CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Marchall NAME Date Received SUFFIX ADDRESS / PO BOX; 4 CANDIDATE / STATE: ZIP CODE JAN 14 2025 RCVD **OFFICEHOLDER** MAILING 503 FM 359 #130-130, Richmond, TX 77406 **ADDRESS** Change of Address PHONE NUMBER AREA CODE **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER (832) 846-7568 PHONE Receipt # Amount \$ 6 CAMPAIGN TREASURER Date Processed NAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); 7 CAMPAIGN STATE; ZIP CODE **TREASURER ADDRESS** 8120 Blase Road, Rosenberg, TX 77471 (Residence or Business) AREA CODE 8 CAMPAIGN TREASURER PHONE (281) 546-6401 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Month Day COVERED 127/2024 31 / 2024 THROUGH 12 ELECTION TYPE 11 ELECTION **ELECTION DATE** Runoff Other Month Dav Description General 2024 Special 05/ 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) Fort Bend County Sherift THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
Marshall	B. Slot	
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,001.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,369.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 7,224.20
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD 	\$ 30,000.00
	wear, or affirm, under penalty of perjury, that the accompanying report is tru uired to be reported by me under Title 15, Election Code.	e and correct and molecus an information
	Signature of Ca	andidate or Officeholder
	Please complete either option below	v:
	r iodos completo ciallo. Cpitoli boly.	
(1) Affidavit		
NOTARY STAMP/SEAL		
Swom to and subscribed	hefore me by this the	, day of,
	which, witness my hand and seal of office.	
20, to certify t	which, williess my hand and seal of office.	
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
Minc		22/00/1021
My name is 2031 0	HALL SLOT, and my date of birth is	
My address is 2031 0		12, 77406, USA.
	,	state) (zip code) (country)
Executed in FURT BE	County, State of TEXAS, on the day of TANK	(year)
	Signature of Candi	date/Officeholder (Declarant)
	orginature of outland	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Marshall B. Slot	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 13,001.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 16,369.38
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 10-28-2024 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
4806 Westerdale Drive Weston Lakes TX 77441	25.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10-28-2014 Debbie Boyer Contributor address; City; State; Zip Code 21210 Kelliwood Greens Dr. Korty TX 77450	200,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10-29-2024 Rob Lowe Contributor address; City; State; Zip Code 24519 Springwood Glen Low, Kurty TX 77494	200.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
16-31-2014 Contributor address; City; State: Zip Code 707 Sugarplum Circle, SugarLaw, TX 77498	250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	shall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
10-7-2024	Cindy Michie	100 00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	
refine		
Date	Full name of contributor	Amount of contribution (\$)
11-7-2024	Mary Ann Marzec Contributor address; City; State; Zip Code 12907 Fairleaf Circle, Katy, TX 7749	1502.00
Principal occup	eation / Job title (See Instructions) Employer (See	
speech	porthologist self	
Date	Full name of contributor	Amount of contribution (\$)
11-7-2024	Chenxin Ding. Contributor address; City; State; Zip Code	~ 3.00
Delevinet conve	4418 Greenwood Trace Ln., Korty, TX 774	
- 1	care (See Instructions) Employer (See	instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
11-7-2024	Contributor address; City; State; Zip Code 26315 Sandahl Ct., Katy, TX 77494	25.00
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
homem	aker	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL If contributor is out-of-state PAC, please see Instruction guide for addit	

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
March	ell B. Slot	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	Hongcheng Cuo City; State; Zip Code	
11-7-2024	6 Contributor address; City; State; Zip Code	Ima ma
	24538 Via Salerno Ct. Richmond, TX 77406	100,00
8 Principal occur	24538 Via Salerno Ct., Richmond, TX 77406 pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
i' I	Sallotty top like (eee medacions)	
retired		
Date	Full name of contributor	Amount of contribution (\$)
	M +41 0	Amount of contribution (\$)
11 7 20011	Matthew Brown Contributor address; City; State; Zip Code	
11-7-2024	Contributor address; City; State; Zip Code	1000 00
	2319 Squire Dobbins Drive, Sugar Land, 77478	100.00
1.	ation / Job title (See Instructions) Employer (See Instruct	ions)
retire	od	
Date	Full name of contributor	Amount of contribution (\$)
	v · · · · ·	Amount of contribution (4)
11 7 10111	Xuemi lang	
11-7-2024	Contributor address; City; State; Zip Code	200 00
	SSII Tyler Park Lane, Katy, TX 77494	200.00
1	eation / Job title (See Instructions) Employer (See Instructions)	tions)
home	naker	
Doto	Full result of contributor	A
Date	Full name of contributor	Amount of contribution (\$)
	Quangian Chen	
11-7-2024	Contributor address; City; State; Zip Code	
	17500 D 1 4 1- 11 01 151 71 77494	, 25,00
	27503 Becketts Knoll Ct., Katy, TX 77494	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
CLIV	ner	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	hall B. Slot	3 Filer ID (Ethics Commission Filers
1 Date	5 Full name of contributor out-of-state PAC (ID#:) Sus un White 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
1-7-2024	Contributor address; City; State; Zip Code 3422 Oyster Cove Drive, Missouri City, 77459	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
busines	s consultant Landmark	Wordwide
Date	Full name of contributor	Amount of contribution (\$)
1-7-2024	Jabet Zhan Contributor address; City; State; Zip Code 3427 Brazos Falls Dr., Booth, TX 77469	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
1-7-2024	Contributor address; City; State; Zip Code 26 Edgemont Court, Fulshear, TX 77441	10,00
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	tions)
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SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Marshall B. Slot	
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
Xiangwen Wang 11-7-2024 6 Contributor address; State; Zip Code	
Mangwen wang	•
11-7-2024 6 Contributor address; dity; State; Zip Code	CA 00
19 Azure Lake Ct., Katy, TX 77494	50.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ctions)
ensineer	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Chap Xu	
Chao Xu II-7-2024 Contributor address; City; State; Zip Code	150 68
TV	100.00
5230 Paintbrush Falls Ct., Fulshear, 7744	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
scientist Shell	
_	
Date Full name of contributor	Amount of contribution (\$)
Yali Xie	
11-7-11924	
	50.00
17334 Galloway Forest Dr., Richmond, 7740	30700
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
	Clions
retired	
Date Full name of contributor	Amount of contribution (\$)
Yanrong Zou	
11-7-2024 Contributor address; City; State; Zip Code	לת ממו
	100.00
1933 Arcadia Dr., Sugar Land, TX 77498	
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
15 /	
retired	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED
If contributor is out-of-state PAC please see instruction quide for additional	reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	shall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
11-7-2024	Mark Xu 6 Contributor address; City; State; Zip Code 23306 Two Harbors Glen, Katy, TX 77494	100.00
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instruct	tions)
ensina	eer Brunell	
Date	Full name of contributor	Amount of contribution (\$)
11-7-2024	Audrey Duan Contributor address; City; State; Zip Code	100.00
	3418 Mesquite Prive, Sugarland, TX 77479	
Principal occupa	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
11-7-2024	Contributor address; City; State; Zip Code	100.00
	26406 Knobby Pine Drive, Katy TX 77494	
Principal occupa	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-7-2024	Susan L'iu Contributor address; City; State; Zip Code	100.00
	3531 Meadow Spring Dr., Sugar Land, 77479	
	ation / Job title (See Instructions) Employer (See Instruct	ions)
eng	neer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI	

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Marshall B. Slot	
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Min Wu	
11 7 0000	Zip Code 100 .00
4042 Lanark Lane, Houston, T.	× 77025
8 Principal occupation / Job title (See Instructions) 9 Em	ployer (See Instructions)
rotired	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (4)
11-7-2024 Jiahul Wan Contributor address; City; State	
Contributor address; City; State;	Zip Code
4903 Kanad Chil Swarland	TX 100.00
4903 Keneshaw Street, Sugar Land	77479
Principal occupation / Job title (See Instructions)	bloyer (See Instructions)
7.7	SLB
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1.1.11	
11-7-2024 Lulu Wang Contributor address; City; State;	
Contributor address; City; State;	250,00
4815 Periwinkle Ct., Sugarland,	TX 77479
Principal occupation / Job title (See Instructions)	ployer (See Instructions)
DBA	
PIOA	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
11-8-2004 Hong Liu	
11-8-2024 Contributor address; City; State;	Zip Code
	50.00
7034 Terrace Ridge, Katy, TX	77494
	ployer (See Instructions)
homemaker	
ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE A1

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

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The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	hall B. Slot	The ID (Lines Commission Fiels)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
		(4)
	Gretchen Netzband	
11-8-2024	6 Contributor address; City; State; Zip Code	Tn m
	1020 CI 11 M' 111 TH THE	50,00
	2333 Star Lake, Missouri City, TX 77459	
8 Principal occup	ation / Job title (See Instructions) 9 Employer (See Instruc	tions)
retired		
Date	Full name of contributor	
Date		Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
11-8-2024	Contributor address; City; State; Zip Code	25.00
		23100
	3510 Woodbine Drive, Fulshear, TX 77441	
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	ions)
	and the same of th	
ret	red	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	V 0 11	, and an extension (c)
11 0 000H	Karen Scott	
11-8-2024	Contributor address; City; State; Zip Code	250,00
	TX	Koove
	3526 Grayson Gardons G., Fulshear, 77441	
	ation / Job title (See Instructions) Employer (See Instructions)	tions)
		,
phys	ician assistant Concentra	
Date	Full name of contributor	Amount of contribution (\$)
0000	Danais Coatt	
11-8-2024	Contributor address; City; State; Zip Code	10000
		100,00
	3526 Grayson Gardens Ct., Fulshear, 77441	
	ation / Job title (See Instructions) Employer (See Instruc	tions)
Principal occupa	Allon / Job title (See Instructions)	alons)
refire	<u> </u>	
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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
March	II B. Slot	
	· ·	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	Margaret Daviel	
11-8-2024	Margaret Daniel 6 Contributor address; City; State; Zip Code	
10 0 000 1		200.00
	25507 Winston Hollow Ln., Korty, TX 77494	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
retire		
Date	Full name of contributor	Amount of contribution (\$)
	Vuomai Your	
11 0 -00011	Xuemei Yang Contributor address; City; State; Zip Code	
11-8-1044	Contributor address; City; State; Zip Code	100.00
	5511 Tyler Park Lone, Korty, TX 77494	100.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
ho	memaker	
Date	Full name of contributor	Amount of contribution (\$)
	Jeremy Regal	
11-8-2024	Jeremy Kegal	
11.9.00.1	Contributor address; City; State; Zip Code	100,00
	27626 Panola Have Lane, Fulshear, 77441	100100
		tt
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
busiv	uss analyst Chevron	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Nolder White	
11-8-2024	Contributor address; City; State; Zip Code	1.00 - 0
		100.00
	26435 Hidden Timbers Lone, Katy, TX 77494	
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	tions)
ret	rel	
		The state of the s
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	
	If contributor is out-of-state PAC, please see Instruction guide for additional	reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	shall B. Slot	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
1-8-2024	Victor Perez 6 Contributor address; City; State; Zip Code 4715 Bryce Landing Lane, Katy, TX 77494	250.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
1-8-2024	Chia Lun Jen Contributor address; City; State; Zip Code TX 106 Drake Elm Ct., Sugar Land, 7479	50.00
refired	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1-8-2024	Cheryl Wright Contributor address; City; State; Zip Code 42 Burwick St., Sugar Land, TX 77479	50,00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1-8-2024	Contributor address; City; State; Zip Code 11611 Glendale Rise Lane, Richmond, 77407	100,00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
educ	ntor	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	nall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
11-8-2024	Cherisse Wright 6 Contributor address; City; State; Zip Code 6910 Spring Creek Ct., Missouri City, 77459	25.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
C	RNA USAP	
Date	Full name of contributor out-of-state PAC (ID#:) Tiffany Hines Contributor address; City; State; Zip Code	Amount of contribution (\$)
11-09-2024	Contributor address; City; State; Zip Code 4935 Taylor Lake Ct., Richmond, TX 77407	200.00
	eation / Job title (See Instructions) Employer (See Instructions)	ions)
offic	e manager	
Date	Full name of contributor	Amount of contribution (\$)
11-09-2024	Linda Prendergast Contributor address; City; State; Zip Code	25,00
	1010 Barkston Drive, Katy, TX 77450	
P 1	pation / Job title (See Instructions) Employer (See Instruct	ions)
retired		
Date	Full name of contributor	Amount of contribution (\$)
11-09-2024	Caroline Kone. Contributor address; City; State; Zip Code	25.00
	11803 Grant, Cypress, TX 77429	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ons)
CEO	Property Mar	agement
10.75	1	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Marsh	all B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
11-9-2024	Louis Ogden 6 Contributor address; City; State; Zip Code 1907 Willow Lakes Dr., Sugar Land, TX 77479	250.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
retire		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-9-2024	Contributor address; City; State; Zip Code	100.00
	1423 Tulane Drive, Richmond, TX 77406	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc-	ctions)
Par	tur Venom	
Date	Full name of contributor	Amount of contribution (\$)
11-9-2024	Jose Rodriguez Contributor address; City; State; Zip Code 32811 Waterfowl Dr., Fulshear, TX 77441	100.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruc-	tions)
reti	red	
Date	Full name of contributor out-of-state PAC (ID#:) Debra Stryk	Amount of contribution (\$)
11-9-2024	Contributor address; City; State; Zip Code	50.00
	1005 Foster Drive, Richmond, TX 77469	
retired	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS A	VEEDED.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	ICCUED

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	3 Filer ID (Ethics Commission Filers
Marshall B. Slot	
Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
Barbara Roberts	
1-9-2024 6 Contributor address; City; State; Zip Code	500.00
3302 Carolina Way, Richmond, TX 77406	
Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Melody Cook	
Melody Cook Contributor address; City; State; Zip Code	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50.00
3907 Gallaher Ct. Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Employer (See Instruc	· · · · · · · · · · · · · · · · · · ·
CPA Ernt & Your	y
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Jay Tangney	
-9-2024 Contributor address; City; State; Zip Code	50,00
33 Hollingers Island, Koty, TX 77450	30,00
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
retired	The same of the sa
Date Full name of contributor Instructional PAC (ID#)	Amount of contribution (C)
O II II III	Amount of contribution (\$)
-9-1014 Contributor address; City; State; Zip Code	
. 000.1	25.00
226 Ranch House Lane, Richmond, 77469	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
retired	

SCHEDULE A1

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

Marswill B, Slot 4 Date 5 Full name of contributor out-of-state PAC (IDB:	26 D (Ethics Commission Filers Int of contribution (\$) 25.00 Int of contribution (\$) 25.00 Int of contribution (\$)
Marswill B, Slot 4 Date 5 Full name of contributor out-of-state PAC (ID#:	nt of contribution (\$) 25.00 nt of contribution (\$) 25.00 nt of contribution (\$)
Sandra Parker 1-9-2024	as.oo Int of contribution (\$) as.oo Int of contribution (\$)
Principal occupation / Job title (See Instructions) Sugar Land, 77479	nt of contribution (\$) 25.00 nt of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor Janet Roberts Contributor address; Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Date Full name of contributor Nancy Funderburg Contributor address; City; State; Zip Code Amount Nancy Funderburg Contributor address; City; State; Zip Code 1318 Breezy Bund Prive Principal occupation / Job title (See Instructions) Employer (See Instructions)	25.00 nt of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	25.00 nt of contribution (\$)
Janet Roberts City: State: Zip Code 1703 Field Line Dr. Sugar Land, Tyqqq -9-2024 Principal occupation / Job title (See Instructions) Employer (See Instructions) -9-2024 Principal occupation / Job title (See Instructions) Employer (See Instructions) -9-2024 Contributor out-of-state PAC (ID#:	25.00 nt of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) -9-2024 Contributor Gity; State; Zip Code -9-2024 Contributor Gity; State; Zip Code -9-2024 Contributor address; City; State; Zip Code -9-2024 Contributor Gity; State; Zip Code	nt of contribution (\$)
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Amount Nancy Funder burg Contributor address; City; State; Zip Code 13 18 Breezy Bend Drive, Katy, Tx 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions) executive assistant Date Full name of contributor out-of-state PAC (ID#:) Amount Abby Lacy Contributor address; City; State; Zip Code	
Nancy Funder burg Contributor address; City; State; Zip Code 1318 Breezy Bend Drive, Karty, Tx 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions) Executive assistant Date Full name of contributor Out-of-state PAC (ID#:) Amount Abby Lacy Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Executive assistant Date Full name of contributor Abby Lacy Contributor address; City; State; Zip Code	20,00
Date Full name of contributorout-of-state PAC (ID#:) Amount Abby Lacy Contributor address; City; State; Zip Code	
Date Full name of contributor out-of-state PAC (ID#:) Amount Abby Lacy Contributor address; City; State; Zip Code	
-9-2024 Abby Lacy Contributor address; City; State; Zip Code	
Contributor address, City, State, Zip Code	nt of contribution (\$)
	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
homemaker	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	nall B. Slot	3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor out-of-state PAC (ID#:) Doug White	7 Amount of contribution (\$)
1-9-2024	6 Contributor address; City; State; Zip Code 5423 Askly Way Ct. Sugar Land TX 77479	100.00
Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
1-9-2024	Mikle Groscurth Contributor address; City; State; Zip Code 136 Dogwood St., Sugar Land, TX 77478	100,00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
-10-2024	William Grasham Contributor address; City; State; Zip Code 14507 Joyce St. Needville TX 77461	25.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
-10-2024	Jennifer Hoar Contributor address; City; State; Zip Code 24815 Mount Auburn Dr., Karty, TX 77494	500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
retired		

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	all B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
11-10-2024	Glennys Asselin Cavey 6 Contributor address; City; State; Zip Code 13311 Kettler Rol. Needville TX 77461	50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
retire		
Date	Full name of contributor out-of-state PAC (ID#:) Rebecca Oberhoff	Amount of contribution (\$)
11-10-2024	Contributor address; City; State; Zip Code	50,00
	4706 Gerken Rd. Needville TX 71461	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
11-10-2024	Tohn Mongan Contributor address; City; State; Zip Code	250,00
	1915 Blue Sage Drive Katy TX 77494	
retired	eation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
11-10-2024	Carol Burdette Contributor address; City; State; Zip Code 3902 Belvoir Park Dr. Katy TX 77450	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
retired		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

SCHEDULE A1

in the requested information is not applicable, 50 NOT include this page in the	report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Kristine Pecilla	7 Amount of contribution (\$)
11-10-2024 6 Contributor address; City; State; Zip Code 32703 Weybridge St. Fulshear TX 77441	100.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:) Kavin Vickery	Amount of contribution (\$)
11-10-2024 Contributor address; City; State; Zip Code 78 Walton Water Way Lane, Fulshear, 77441	1000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-10-2024 Contributor address; City; State; Zip Code 1119 Gleander Way Richmond IX 77469	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-10-2024 Sanet Cuellar. Contributor address; City; State; Zip Code Westerdale Drive, TX 4806 Westin Lakes Westin Lakes, 77441	25.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	11 B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
11-11-2024	30 Ann Heath 6 Contributor address; City; State; Zip Code 11102 Celina Knoll, Missouri City, TX 77459	500,00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
homem	aker	
Date	Full name of contributor	Amount of contribution (\$)
11-11-2024	Contributor address; City; State; Zip Code	100.00
	7210 Yardley Dr., Katy, TX 77494	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	· ·
resear	ther Notional Uni	Versity
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-11-2024	Stan Goss Contributor address: City: State: Zip Code 23 130 Sand sage Lane, Korty, TX 77494	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-11-2024	David Vrshek Contributor address; City; State; Zip Code 1006 Cleistes Lane Richmond 77469	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
retired		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional r	reporting requirements.

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	all B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
11-11-2024	5an Culver 6 Contributor address; City; State; Zip Code 1005 County Club Dr. Richmond TX 77469	1000,00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Presd	ent Garmany &	Garden Funeral Directors
Date	Full name of contributor	Amount of contribution (\$)
11-11-2024	Joey Przybilla Contributor address; City; State; Zip Code 2107 Old Dixie Dr. Richmond TX 77406	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
retired		
Date	Full name of contributor	Amount of contribution (\$)
11-11-2024	Denise Silva Contributor address; City; State; Zip Code 1803 Oak Shade Dr. Sugar-Land TX 77479	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
retired		
Date	Full name of contributor	Amount of contribution (\$)
11-11-2024	Contributor address; City; State; Zip Code \$22 Sapelo Ct. Richmond TX 77469	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
retired		
****	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	shall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
11-11-2024	Maryann Metculf 6 Contributor address; City; State; Zip Code 4118 Swallow Tail Way, Richmond, 77469	50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-12-2024	Contributor address; City; State; Zip Code 427 Spindrift Circle Richmond TX 77469	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
retired		
Date	Full name of contributor	Amount of contribution (\$)
11-11-2024	Melvin De Geeter Contributor address; City; State; Zip Code 127 Ranch House Ln. Richmond TX 77469	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
11-12-2024	Alan Cruce Contributor address; City; State; Zip Code 346 Ranch House Lane Richmond, 77469	50,00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
retire	d	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME Marsh	all B. Slot	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
Principal occur	330 Seaside Sparrow Way, Richmond, 77469 Dation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
retired		
Date	Full name of contributor	Amount of contribution (\$)
1-12-2024	Star Hopkins Contributor address; City; State; Zip Code 1014 Cleistes Ln. Richmond TX 77469	20.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
1-12-2024	Margarette Jones Contributor address; City; State; Zip Code 418 Larkspur Lane Richmond TX 77469	250,00
	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
-12-2024	Marie Moffett Contributor address; City; State; Zip Code 1718 Teal Brock Lane, Sugar Land, TX 77479	100.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)
1.		

SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
	nall B. Slot		W
Date	5 Full name of contributor out-of-state PAC (I Laurie Meredith		7 Amount of contribution (\$)
1-12-2024	6 Contributor address; City; 4906 Cambridge Street Sugar La	State; Zip Code	50.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	ons)
retired			
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Richard Townsend Contributor address; City;		
-12-2024	Contributor address; City;	State; Zip Code	16M MA
	419 Lawspur Lave, Richmond pation / Job title (See Instructions)	TX 77469	160,00
Principal occu	pation / Job title (See Instructions)		
Con	troller	Toll Brother	
Date		D#:)	Amount of contribution (\$)
1-12-2024	Dan Noeth		
1-17-2029	Contributor address; City;	State; Zip Code	250.00
	531 Mistflower Drive Richm	oud Truca	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
vetreo			
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	TI ((4)
-13-2024	Contributor address; City;	State; Zip Code	AT MA
	23331 Leaf Ridge Drive Katy	TX 77494	25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Duales	+	CITGO	
- Finally			

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	rshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
11-13-2024	Blair Bevis 6 Contributor address; City; State; Zip Code 23323 Grand Springs Dr. Katy 7x 77494	100,00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
solfor	uployed	
Date	Full name of contributor	Amount of contribution (\$)
11-13-2024	Joy Richardson Contributor address; City; State; Zip Code 19139 Turning Springs Ln. Fulshear TX	50.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)
retired		
Date	Full name of contributor	Amount of contribution (\$)
11-14-2024	Contributor address; City; State; Zip Code 1922 Black Walnut Ct. Richmond, 77469	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-15-2024	Tony Hefferin Contributor address; City; State; Zip Code TX 2303 Trinity Manor Lane, Richmond, 77469	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
lan a	forcement Bellaire F	D
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	If contributor is out-of-state PAC, please see Instruction guide for additional n	

SCHEDULE A1

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

Marshell B. Slot 4 Date 5 Full name of contributor	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
1-15-1014	0 -1 1	3 Filer ID (Ethics Commission Filers
1619 Roumbling Stone Dr. Richmond 77406 September Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See In	1-15-2024 Jessica Morgan	
Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) I-15-2024 Contributor address; City; State; Zip Code 25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Paula Chavez Contributor address; City; State; Zip Code ITO 18 Glenrothers Dr. Richmond Tx 77407 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Liz Pellefier Contributor address: City: State; Zip Code 332 Marlene Mendow Way, Richmond, 77406 Principal occupation / Job title (See Instructions) Employer (See Instructions)	1619 Rambling Stone Dr. Richmond 77406	
Andrew Kaine Contributor address: City: State: Zip Code 4/19 Haven Crest Lane Fulshear Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Paula Chavez Contributor address: City: State: Zip Code 11018 Glenrothers Dr. Richmond TX 77407 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		uctions)
Contributor address; City; State; Zip Code Socioo Contributor address; City; State; Zip Code Contributor Companies	1	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Audubon Companies Amount of contribution (\$) Paula Chavez Contributor address; City; State; Zip Code IIO18 Glenrothers Dr. Richmond TX 77407 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Liz Pellefier Contributor address; City; State; Zip Code 332 Marlene Meadon Way, Richmond, 77406 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Contributor address; City; State; Zip Code	25.00
Date Full name of contributor Paula Chavez Contributor address; City; State; Zip Code 11018 Glenrothers Dr. Richmond TX 77407 Principal occupation / Job title (See Instructions) Full name of contributor Date Full name of contributor Liz Pellefier Contributor address; City: State; Zip Code Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Contributor address; City: State; Zip Code 332 Marlene Mendow Way, Richmond, 77406 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instru	1
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	ensineering Manager Audubor	1 Companies
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Liz Pellefier I-16-2024 Contributor address; City; State; Zip Code 332 Marlene Meadow Way, Richmond, TX 332 Marlene Meadow Way, Richmond, TX Benton TX Employer (See Instructions) Employer (See Instructions)	0 1 4	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Liz Pellefier Contributor address; City; State; Zip Code 332 Marlene Meadow Way, Richmond, TX Principal occupation / Job title (See Instructions) Employer (See Instructions)		200.00
Liz Pellefier Contributor address; City; State; Zip Code 332 Marlene Meadow Way, Richmond, TX Principal occupation / Job title (See Instructions) Employer (See Instructions)		uctions)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
r I	· • • • • • • • • • • • • • • • • • • •	25.00
retired	Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)

SCHEDULE A1

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

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	1		3 Filer ID (Ethics Commission Filers)
Marsh	all B. Slot		
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
	Marci Arsenault		
11-16-2024	6 Contributor address; City;	State; Zip Code	1500
			25.00
	1210 Ashwood Dr., Sugar Lond,	1x 7/498	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Pers	and Trainer		
Date	Full name of contributor	D#:)	Amount of contribution (ft)
			Amount of contribution (\$)
11 16 0000	Tamara Mcfarlan		
11-16-2024	Contributor address; City;	State; Zip Code	500,00
	2002 Anchor Lake Lame Korty	TX 77494	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
real es	1	Mc Farlane n	Mary +
1001. 63		TIE GITTATIE VI	işm)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Kevin Loper		
11-17-2024	Contributor address; City;	State; Zip Code	
	3818 Bowie Bend Ln. & Houston	TX 77010	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Clue	untant	Soon - Pipe	
Date		D#:)	Amount of contribution (\$)
	Rae Spencer Contributor address; City;		
1-17-2024	Contributor address; City;	State; Zip Code	50,00
	1311 Windmill Grove, Richmond	, TX 77407	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
refired			
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SCHEDULE A1

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	uide explains how to complete this	form.	1 Total pages Schedule A1:
Marshall B.	Slot		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name	of contributor	C (ID#:)	7 Amount of contribution (\$)
6 Contributo		State; Zip Code	25,00
8 Principal occupation / Job title		9 Employer (See Instruction	ons)
ratived		2 2	310,
Date Full name	of contributor	; (ID#:)	Amount of contribution (\$)
11-19-2024 Contributo	x Carrett or address; City;	State; Zip Code	50,00
	certers Lake Dr. , Rich	TV	30700
Principal occupation / Job title	(See Instructions)	Employer (See Instruction	ons)
Date Full name	of contributor	: (ID#:)	Amount of contribution (\$)
		State: Zip Code TX on Lakes, 77441	50.00
Principal occupation / Job title		Employer (See Instruction	ons)
Date Full name	of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
12-30-2024 A Texall Contributo 7005		State; Zip Code AL 06469	1.00
Principal occupation / Job title	•	Employer (See Instruction	ons)
If contributor	ATTACH ADDITIONAL COPIES Of is out-of-state PAC, please see Instru		

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:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Payee name			
10-28-2024	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee	e	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/ON	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10-28-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
1.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Processing Fed	Э	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10-29-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
8.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Accounting/Banking		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g 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 NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethio	s Commission Filers)
4 Date	5 Payee name			
10-31-2024	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	Sta t e;	Zip Code
10.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11-07-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Processing Fe	ee	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
WM 11-7-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
6.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Accounting/Banking		
OF EXPENDITURE			•	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OI	1			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries A The Instruction Guide explains how to	Vages/Contract Labor complete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Accounting/Banking	Processing Fe	e	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11-7-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
1.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	ee	
LAI ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living exp		g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11-7-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Accounting/Ba	nking	
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin	n, TX, officeholder living	g expense
Complete QNLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 38 Marshall B. Slot 4 Date 5 Payee name 11-7-2024 Anedot Inc. 7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Accounting/Banking **Processing Fee** PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Anedot Inc. 11-7-2024 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 8,30 Category (See Categories listed at the top of this schedule) Description Accounting/Banking Processing Fee PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 11-7-2024 Anedot Inc. Amount (\$) Payee address; City; Zip Code State: 1340 Poydras Street, Suite 1770 New Orleans LA 70112 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Accounting/Banking Accounting/Banking OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

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/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense
Salaries/Wages/Contract Labor

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
11-7-2024	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Accounting/Banking	Processing Fe	е	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T,	Check if Austir	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11-7-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Processing Fe	е	
OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
11-7-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4,30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Accounting/Banking		
OF				
EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.		, TX, officeholder living	
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 NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Cald Fayment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	cs Commission File	rs)
4 Date	5 Payee name				
11-7-2024	Anedot Inc.				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
0.70	1340 Poydras Street, Suite 1770	New Orleans	LA	70112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	е		
EXPENDITORE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	ng expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11-7-2024	Anedot Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
2.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Accounting/Banking	Processing Fe	ee		
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11-7-2024	Anedot Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
4,30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Accounting/Banking	Accounting/Banking			
OF EXPENDITURE			-		
	Check if travel outside of Texas, Complete Schedule T.	T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	1				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outor (ornor a care)	ory not noted above,
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	es Commission Filers)
4 Date	5 Payee name			
11-7-2024	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Accounting/Banking	Processing Fe	e	
OF EXPENDITURE				
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/ON	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11-7-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Processing Fe	e	
OF EXPENDITURE				
EX ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF				
Date	Payee name			
11-07-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Accounting/Banking		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	
				Davis at 4/4/2024

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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: 2 FILER NAME Marshall B. Slot

4 Date 5 Payee name

3 Filer ID (Ethics Commission Filers)

Amount (\$)

1340 Poydras Street, Suite 1770

New Orleans

State; Zip Code LA 70112

8 PURPOSE OF

EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Accounting/Banking

Check if travel outside of Texas, Complete Schedule T.

Check if travel outside of Texas, Complete Schedule T

Check if travel outside of Texas, Complete Schedule T.

www.ethics.state.tx.us

(b) Description
Processing Fee

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

11-7-2024 Amount (\$)

Anedot Inc.

Payee name

(c)

Anedot Inc.
7 Payee address;

Payee address; 1340 Poydras Street, Suite 1770 City; New Orleans State; Zip Code LA 70112

4.30

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)
Accounting/Banking

Description
Processing Fee

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

11-7-2024

Payee name
Anedot Inc.

Payee address; 1340 Poydras Street, Suite 1770

New Orleans

City:

State;

Check if Austin, TX, officeholder living expense

Zip Code 70112

4.30

PURPOSE

OF EXPENDITURE Category (See Categories listed at the top of this schedule)
Accounting/Banking

Description

Accounting/Banking

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 1/1/2024

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 5 Payee name 4 Date 11-7-2024 Anedot Inc. 7 Payee address; 6 Amount (\$) State; Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **Processing Fee** Accounting/Banking **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Anedot Inc. Pavee address: City; State; Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** 70112 LA 8,30 Category (See Categories listed at the top of this schedule) Description Accounting/Banking Processing Fee **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 11-7-2024 Anedot Inc. Amount (\$) Payee address; Zip Code City; State: 70112 1340 Poydras Street, Suite 1770 New Orleans LA 10,30 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Accounting/Banking Accounting/Banking OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

ordan dymone	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	es Commission Filers)
4 Date 11-8-2024	5 Payee name Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	ı, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11-8-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	е	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11-8-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
1.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Accounting/Bar	nking	
	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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out Of Distri Other (enter a categ	ct gory not listed above)	
Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	cs Commission Filers	
Date	5 Payee name				
11-8-2024	Anedot Inc.				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
10.30	1340 Poydras Street, Suite 177	0 New Orleans	LA	70112	
	(a) Category (See Categories listed at the top of this so	hedule) (b) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e		
	(c) Check if travel outside of Texas. Complete Scho	edule T. Check if Austin	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11-8-2024	Anedot Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
4.30	1340 Poydras Street, Suite 177	0 New Orleans	LA	70112	
	Category (See Categories listed at the top of this sch	edule) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	е		
	Check if travel outside of Texas, Complete Scho	edule T. Check if Austin	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				
11-8-2024	Anedot Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
8.30	1340 Poydras Street, Suite 1770	0 New Orleans	LA	70112	
	Category (See Categories listed at the top of this sch	edule) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Accounting/Bar	nking		
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Payee name			
11-8-2024	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
11-8-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Processing Fe	e	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		Office held
Date	Payee name			
11-8-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Accounting/Bai	nking	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 4 Date 5 Payee name 11-8-2024 Anedot Inc. Citv: Zip Code 6 Amount (\$) 7 Payee address; State: 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 10.30 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Accounting/Banking Processing Fee **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Anedot Inc. 11-8-2024 City: State: Zip Code Pavee address: **New Orleans** 1340 Poydras Street, Suite 1770 LA 70112 2.30 Description Category (See Categories listed at the top of this schedule) Accounting/Banking **Processing Fee PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11-8-2024 Anedot Inc. Amount (\$) Pavee address: City: State: Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 2.30 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Accounting/Banking Accounting/Banking OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

order dymon	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethi	cs Commission Filers	s)
4 Date 11-8-2024	5 Payee name Anedot Inc.				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name ∃	Office sought	Office sought Office held		
Date	Payee name				
11-8-2024	Anedot Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e		i
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11-9-2024	Anedot Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
8.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Accounting/Banking	Accounting/Bar	nking		
OF EXPENDITURE	-			4.00	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	g expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethio	cs Commission Filers)
4 Date	5 Payee name			
11-9-2024	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11-9-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
1.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder livin	ig expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11-9-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
10.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Accounting/Bar	nking	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 4 Date 5 Pavee name 11-9-2024 6 Amount (\$) Anedot Inc. 7 Payee address; City; State: Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 4.30 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Accounting/Banking **Processing Fee** PURPOSE EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 11-9-2024 Anedot Inc. City; State; Zip Code Pavee address: 70112 1340 Poydras Street, Suite 1770 **New Orleans** LA 4,30 Category (See Categories listed at the top of this schedule) Description Accounting/Banking Processing Fee **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date 11-9-2024 Anedot Inc. Amount (\$) Zip Code Payee address; City; State: 70112 1340 Poydras Street, Suite 1770 New Orleans LA 2.30 Category (See Categories listed at the top of this schedule) Description PURPOSE Accounting/Banking Accounting/Banking OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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 Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: Marshall B. Slot 5 Payee name 4 Date

3 Filer ID (Ethics Commission Filers)

Anedot Inc. 7 Payee address;

1340 Poydras Street, Suite 1770

City; **New Orleans**

Zip Code LA 70112

State:

(a) Category (See Categories listed at the top of this schedule) 8 Accounting/Banking **PURPOSE**

(b) Description Processing Fee

Check if travel outside of Texas, Complete Schedule T.

(c) 9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

11-9-2024

20,30

OF **EXPENDITURE**

Anedot Inc.

Payee address;

Payee name

City;

State:

Check if Austin, TX, officeholder living expense

Zip Code

2.30

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

11-9-2024

Date

Payee name

Anedot Inc.

Payee address; 1340 Poydras Street, Suite 1770

City; **New Orleans**

State; LA

Check if Austin, TX, officeholder living expense

Zip Code 70112

Category (See Categories listed at the top of this schedule)

Description

PURPOSE OF **EXPENDITURE** Accounting/Banking

Check if travel outside of Texas, Complete Schedule T.

Accounting/Banking

Office sought

Office held

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

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Revised 1/1/2024

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 5 Pavee name 4 Date Anedot Inc. 6 Amount (\$) 7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Processing Fee Accounting/Banking PURPOSE EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 11-9-2024 Anedot Inc. City; State; Zip Code Pavee address: **New Orleans** LA 70112 1340 Poydras Street, Suite 1770 1.30 Category (See Categories listed at the top of this schedule) Description Accounting/Banking Processing Fee **PURPOSE EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11-9-2024 Anedot Inc. Zip Code Payee address; State; Amount (\$) City: 70112 LA 1340 Poydras Street, Suite 1770 New Orleans 1.10 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Accounting/Banking Accounting/Banking **EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	es Commission Filers)
4 Date	5 Payee name			
11-9-2024	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fed	e 	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
11-9-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	ĹA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Processing Fe	е	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11-9-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Accounting/Bar	nking	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
11-10-2024	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
11-10-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
20,30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Processing Fe	е	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Рауее пагпе			
11-10-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Accounting/Bar	nking	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 4 Date 5 Payee name Anedot Inc. 6 Amount (\$) 7 Payee address; City; State: Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 2,30 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Accounting/Banking **PURPOSE** Processing Fee OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Anedot Inc. 11-10-2024 Payee address; City; State: Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 10.30 Category (See Categories listed at the top of this schedule) Description Accounting/Banking Processing Fee **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Anedot Inc. 11-10-2024 Pavee address: City: State: Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** 70112 LA Category (See Categories listed at the top of this schedule) Description Accounting/Banking **PURPOSE** Accounting/Banking OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 4 Date 5 Payee name Anedot Inc. 11-10-2024 Zip Code 7 Payee address; City: State: **New Orleans** LA 70112 1340 Poydras Street, Suite 1770 4.30 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Accounting/Banking **Processing Fee PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Anedot Inc. 11-10-2025 Citv: State: Zip Code Payee address; **New Orleans** LA 70112 1340 Poydras Street, Suite 1770 40,30 Description Category (See Categories listed at the top of this schedule) Accounting/Banking Processing Fee PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Anedot Inc. Zip Code Amount (\$) Pavee address: Citv: State: 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 Description Category (See Categories listed at the top of this schedule) Accounting/Banking Accounting/Banking **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	es Commission Filers)
4 Date - 0-2024	5 Payee name Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Accounting/Banking	Processing Fe	e	
OF EXPENDITURE				
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11-11-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
20.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Processing Fe	ee	
OF EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin	n, TX, officeholder living	g expense
O LIL ONLY I divert	Candidate / Officeholder name	Office sought	T, TX, OHIOGHOIGH IVIII	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		omoo oodgiii		
Date	Payee name			
11-11-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Accounting/Bar	nking	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 5 Payee name Anedot Inc. 7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Accounting/Banking **Processing Fee** PURPOSE EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Anedot Inc. Zip Code Payee address; City; State: 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 Category (See Categories listed at the top of this schedule) Description Accounting/Banking Processing Fee **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11-11-2024 Anedot Inc. Payee address; Zip Code City; State; 70112 1340 Poydras Street, Suite 1770 New Orleans LA 40.30 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Accounting/Banking Accounting/Banking OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Complete QNLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Advertising Expense Accounting/Banking

11-11-2024

Credit Card Payment

Consulting Expense
Contributions/Donations Made By

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 5 Payee name Anedot Inc.

6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
1.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee			
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX,	officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
11-11-2024	Anedot Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing 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 H	Office sought		Office held	
Date	Payee name				
11-11-2024	Anedot Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Accounting/Bankir	ng		

Office held

Check if Austin, TX, officeholder living expense

Office sought

Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
11-11-2024	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	е	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austia	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
11-11-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Processing Fe	ee	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11-12-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Accounting/Bar	nking	
OF EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.	·	,
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethio	cs Commission Filers)
4 Date	5 Payee name			
11-12-2024	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Accounting/Banking	Processing Fe	е	
OF EXPENDITURE				
	(C) Check if travel outside of Texas. Complete Schedule T.	Charle if Austin	n, TX, officeholder livir	og ovenes
	Candidate / Officeholder name	Office sought	T, TX, Olifcenoider fivil	
9 Complete ONLY if direct expenditure to benefit C/OI				Office held
Date	Payee name			
11-12-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Processing Fe	ee	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oi	H			
Data	Payee name			
Date	rayee name			
11-12-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
1.10	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Accounting/Bar	nking	
OF EXPENDITURE			-	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oi	H			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 4 Date 5 Payee name Anedot Inc. 11-12-2024 6 Amount (\$) 7 Payee address; City; State: Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 10.30 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Accounting/Banking Processing Fee **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Anedot Inc. City; State; Zip Code Payee address: 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 Category (See Categories listed at the top of this schedule) Description Accounting/Banking Processing Fee PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Anedot Inc. 11-12-2024 Payee address; Zip Code City: State: 70112 1340 Poydras Street, Suite 1770 New Orleans LA Category (See Categories listed at the top of this schedule) Description **PURPOSE** Accounting/Banking Accounting/Banking OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
11-12-2024	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
11-12-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
10.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	ee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			7.4
11-13-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
1.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Accounting/Bai	nking	
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C /O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	No.

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	_	
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
11-13-2024	Anedot Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fee		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
11-13-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Accounting/Banking	Processing Fee		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	ı expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/O	H			
Date	Payee name			
11-14-2024	Anedot Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Accounting/Banking		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living e			expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	
				D. 1. 1.4/4/0004

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

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. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 4 Date 5 Pavee name Anedot Inc. 11-15-2024 6 Amount (\$) 7 Payee address; City: Zip Code State: 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Accounting/Banking **Processing Fee PURPOSE** EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Anedot Inc. Pavee address: City: State: Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 Category (See Categories listed at the top of this schedule) Description Accounting/Banking Processing Fee PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Anedot Inc. Pavee address: Zip Code City: State: 70112 1340 Poydras Street, Suite 1770 **New Orleans** LA Description Category (See Categories listed at the top of this schedule) Accounting/Banking Accounting/Banking **PURPOSE EXPENDITURE** Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

•	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee name				
11-16-2024	Anedot Inc.				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
8.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Processing Fe	e		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11-16-2024	Anedot Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1.30	1340 Poydras Street, Suite 1770	New Orleans	LA ·	70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Processing Fe	е		
	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	Payee name				
11-16-2024	Anedot Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1.30	1340 Poydras Street, Suite 1770	New Orleans	LA 	70112	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Accounting/Banking			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

The Instruction Guide explains how to complete this form.

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 Salarles/Wages/Contract Labor

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

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 38 Marshall B. Slot 4 Date 5 Payee name 12-30-2021 Anedot Inc. 6 Amount (\$) 7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 0.34 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Accounting/Banking **Processing Fee** PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Anedot Inc. Amount (\$) Payee address; State; Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 Category (See Categories listed at the top of this schedule) Description Accounting/Banking Processing Fee PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Anedot Inc. Payee address: Amount (\$) Zip Code City; State: 1340 Poydras Street, Suite 1770 **New Orleans** 70112 Category (See Categories Li Description ted at the top of this schedule) **PURPOSE** Accounting/Banking Accounting/Banking

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a categ	ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Ethic	es Commission Filers)	
4 Date 11-16-2024	5 Payee name Anedot Inc.				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
20.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Accounting/Banking	Processing Fee			
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11-17-2024	Anedot Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
4.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Accounting/Banking	Processing Fe	е		
OF EXPENDITURE					
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11-17-2024	Anedot Inc.				
.A.mount (\$)	Payee address;	City;	State;	Zip Code	
2.30	1340 Poydras Street, Suite 1770	New Orleans	LA	70112	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Accounting/Banking	Accounting/Banking			
OF EXPENDITURE	-				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marshall B. Slot 4 Date 5 Payee name Anedot Inc. 6 Amount (\$) 7 Payee address; City; State: Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 1,30 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Accounting/Banking Processing Fee **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Anedot Inc. Payee address; City; State: Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** 70112 LA 2.30 Category (See Categories listed at the top of this schedule) Description Accounting/Banking **Processing Fee PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Anedot Inc. 11-21-2024 Amount (\$) Pavee address: City; State; Zip Code 1340 Poydras Street, Suite 1770 **New Orleans** LA 70112 1,30 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Accounting/Banking Accounting/Banking EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a car	egory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		3 Filer ID (Eth	nics Commission Filers)
4 Date	5 Payee name			
10-28-2024	Facebook			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.00	1 Hacker Way	Menlo Park	CA	94025
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising	Social Media F	Post	
OF EXPENDITURE	J. T.			
EXPENDITORE				
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
11-22-2024	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
249,15	1 Hacker Way	Menlo Park	CA	94025
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE Advertising Social Media Post				
OF EXPENDITURE				
EXPENDITORS		1		
	Check if travel outside of Texas, Complete Schedule T.		n, TX, officeholder liv	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
, Batto				
	Facebook			
Amount (\$)	Payee address;	City;	State;	Zip Code
	1 Hacker Way	Menlo Park	CA	94025
	Category (See Categories listed at the top of this schedule)	Description		
PUPPOSE		Social Media Po	oct	
PURPOSE OF	Advertising	Social Media Pi	OSI	
EXPENDITURE				
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	1			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica	al Committee Legal Services Salarie	s/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how t	o complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Marshall B, Slot		3 Filer ID (Ethics Commission Filers)
4 Date 12-31-2024	5 Payee name Frost Bank		
6 Amount (\$)	7 Payee address,	City;	State; Zip Code
5.00	620 HW6	Sugar Land	TX 77478
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Accounting / Bonking	Service F	Tee
	(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 H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder 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	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE			
	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/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED

SCHEDULE F1

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

		EXPENDITURE CAT	EGORIES FO	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overh Polling Expe Printing Expe		Travel In District Travel Out Of Distri	oment & Related Expense
Credit Card Payment		The Instruction Guide expl	ains how to cor	mplete this form.		
1 Total pages Schedule F1:	2 FILER NA	11 1			3 Filer ID (Ethic	s Commission Filers)
4 Date 11-14-2024		Bend County c/o	Fort B	hend County	Judge	
8400,00	7 Payee add	Jackson St.,	Rièh mo	and 7x	774	Zip Code
8	(a) Category	(See Categories listed at the top of t	his schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees			Recount	Fee	
	(c)	Check if travel outside of Texas. Complete	e Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh		te / Officeholder name		Office sought		Office held
Date	Payee nar	me			Vet	
11-15-2024	Urs	a Dynamics				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
6475.00	5010	Mimosalan	e,	Richmond	TX	77406
	Category	(See Categories listed at the top of th	is schedule)	Description		
PURPOSE OF EXPENDITURE	Ado	vertising Expen	se	Electronic	: Campais	n Adv.
		Check if travel outside of Texas, Complet	e Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
Date	Payee na	me				
11-29-2024	Fros	Bank				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
5.00	620	HW6	Sug	jar Land	TX	77478
PURPOSE OF EXPENDITURE	Category Account	(See Categories listed at the top of th	is schedule)	Service	Fee	
		Check if travel outside of Texas. Complet	e Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh		te / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIE	S OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

if the requested info	ormation is not applicable, DO NOT Inclu-	de this page in the repor	τ.
The second secon	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollir By Gift/Awards/Memorials Expense Print	e Overhead/Rental Expense Tra ng Expense Tra ing Expense Tra ies/Wages/Contract Labor Ott	licitation/Fundraising Expense insportation Equipment & Related Expense avel In District avel Out Of District ner (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Marshall B. Slot		Filer ID (Ethics Commission Filers)
4 Date 10-31-2024	5 Payee name Frost Bank		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
5.00	620 HW6	Sugar Land	1 TX 77478
8	(a) Category (See Categories listed at the top of this schedul	e) (b) Description	
PURPOSE OF EXPENDITURE	Accounting / Banking	Serviu Fee	
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11-04-2024	512 New Media		
Amount (\$)	Payee address;	City;	State; Zip Code
174.00	6161 Savoy Drive, Suite	1200A Houston	TX 77036
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	Consulting Expense / Adv. Exp	me Marketing	of Villos
	Check if travel outside of Texas, Complete Schedule	T. Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-14-2024	Frost Bank		
Amount (\$)	Payee address;	City;	State; Zip Code
5.00	G20 HW6	Sugar Land	TX 77478
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Accounting Banking	Bank Check	
	Check if travel outside of Texas. Complete Schedule		officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held