Ashley Way Ct. Sugar Land TX 77479		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date Feb. 6, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Grimes	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1714 Sendero Street Richmond TX 77406		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date Feb. 7, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorri King	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2103 Old Dixie Drive Richmond TX 77406		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date Feb. 8, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stella Lee-Cordova	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 310 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: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date Feb. 9, 2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vona Morefield	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; State; Zip Code 223 Golfview Drive Richmond TX 77469	
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) North Side Electrical Motors
Date Feb. 10, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Florence	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 13726 Lynnwood Lane Sugar Land TX 77498	
Principal occupation / Job title (See Instructions) graphic manager		Employer (See Instructions) BGE Inc.
Date Feb. 11, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Spencer	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 13111 Windmill Grove Drive Richmond TX 77407	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date Feb. 12, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Graham	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 2951 Cone Flower Drive 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: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date Feb. 12, 2024	5 Full name of contributor Carolyn Skarzynski out-of-state PAC (ID#: _____) 6 Contributor address: City: State: Zip Code 2915 Persimmon Grove Richmond TX 77469	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date Feb. 12, 2024	Full name of contributor Greg Cordova out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code 310 Seaside Sparrow Way Richmond TX 77469	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) IT Security		Employer (See Instructions) Kelsey Seybold Clinic
Date Feb. 13, 2024	Full name of contributor Marloue Bentley out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code 2523 Colonel Court Drive Richmond TX 77406	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Engineering Manager		Employer (See Instructions) Wood
Date Feb. 15, 2024	Full name of contributor Thomas Ryan out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code 438 Spindrift Circle Richmond TX 77469	Amount of contribution (\$) 25.00
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: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date Feb 15, 2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaya Bayazitoglu	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 8120 Blase Road Rosenberg TX 77471		
8 Principal occupation / Job title (See Instructions) graduate student		9 Employer (See Instructions) U. Texas
Date Feb 16, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Greeson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 600 Country Club Drive Richmond TX 77469		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date Feb. 16, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayla Greeson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 600 Country Club Drive Richmond TX 77469		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Feb 19, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xuemei Yang	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5511 Tyler Park Lane Katy TX 77494		
Principal occupation / Job title (See Instructions) Accountant		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: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date Feb. 13, 2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caleb Pillado Leon	7 Amount of contribution (\$) 70.00
6 Contributor address; City; State; Zip Code 2206 Hallow Bloom Lane Katy TX 77494		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date Feb. 12, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paula M. Ryan	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3703 County Seat Lane Richmond TX 77469		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Feb. 20, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Bardete	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3902 Belover Park Drive Katy TX 77450		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date Feb. 20, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffery Alford	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1106 Summer Brook Sugar Land TX 77479		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Sweetwater Medical Associates

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date Feb. 20, 2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Scheifley	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 714 Winston Lane Sugar Land TX 77479		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date Feb. 20, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocky Lane	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3606 Point Clear Drive Missouri City TX 77459		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date Feb. 21, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amit Y. Kumar	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 1011 Oakland Ct. Sugar Land TX 77498		
Principal occupation / Job title (See Instructions) Power Scheduler		Employer (See Instructions) Macquaire Holdings
Date Feb. 21, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter Reed	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 4318 Horizon View Circle Sugar Land TX 77479		
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: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date Feb. 19, 2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Scott	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3526 Grayson Gardens Ct. Fulshear TX 77471		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date February 16, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret A. O'Pry	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 1622 Deerfield Ct. Richmond TX 77406		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Feb. 20, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George H. Adams	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 4501 Cartwright Road, Missouri City TX 77459		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Feb. 21, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Jo Patterson	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 314 S. Belknap Sugar Land TX 77478		
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: 10
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date Feb. 21, 2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James D. Patterson Contributor address; City; State; Zip Code 314 Belknap Sugar Land TX 77478	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date Feb. 20, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Lohman Contributor address; City; State; Zip Code 3107 Silver Springs Ct., Missouri City, TX 77459	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Feb. 23, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith L. Echols Contributor address; City; State; Zip Code 1403 Emmott Drive Richmond TX 77406	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Feb. 22, 2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milton T. Wright Contributor address; City; State; Zip Code 700 Dog Leg Ct. Richmond TX 77469	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 20	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date Feb. 1, 2024	5 Payee name Anedot Inc.
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6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 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 Feb. 1, 2024	Payee name Anedot Inc.
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Amount (\$) 0.34	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 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 Feb 2, 2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 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
--	-------------------------------	---------------	-------------

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: 20	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
---	---	---------------------------------------

4 Date Feb. 2, 2024	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
------------------------------	--

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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date Feb. 3, 2024	Payee name Anedot Inc.
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Amount (\$) 1.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date Feb. 3, 2024	Payee name Anedot Inc.
-----------------------------	----------------------------------

Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>20</i>	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date <i>Feb. 5, 2024</i>	5 Payee name Anedot Inc.	
6 Amount (\$) <i>4.30</i>	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>Feb. 5, 2024</i>	Payee name Anedot Inc.	
Amount (\$) <i>4.30</i>	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <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 <i>Feb. 6, 2024</i>	Payee name Anedot Inc.	
Amount (\$) <i>8.30</i>	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: **20** 2 FILER NAME: **Marshall B. Slot** 3 Filer ID (Ethics Commission Filers)

4 Date: **Feb. 6, 2024** 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

8 PURPOSE OF EXPENDITURE: **Accounting/Banking** (b) Description: **Processing Fee**
 (a) Category (See Categories listed at the top of this schedule) (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: **Feb. 7, 2024** Payee name: **Anedot Inc.**

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

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

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

Date: **Feb. 8, 2024** Payee name: **Anedot Inc.**

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

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

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

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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: 20	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date Feb. 9, 2024	5 Payee name Anedot Inc.
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6 Amount (\$) 20.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date Feb. 10, 2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date Feb. 11, 2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date Feb. 12, 2024	5 Payee name Anedot Inc.
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6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans, LA	State; 70112	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date Feb. 12, 2024	Payee name Anedot Inc.
------------------------------	----------------------------------

Amount (\$) 10.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans, LA	State; 70112	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date Feb. 12, 2024	Payee name Anedot Inc.
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Amount (\$) 2.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans, LA	State; 70112	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)	
4 Date Feb. 13 2024	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	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Processing Fee	
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date Feb. 15, 2024	Payee name Anedot Inc.			
Amount (\$) 1.30	Payee address;	City;	State;	Zip Code
	1340 Poydras Street, Suite 1770	New Orleans, LA	70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Processing Fee	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date Feb. 15, 2024	Payee name Anedot Inc.			
Amount (\$) 40.30	Payee address;	City;	State;	Zip Code
	1340 Poydras Street, Suite 1770	New Orleans, LA	70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Processing Fee	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 20	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date Feb 16, 2024	5 Payee name Anedot Inc.
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6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date Feb. 16, 2024	Payee name Anedot Inc.
------------------------------	----------------------------------

Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date Feb. 19, 2024	Payee name Anedot Inc.
------------------------------	----------------------------------

Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: <i>20</i>	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date <i>Feb. 20, 2024</i>	5 Payee name Anedot Inc.	
6 Amount (\$) <i>10.30</i>	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>Feb. 20, 2024</i>	Payee name Anedot Inc.	
Amount (\$) <i>4.30</i>	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>Feb. 20, 2024</i>	Payee name Anedot Inc.	
Amount (\$) <i>4.30</i>	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>20</i>	2 FILER NAME Marshall B. Stot	3 Filer ID (Ethics Commission Filers)
4 Date <i>Feb. 21, 2024</i>	5 Payee name Anedot Inc.	
6 Amount (\$) <i>1.30</i>	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <i>Feb. 21, 2024</i>	Payee name Anedot Inc.	
Amount (\$) <i>2.30</i>	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date	Payee name Anedot Inc.	
Amount (\$)	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>20</i>	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date <i>Jan. 26, 2024</i>	5 Payee name Facebook	
6 Amount (\$) <i>2.00</i>	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Social Media Post
	(c) Check if travel outside of Texas. Complete Schedule T. 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 <i>Jan 26, 2024</i>	Payee name Facebook	
Amount (\$) <i>3.00</i>	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media Post
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>Jan. 29, 2024</i>	Payee name Facebook	
Amount (\$) <i>5.00</i>	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media Post
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 20	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date Jan. 29, 2024	5 Payee name Facebook
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6 Amount (\$) 7.16	7 Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Social Media Post
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date Jan. 29, 2024	Payee name Facebook
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Amount (\$) 10.00	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
	(c) <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
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Date Jan. 29, 2024	Payee name Facebook
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Amount (\$) 7.00	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
	(c) <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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20		2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)	
4 Date Jan. 29, 2024		5 Payee name Facebook			
6 Amount (\$) 7.34		7 Payee address; 1 Hacker Way		City; Menlo Park	State; CA
				Zip Code 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Social Media Post		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date Jan. 29, 2024		Candidate / Officeholder name Facebook			
Amount (\$) 15.00		Payee address; 1 Hacker Way		City; Menlo Park	State; CA
				Zip Code 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Social Media Post		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date Jan. 29, 2024		Candidate / Officeholder name Facebook			
Amount (\$) 25.00		Payee address; 1 Hacker Way		City; Menlo Park	State; CA
				Zip Code 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Social Media Post		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date Jan. 29, 2024		Candidate / Officeholder name Facebook			
Amount (\$) 25.00		Payee address; 1 Hacker Way		City; Menlo Park	State; CA
				Zip Code 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Social Media Post		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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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 | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Credit Card Payment | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date Jan. 29, 2024	5 Payee name Facebook
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6 Amount (\$) 35.00	7 Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Social Media Post
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date Jan. 30, 2024	Payee name Facebook
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Amount (\$) 50.00	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date Jan. 31, 2024	Payee name Facebook
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Amount (\$) 75.00	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date January 26, 2024	5 Payee name Dibrell & Associates
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6 Amount (\$) 701.65	7 Payee address; 4203 Glade Shadow Ct.	City; Katy	State; TX	Zip Code 77494
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date January 29, 2024	Payee name Dibrell & Associates
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Amount (\$) 1,946.25	Payee address; 4203 Glade Shadow Ct.	City; Katy	State; TX	Zip Code 77494
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description yard signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date January 31, 2024	Payee name Frost Bank
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Amount (\$) 5.00	Payee address; 620 HW6	City; Sugar Land	State; TX	Zip Code 77478
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Service Fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>20</i>	2 FILER NAME <i>Marshall B. Slot</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>January 29, 2024</i>	5 Payee name <i>The What's Up Radio Program</i>	
6 Amount (\$) <i>8,000.00</i>	7 Payee address: <i>10924 Grant Road, # 133</i>	City; State; Zip Code <i>Houston TX 77070</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Add in mailer</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>Feb. 5, 2024</i>	Payee name <i>Dibrell & Associates</i>	
Amount (\$) <i>200.00</i>	Payee address: <i>4203 Glade Shadow Ct.</i>	City; State; Zip Code <i>Katy TX 77494</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>push cards</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>January 28, 2024</i>	Payee name <i>Needville Senior Citizens</i>	
Amount (\$) <i>1010.00</i>	Payee address: <i>9018 Church St.</i>	City; State; Zip Code <i>Needville TX 77461</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions / Donations</i>	Description <i>Donation to Fundraiser Event</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>20</i>	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date <i>Feb. 1, 2024</i>	5 Payee name Facebook	
6 Amount (\$) <i>75.00</i>	7 Payee address; 1 Hacker Way	City; State; Zip Code Menlo Park CA 94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Social Media Post
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>Feb. 5, 2024</i>	Payee name Facebook	
Amount (\$) <i>125.00</i>	Payee address; 1 Hacker Way	City; State; Zip Code Menlo Park CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media Post
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>Feb. 7, 2024</i>	Payee name Facebook	
Amount (\$) <i>175.00</i>	Payee address; 1 Hacker Way	City; State; Zip Code Menlo Park CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media Post
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20		2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)	
4 Date Feb. 14, 2024		5 Payee name Facebook			
6 Amount (\$) 250.00		7 Payee address; 1 Hacker Way		City: Menlo Park	State: CA
				Zip Code: 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Social Media Post		
	(c) Check if travel outside of Texas. Complete Schedule T.		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 Feb. 21, 2024	Payee name Facebook				
Amount (\$) 400.00	Payee address; 1 Hacker Way		City: Menlo Park	State: CA	Zip Code: 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Social Media Post		
	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 Feb. 22, 2024	Payee name Facebook				
Amount (\$) 77.88	Payee address; 1 Hacker Way		City: Menlo Park	State: CA	Zip Code: 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Social Media Post		
	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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>20</i>	2 FILER NAME <i>Marshall B. Slot</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>February 12, 2024</i>	5 Payee name <i>512 New Media</i>	
6 Amount (\$) <i>8,847.80</i>	7 Payee address; <i>6161 Savoy Drive, Suite 1200 A</i>	City; State; Zip Code <i>Houston TX 77036</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description <i>Marketing, design, video production</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>Feb. 21, 2024</i>	Payee name <i>Dibrell & Associates</i>	
Amount (\$) <i>1,074.33</i>	Payee address; City; State; Zip Code <i>4203 Glade Shadow Ct. Katy TX 77494</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>push cards, yard signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>Feb. 23, 2024</i>	Payee name <i>ACE Plantation Hardware</i>	
Amount (\$) <i>96.27</i>	Payee address; City; State; Zip Code <i>11818 Mason Road Richmond TX 77406</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Hardware and parts for signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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: 20	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date February 23, 2024	5 Payee name Branding Matters
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6 Amount (\$) 124.49	7 Payee address; 8034 U.S. 90-Alt.	City; Sugar Land	State; TX	Zip Code 77478
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Cards
	(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	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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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