

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

67

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
503 FM 359 #130-130, Richmond, TX 77406					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Received	
(832) 846-7568				JAN 14 2025 RECD	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked	
	NICKNAME	LAST	SUFFIX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)				Date Processed	
8120 Blase Road, Rosenberg, TX 77471				Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed	
(281) 546-6401				Date Imaged	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month / Day / Year		THROUGH	Month / Day / Year	
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	11 / 05 / 2024		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			Fort Bend County Sheriff		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE		COMMITTEE NAME		
			COMMITTEE ADDRESS		
			COMMITTEE CAMPAIGN TREASURER NAME		
			COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Marshall B. Slot		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ —
	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 LAST DAY OF REPORTING PERIOD	\$ 7,224.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,000.00

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



(2) Unsworn Declaration

My name is MARSHALL SLOT, and my date of birth is 02/08/1971.

My address is 2031 OLD DIXIE DR, RICHMOND, TX, 77406, USA.
(street) (city) (state) (zip code) (country)

Executed in FORT BEND County, State of TEXAS, on the 14 day of JANUARY, 2025.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 10-28-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet. E. Kyle Cuellar	7 Amount of contribution (\$) 25.00
	6 Contributor address; City; State; Zip Code 4806 Westerdale Drive Weston Lakes TX 77441	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10-28-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie Bayer	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code 21210 Kelliwood Greens Dr. Katy TX 77450	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10-29-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rob Lowe	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code 24519 Springwood Glen Lane, Katy TX 77494	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10-31-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clyde Neel	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 707 Sugarplum Circle, SugarLand, TX 77498	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 10-7-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Michie	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 9111 South Fitzgerald Way, Missouri City, TX 77459	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11-7-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Ann Marzec	Amount of contribution (\$) 150.00
	Contributor address; City; State; Zip Code 22907 Fairleaf Circle, Katy, TX 77494	
Principal occupation / Job title (See Instructions) speech pathologist		Employer (See Instructions) self
Date 11-7-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chenxin Ding	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 4418 Greenwood Trace Ln., Katy, TX 77494	
Principal occupation / Job title (See Instructions) Home care		Employer (See Instructions)
Date 11-7-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qin Chen	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 26315 Sandahl Ct., Katy, TX 77494	
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-7-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hongcheng Guo	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 24538 Via Salerno Ct., Richmond, TX 77406	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11-7-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Brown	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 2319 Squire Dobbins Drive, Sugar Land, TX 77478	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-7-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xuemi Yang	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code 5511 Tyler Park Lane, Katy, TX 77494	
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions)
Date 11-7-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qiangjian Chen	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 27503 Becketts Knoll Ct., Katy, TX 77494	
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-7-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan White	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2910 Cambry Crossing Ct., Katy, TX 77494		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11-7-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruy Castelan	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3422 Oyster Cove Drive, Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) business consultant		Employer (See Instructions) Landmark Worldwide
Date 11-7-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jabet Zhan	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3427 Brazos Falls Dr., Booth, TX 77469		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-7-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen Zhu	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 26 Edgemont Court, Fulshear, TX 77441		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-7-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xiangwen Wang	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code 19 Azure Lake Ct., Katy, TX 77494	
8 Principal occupation / Job title (See Instructions) engineer		9 Employer (See Instructions)
Date 11-7-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chao Xu	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 5230 Paintbrush Falls Ct., Fulshear, TX 77441	
Principal occupation / Job title (See Instructions) scientist		Employer (See Instructions) Shell
Date 11-7-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yali Xie	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 17334 Galloway Forest Dr., Richmond, TX 77407	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-7-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yanrong Zou	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 1933 Arcadia Dr., Sugar Land, TX 77498	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

26

2 FILER NAME

Marshall B. Slot

3 Filer ID (Ethics Commission Filers)

4 Date

11-7-2024

5 Full name of contributor

Mark Xu

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

23306 Two Harbors Glen, Katy, TX 77494

8 Principal occupation / Job title (See Instructions)

engineer

9 Employer (See Instructions)

Brunell

Date

11-7-2024

Full name of contributor

Audrey Duan

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3418 Mesquite Drive, Sugar Land, TX 77479

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

11-7-2024

Full name of contributor

Xiull Dong

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

26406 Knobby Pine Drive, Katy TX 77494

Principal occupation / Job title (See Instructions)

~~retired~~ engineer

Employer (See Instructions)

Date

11-7-2024

Full name of contributor

Susan Liu

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3531 Meadow Spring Dr., Sugar Land, TX 77479

Principal occupation / Job title (See Instructions)

engineer

Employer (See Instructions)

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2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-7-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Min Wu	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4042 Lanark Lane, Houston, TX 77025		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11-7-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jiahui Wan	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4903 Keneshaw Street, Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) SLB
Date 11-7-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lulu Wang	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 4815 Periwinkle Ct., Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) DBA		Employer (See Instructions)
Date 11-8-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hong Liu	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 7034 Terrace Ridge, Katy, TX 77494		
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-8-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gretchen Netzband	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 2333 Star-Lake, Missouri City, TX 77459		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11-8-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 3000 Treva James	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 3510 Woodbine Drive, Fulshear, TX 77441		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-8-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Scott	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 3526 Grayson Gardens Ct., Fulshear, TX 77441		
Principal occupation / Job title (See Instructions) physician assistant		Employer (See Instructions) Concentra
Date 11-8-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis Scott	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3526 Grayson Gardens Ct., Fulshear, TX 77441		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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SCHEDULE A1

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2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-8-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Daniel	7 Amount of contribution (\$) 200.00
	6 Contributor address; City; State; Zip Code 25507 Winston Hollow Ln., Katy, TX 77494	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11-8-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xuemei Yang	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 5511 Tyler Park Lane, Katy, TX 77494	
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions)
Date 11-8-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeremy Regal	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 27626 Panola Place Lane, Fulshear, TX 77441	
Principal occupation / Job title (See Instructions) business analyst		Employer (See Instructions) Chevron
Date 11-8-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nalda White	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 26435 Hidden Timbers Lane, Katy, TX 77494	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-8-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victor Perez	7 Amount of contribution (\$) 250.00
	6 Contributor address; City; State; Zip Code 4715 Bryce Landing Lane, Katy, TX 77494	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11-8-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chia Lun Jen	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 106 Drake Elm Ct., Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-8-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Wright	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 42 Burwick St., Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-8-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ying Zhu	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 11611 Glendale Rise Lane, Richmond, TX 77407	
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-8-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherisse Wright	7 Amount of contribution (\$) 25.00
	6 Contributor address; City; State; Zip Code 6910 Spring Creek Ct., Missouri City, TX 77459	
8 Principal occupation / Job title (See Instructions) CRNA		9 Employer (See Instructions) USAP
Date 11-09-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffany Hines	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code 4935 Taylor Lake Ct., Richmond, TX 77407	
Principal occupation / Job title (See Instructions) office manager		Employer (See Instructions)
Date 11-09-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Prendergast	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 1010 Barkston Drive, Katy, TX 77450	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-09-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline Kame	Amount of contribution (\$) 25.00 25.00
	Contributor address; City; State; Zip Code 11803 Grant, Cypress, TX 77429	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Property Management

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-9-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Ogden	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 1907 Willow Lakes Dr., Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11-9-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Blackwell	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1423 Tulane Drive, Richmond, TX 77406		
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Venom
Date 11-9-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Rodriguez	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 32811 Waterfowl Dr., Fulshear, TX 77441		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-9-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Stryk	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1005 Foster Drive, Richmond, TX 77469		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-9-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Roberts	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 3302 Carolina Way, Richmond, TX 77406		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11-9-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melody Cook	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3907 Gallaher Ct. Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Ernst & Young
Date 11-9-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Tangney	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 33 Hollingers Island, Katy, TX 77450		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-9-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sally Falgout	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 226 Ranch House Lane, Richmond, TX 77469		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-9-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Parker	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 4310 Willowview Ct. Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) self
Date 11-9-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet Roberts	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2703 Field Line Dr. Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-9-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Funderburg	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code 1318 Breezy Bend Drive, Katy, TX 77494		
Principal occupation / Job title (See Instructions) executive assistant		Employer (See Instructions)
Date 11-9-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abby Lacy	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 27806 Walsh Crossing Dr., Katy, TX 77494		
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-9-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug White	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 5423 Asky Way Ct. Sugar Land TX 77479		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11-9-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mikie Grascurth	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 136 Dogwood St., Sugar Land, TX 77478		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-10-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Grasham	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 14507 Joyce St. Needville TX 77461		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-10-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Haar	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 24815 Mount Auburn Dr., Katy, TX 77494		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-10-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glennys Asselin Carey	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 13311 Kettler Rd. Needville TX 77461		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11-10-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Oberhoff	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 4706 Gerken Rd. Needville TX 77461		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-10-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Morgan	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1915 Blue Sage Drive Katy TX 77494		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-10-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Burdette	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3902 Belvoir Park Dr. Katy TX 77450		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-10-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristine Perilla	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 32703 Weybridge St. Fulshear TX 77441	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11-10-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kavin Vickery	Amount of contribution (\$) 1000.00
	Contributor address; City; State; Zip Code 78 Walton Water Way Lane, Fulshear, TX 77441	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-10-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorothy Dixon	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 1119 Oleander Way Richmond TX 77469	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-10-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanet Cuellar	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 4806 Westin Lakes Westerdale Drive, Westin Lakes, TX 77441	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-11-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jo Ann Heath	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; State; Zip Code 11102 Celina Knoll, Missouri City, TX 77459	
8 Principal occupation / Job title (See Instructions) homemaker		9 Employer (See Instructions)
Date 11-11-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai Kwan Pei	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 7210 Yardley Dr., Katy, TX 77494	
Principal occupation / Job title (See Instructions) researcher		Employer (See Instructions) National University
Date 11-11-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stan Goss	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 23130 Sandsage Lane, Katy, TX 77494	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-11-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Vrshek	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 1006 Cleistes Lane Richmond TX 77469	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-11-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Culver	7 Amount of contribution (\$) 1000.00
	6 Contributor address; City; State; Zip Code 1005 County Club Dr. Richmond TX 77469	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Germany & Garden Funeral Directors
Date 11-11-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joey Przybilla	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 2107 Old Dixie Dr. Richmond TX 77406	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-11-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise Silva	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 1803 Oak Shade Dr. SugarLand TX 77479	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-11-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anna Cave	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 522 Sapelo Ct. Richmond TX 77469	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-11-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maryann Metcalf	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code 4118 Swallow Tail Way, Richmond, TX 77469	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11-12-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Holloway	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 427 Spindrift Circle Richmond TX 77469	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-11-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melvin De Geeter	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 227 Ranch House Ln. Richmond TX 77469	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-12-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Cruce	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 346 Ranch House Lane Richmond, TX 77469	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-12-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent Biringer	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 330 Seaside Sparrow Way, Richmond, TX 77469		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11-12-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Star Hopkins	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code 1014 Cleistes Ln. Richmond TX 77469		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-12-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margarette Jones	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 418 Larkspur Lane Richmond TX 77469		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-12-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marie Moffett	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1718 Teal Brocks Lane, Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-12-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie Meredith	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code 4906 Cambridge Street Sugar Land TX 77479	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11-12-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Townsend	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 419 Lakespur Lane, Richmond, TX 77469	
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) Toll Brothers
Date 11-12-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Noeth	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 531 Mistflower Drive Richmond TX 77469	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-13-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julia Coussens	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 23331 Leaf Ridge Drive Katy TX 77494	
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) CITGO

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-13-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair Bevis	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 23323 Grand Springs Dr. Katy TX 77494	
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions)
Date 11-13-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joy Richardson	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 29139 Turning Springs Ln. Fulshear TX 77441	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-14-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guy Larose	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 2922 Black Walnut Ct. Richmond, TX 77469	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-15-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony Hefferin	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 2303 Trinity Manor Lane, Richmond, TX 77469	
Principal occupation / Job title (See Instructions) law enforcement		Employer (See Instructions) Bellaire PD

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-15-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica Morgan	7 Amount of contribution (\$) 300.00
	6 Contributor address; City; State; Zip Code 1619 Rambling Stone Dr. Richmond TX 77406	
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions)
Date 11-15-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Kane	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 4119 Haven Crest Lane Fulshear TX 77441	
Principal occupation / Job title (See Instructions) engineering manager		Employer (See Instructions) Audubon Companies
Date 11-16-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paula Chavez	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code 11018 Glenrothers Dr. Richmond TX 77407	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11-16-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liz Pelletier	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 332 Marlene Meadow Way, Richmond, TX 77406	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)
4 Date 11-16-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marci Arsenault	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 1210 Ashwood Dr., Sugar Land, TX 77498		
8 Principal occupation / Job title (See Instructions) Personal Trainer		9 Employer (See Instructions)
Date 11-16-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamara McFarlan	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2002 Anchor Lake Lane Katy TX 77494		
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions) McFarlane mgmt
Date 11-17-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Loper	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3818 Bowie Bend Ln., Houston TX 77010		
Principal occupation / Job title (See Instructions) accountant		Employer (See Instructions) Scorer Pipe
Date 11-17-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rae Spencer	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 13111 Windmill Grove, Richmond, TX 77407		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

26

2 FILER NAME

Marshall B. Slot

3 Filer ID (Ethics Commission Filers)

4 Date

11-18-2024

5 Full name of contributor out-of-state PAC (ID#: _____)

Susan Brown Maunder

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

10506 Sparkling Stream Trl., Richmond, TX 77406

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

11-19-2024

Full name of contributor out-of-state PAC (ID#: _____)

Alex Garrett

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

3827 Carters Lake Dr., Richmond, TX 77406

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

11-21-2024

Full name of contributor out-of-state PAC (ID#: _____)

William Infanger

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

5303 Whitmore St., Weston Lakes, TX 77441

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

12-30-2024

Full name of contributor out-of-state PAC (ID#: _____)

Alexanne Glover

Amount of contribution (\$)

1.00

Contributor address; City; State; Zip Code

7005 Tromp Lane West Keith AL 06469

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 10-28-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 8.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-28-2024	Payee name Anedot Inc.	
Amount (\$) 1.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-29-2024	Payee name Anedot Inc.	
Amount (\$) 8.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
--	--	--

4 Date 10-31-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 10.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-07-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-7-2024 11-7-2024	Payee name Anedot Inc.
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Amount (\$) 6.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 11-7-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 1.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-7-2024	Payee name Anedot Inc.	
Amount (\$) 1.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-7-2024	Payee name Anedot Inc.	
Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-7-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-7-2024	Payee name Anedot Inc.
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Amount (\$) 8.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-7-2024	Payee name Anedot Inc.
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Amount (\$) 1.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 11-7-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11-7-2024	Candidate / Officeholder name Anedot Inc.	
Amount (\$) 2.30	Office sought New Orleans	
	Office held LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11-7-2024	Candidate / Officeholder name Anedot Inc.	
Amount (\$) 4.30	Office sought New Orleans	
	Office held LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 11-7-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 0.70	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-7-2024	Payee name Anedot Inc.	
Amount (\$) 2.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-7-2024	Payee name Anedot Inc.	
Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-7-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 2.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-7-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-07-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 11-7-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-7-2024	Payee name Anedot Inc.	
Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-7-2024	Payee name Anedot Inc.	
Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 11-7-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-7-2024	Payee name Anedot Inc.	
Amount (\$) 8.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-7-2024	Payee name Anedot Inc.	
Amount (\$) 10.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-8-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 2.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-8-2024	Payee name Anedot Inc.
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Amount (\$) 2.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-8-2024	Payee name Anedot Inc.
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Amount (\$) 1.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-8-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 10.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-8-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-8-2024	Payee name Anedot Inc.
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Amount (\$) 8.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-8-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-8-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-8-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-8-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 10.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-8-2024	Payee name Anedot Inc.
--------------------------	----------------------------------

Amount (\$) 2.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-8-2024	Payee name Anedot Inc.
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Amount (\$) 2.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 11-8-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-8-2024	Payee name Anedot Inc.	
Amount (\$) 1.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-9-2024	Payee name Anedot Inc.	
Amount (\$) 8.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 11-9-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 1.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11-9-2024	Payee name Anedot Inc.	
Amount (\$) 1.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11-9-2024	Payee name Anedot Inc.	
Amount (\$) 10.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-9-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 4.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-9-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-9-2024	Payee name Anedot Inc.
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Amount (\$) 2.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-9-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 20.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-9-2024	Payee name Anedot Inc.
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Amount (\$) 2.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-9-2024	Payee name Anedot Inc.
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Amount (\$) 2.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 11-9-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 1.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11-9-2024	Payee name Anedot Inc.	
Amount (\$) 1.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11-9-2024	Payee name Anedot Inc.	
Amount (\$) 1.10	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-9-2024	5 Payee name Anedot Inc.
----------------------------	------------------------------------

6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-9-2024	Payee name Anedot Inc.
-------------------	---------------------------

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-9-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-10-2024	5 Payee name Anedot Inc.
------------------------------------	---

6 Amount (\$) 1.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-10-2024	Payee name Anedot Inc.
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Amount (\$) 20.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-10-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 2.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-10-2024	Payee name Anedot Inc.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
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Date 11-10-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
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1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 11-10-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-10-2025	Payee name Anedot Inc.	
Amount (\$) 40.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-10-2024	Payee name Anedot Inc.	
Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 11-10-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 1.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-11-2024	Payee name Anedot Inc.	
Amount (\$) 20.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-11-2024	Payee name Anedot Inc.	
Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-11-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-11-2024	Payee name Anedot Inc.
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Amount (\$) 2.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-11-2024	Payee name Anedot Inc.
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Amount (\$) 40.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 11-11-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 1.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-11-2024	Payee name Anedot Inc.	
Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-11-2024	Payee name Anedot Inc.	
Amount (\$) 1.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-11-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 2.30	7 Payee address;	City;	State;	Zip Code
	1340 Poydras Street, Suite 1770	New Orleans	LA	70112

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-11-2024	Payee name Anedot Inc.
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Amount (\$) 2.30	Payee address;	City;	State;	Zip Code
	1340 Poydras Street, Suite 1770	New Orleans	LA	70112

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-12-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address;	City;	State;	Zip Code
	1340 Poydras Street, Suite 1770	New Orleans	LA	70112

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

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

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 11-12-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 2.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-12-2024	Payee name Anedot Inc.	
Amount (\$) 2.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-12-2024	Payee name Anedot Inc.	
Amount (\$) 1.10	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 11-12-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 10.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-12-2024	Payee name Anedot Inc.	
Amount (\$) 4.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-12-2024	Payee name Anedot Inc.	
Amount (\$) 2.30	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-12-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-12-2024	Payee name Anedot Inc.
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Amount (\$) 10.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-13-2024	Payee name Anedot Inc.
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Amount (\$) 1.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-13-2024	5 Payee name Anedot Inc.
------------------------------------	---

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

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-13-2024	Payee name Anedot Inc.
---------------------------	----------------------------------

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-14-2024	Payee name Anedot Inc.
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Amount (\$) 4.30	Payee address;	City;	State;	Zip Code
	1340 Poydras Street, Suite 1770	New Orleans	LA	70112

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

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-15-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 4.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-15-2024	Payee name Anedot Inc.
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Amount (\$) 12.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-15-2024	Payee name Anedot Inc.
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Amount (\$) 1.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans	State; LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-16-2024	5 Payee name Anedot Inc.
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6 Amount (\$) 8.30	7 Payee address: 1340 Poydras Street, Suite 1770	City: New Orleans	State: LA	Zip Code 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-16-2024	Payee name Anedot Inc.
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Amount (\$) 1.30	Payee address: 1340 Poydras Street, Suite 1770	City: New Orleans	State: LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-16-2024	Payee name Anedot Inc.
---------------------------	----------------------------------

Amount (\$) 1.30	Payee address: 1340 Poydras Street, Suite 1770	City: New Orleans	State: LA	Zip Code 70112
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 12-30-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 0.34	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name Anedot Inc.	
Amount (\$)	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name Anedot Inc.	
Amount (\$)	Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Banking
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>38</u>		2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)	
4 Date <u>11-16-2024</u>		5 Payee name Anedot Inc.			
6 Amount (\$) <u>20.30</u>		7 Payee address; 1340 Poydras Street, Suite 1770		City; New Orleans	State; LA
				Zip Code 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Processing Fee		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>11-17-2024</u>		Payee name Anedot Inc.			
Amount (\$) <u>4.30</u>		Payee address; 1340 Poydras Street, Suite 1770		City; New Orleans	State; LA
				Zip Code 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Processing Fee		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>11-17-2024</u>		Payee name Anedot Inc.			
Amount (\$) <u>2.30</u>		Payee address; 1340 Poydras Street, Suite 1770		City; New Orleans	State; LA
				Zip Code 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Accounting/Banking		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
4 Date 11-18-2024	5 Payee name Anedot Inc.	
6 Amount (\$) 1.30	7 Payee address; 1340 Poydras Street, Suite 1770	City; State; Zip Code New Orleans LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Processing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11-19-2024	Payee name Anedot Inc.
Amount (\$) 2.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking
	Description Processing Fee
Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date 11-21-2024	Payee name Anedot Inc.
Amount (\$) 2.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking
	Description Accounting/Banking
Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38		2 FILER NAME Marshall B. Slot		3 Filer ID (Ethics Commission Filers)	
4 Date 10-28-2024		5 Payee name Facebook			
6 Amount (\$) 500.00		7 Payee address; 1 Hacker Way		City; Menlo Park	State; Zip Code CA 94025
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Social Media Post		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11-22-2024		Payee name Facebook			
Amount (\$) 249.15		Payee address; 1 Hacker Way		City; Menlo Park	State; Zip Code CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Social Media Post		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name Facebook			
Amount (\$)		Payee address; 1 Hacker Way		City; Menlo Park	State; Zip Code CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Social Media Post		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Marshall B. Slot</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-31-2024</i>	5 Payee name <i>Frost Bank</i>	
6 Amount (\$) <i>5.00</i>	7 Payee address, City; State; Zip Code <i>620 HW6 Sugar Land TX 77478</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting / Banking</i>	(b) Description <i>Service Fee</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 11-14-2024	5 Payee name Fort Bend County c/o Fort Bend County Judge
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6 Amount (\$) 8400.00	7 Payee address; 401 Jackson St., Richmond TX 77469
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Recount Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-15-2024	Payee name Ursa Dynamics
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Amount (\$) 6475.00	Payee address; 5010 Mimosa Lane, Richmond TX 77406
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Electronic Campaign Adv.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-29-2024	Payee name Frost Bank
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Amount (\$) 5.00	Payee address; 620 HW6 Sugar Land TX 77478
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Service Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 38	2 FILER NAME Marshall B. Slot	3 Filer ID (Ethics Commission Filers)
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4 Date 10-31-2024	5 Payee name Frost Bank
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6 Amount (\$) 5.00	7 Payee address; 620 HW6	City; Sugar Land	State; TX	Zip Code 77478
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	(b) Description Service Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-04-2024	Payee name 512 New Media
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Amount (\$) 174.00	Payee address; 6161 Savoy Drive, Suite 1200A	City; Houston	State; TX	Zip Code 77036
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense / Adv. Expense	Description Marketing of Videos
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-14-2024	Payee name Frost Bank
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Amount (\$) 5.00	Payee address; 620 HW6	City; Sugar Land	State; TX	Zip Code 77478
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Bank Check Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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