CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00051449	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Charles			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LACT		CUETIV	07/10/2023	
	NICKNAME	LAST Anderson		SUFFIX	01/10/2020	
	Doc	Anderson				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 7752					
ADDRESS					Receipt #	Amount
Change of Address	Waco, TX 76714				Date Processed	
"					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>I</u>	
TREASURER	Mr.	Bill J.				
NAME		Dill 3.				
	NICKNANE	LACT		CUEEN		
	NICKNAME	LAST Johnson		SUFFIX		
		JUHISUH				
2 0445404	OTDEET ADDRESS (410 DC	DOV DI 5405)	4.5-	VOLUTE " OITY	07.1	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	1897 S. Old Robinson Rd.					
(Residence or Business)						
	Robinson, TX 76706					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	XTENSION			
TREASURER		E NOWIDER E	EXTENSION			
PHONE	(254) 881-2190					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after cam	paign treasurer
		」			appointment (office	eholder only)
	X July 15	8th day before 6		Exceeded modified reporting limit	Final Report (Attac	ch C/OH-FR)
				reporting innit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	IROUGH	06/30/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		│ ∏G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	L		12 OFFICE SOUGHT	(if known)	
	State Representative Distr	ict 56		State Represent		
	'			'		
				<u> </u>		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 18

13 C / OH NAME	Anderson, Charles (T	14 Filer ID (I 00051449	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 2,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 801.62	
	4. TOTAL POLITIC		\$ 41,105.00	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 23,957.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Honor	rable Charles Anderso	on
		Signature o	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 18			
18 FILER NAME Anderson, Charles (The Honorable) 19 Filer ID (Ethics Commission Filers) 00051449							
20 SCHEDUL	0 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,500.00			
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00			
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00			
4. X	SCHEDULE E: LOANS		\$	0.00			
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS						
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00				
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$	0.00				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00			
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

ONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
e Instru	ction Guide explains how to complete	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/18	
ER NAME derson, C		3 Filer ID (Ethics Commission Filers) 00051449	
e 29/2023	5 Full name of contributor out-of-state PA Texas Veterinary Medical AssociationVe	7 Amount of Contribution (\$) \$2,500.00	
	Austin, TX 78754		
icipal occu	ipation / Job title (See Instructions)	9 Employer (See Instruction	ons)
	e Instru ER NAME Ilerson, C e 29/2023	e Instruction Guide explains how to complete ER NAME Iterson, Charles (The Honorable) 5 Full name of contributor out-of-state PA 29/2023 Texas Veterinary Medical AssociationVe 6 Contributor address; City; State; Zip Code	e Instruction Guide explains how to complete this form. ER NAME Iderson, Charles (The Honorable) 5 Full name of contributor out-of-state PAC (ID#: Texas Veterinary Medical AssociationVeterinarian PAC 6 Contributor address; City; State; Zip Code Austin, TX 78754

PLEI	DGED CONTRIBU	TIONS			SCHEDULE	В
Т	he Instruction Guide exp	1	1 Total pages Schedule B: Sch: 1/1 Rpt: 5/18			
2 FILER N		3	Filer ID (Ethics Commission Filers)			
<u></u>	Anderson, Charles (The Honorable)				00051449	
TOTAL	OF UNITEMIZED PLEDO	GES			\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID#	# :	_) 8	Amount of pledge (\$) In-kind description (If applicable)	
	7 Pledgor Address;	City; State; Zip Cod	e			
					Check if travel outside of Texas. Complete So	chedule T
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See Ins	structi	ions)	

	LOANS					SCHEDULE E
•	The Instruction	on Guide explains ho	orm.	<u> </u>	ages Schedule E: /1 Rpt: 6/18	
	FILER NAME Anderson, Char	les (The Honorable)				(Ethics Commission Filers)
4 .	TOTAL OF UN	IITEMIZED LOANS			I	\$ 0.00
5	Date of loan	7 Name of lender	out-of-state PA	sC (ID#:		9 Loan Amount (\$)
1	Is lender a financial institution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupation	on / Job title (See Instructio	ns)	13 Employer (See Instr	uctions)	1
14	Description of Col	ateral		15 Check if personal fu	nds were deposite	d into political account (See Instructions)
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
[not applicable	18 Guarantor address;	City; State;	Zip Code		
20	Principal occupati	on		21 Employer (See Instr	uctions)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services			Vages	/Contract Labor		OTHER (enter a	strict a category not listed above)
				The Instruction	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 1/12 Rpt: 7/18		Anderson, C	Charles (The F	lonorable)					00051449		
4	Date	5	Payee name									
	06/01/2023		Anderson D	VM, Charles "	Doc" (Rep.)							
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	de					
	\$974.72		7648 Roster	nthal Parkway								
			Lorena, TX	76655								
8	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Loan Repay	ment/Reimbu	rsement			=			nplete Schedule T.	
								—		officeholder livin	g expense oca Chico Space)	,
								launch trip	יטוו	uisement b	oca Chico Space/	`
9	Complete ONL V if direct	\perp	Candidata/Offic	achaldar nama		Office cou	abt			Office h	old	
"	Complete ONLY if direct expenditure to benefit C/OH		zariuluale/UIII(ceholder name	(Office sou	yııı			Onice II	ciu	
-	Date	Ι	Davica nama									
	04/22/2023	ı	Payee name Fermin Busi	noce Forme								
		⊢			04-4-	7:- 0-	-1-					
	Amount (\$)	ı	Payee addres		State	; Zip Co	ae					
	\$1,260.03		P.O. Box 23	587								
			Waco, TX 7	6702								
	PURPOSE OF	(a)	Category (Se	e Categories listed a	t the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Printing Exp	ense				<u></u>		de of Texas. Con officeholder livin	plete Schedule T.	
								High School				
								g		.g. attaiation		
	Complete ONLY if direct		 Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	06/12/2023		Fermin Busi	ness Forms								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$422.99		P.O. Box 23	587								
			Waco, TX 7	6702								
	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Printing Exp		•	,					plete Schedule T.	
	LAFENDITORE							_		officeholder livin		
								Gold Seals fo	r H	ligh School	Certificates	
	Complete ONLY if alias -t	Ļ	Condidate /Off	anhaldor		Office as:	ab+			Office !-	ald	
	Complete ONLY if direct expenditure to benefit C/O		zariuidale/Offic	ceholder name	(Office sou	ynt			Office h	eiu	
	· 											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to cor	mplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 2/12 Rpt: 8/18	Anderson, Charles (The Honorable)	00051449
4 Date	5 Payee name	
02/09/2023	Fore, Adrianne	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$215.09	500 South Congress Avenue	
	No. 117	
	Austin, TX 78704	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Expense Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght Office held
Date	Davis same	
02/27/2023	Payee name	
	House Republican Caucus	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1,000.00	1400 Lavaca Street	
	Austin, TX 78701	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
,,,,,,,,		Check if Austin, TX, officeholder living expense
		88th Session Membership Dues
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/O	•	gnt Onice neid
Data		
Date	Payee name	
01/06/2023	Integ	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1,110.59	1522 Washington	
	Waco, TX 76701	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
LXI ENDITORE		Check if Austin, TX, officeholder living expense
		January Birthday Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
experience to belieff 6/0	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/12 Rpt: 9/18	Anderson, Charles (The Honorable) 00051449
4	Date	5 Payee name
	01/13/2023	Legislative Ladies Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	209 East Main Street
		Nacogdoches, TX 75961
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gala tickets
		Outa tickets
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	
	Date	Payeo namo
	03/19/2023	Payee name McGregor Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$293.75	303 S Main St
	\$200.10	
		McGregor, TX 76657
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Breakfast Banquet
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	03/04/2023	McLennan County Junior Livestock Show
	Amount (\$)	Payee address; City; State; Zip Code
	\$975.00	P O BOX 8990
		Waco, TX 76714
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Junior Livestock Chow purchase
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
		·
1	Total pages Schedule F1: Sch: 4/12 Rpt: 10/18	2 FILER NAME Anderson, Charles (The Honorable) 3 Filer ID (Ethics Commission Filers) 00051449
_		
4	Date	5 Payee name
	06/17/2023	McLennan County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	539 N. Valley Mills Dr.
		Waco, TX 76710
_	DUDD005	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		Donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialtare to benefit C/Oi	
	Date	Payee name
	03/17/2023	McLennan County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	
	Φ500.00	539 N. Valley Mills Dr.
		Waco, TX 76710
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/03/2023	Parnell McNamara Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6401 Rock Creed Road
		Waco, TX 76708
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Sheriff's race
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries The Instruction Guide explains how to c	Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/12 Rpt: 11/18	Anderson, Charles (The Honorable)	00051449
4 Date	5 Payee name	
04/02/2023	Reeds Flowers	
6 Amount (\$) \$197.15	7 Payee address; City; State; Zip C 1029 Austin Ave Waco, TX 76701	ode
8 PURPOSE		(h) 5
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gift
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office so	ught Office held
Date	Payee name	
01/20/2023	Slaughter, Elaine (Mrs.)	
Amount (\$) \$200.00	Payee address; City; State; Zip C 504 Cindy Lane	ode
	Lorena, TX 76655	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Janaury Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught Office held
Date 01/20/2023	Payee name Slaughter, Elaine (Mrs.)	
Amount (\$)	Payee address; City; State; Zip C	ode
\$458.94	504 Cindy Lane	
	Lorena, TX 76655	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Expense Reimbursement
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/12 Rpt: 12/18	Anderson, Charles (The Honorable) 00051449
4	Date	5 Payee name
	02/11/2023	Slaughter, Elaine (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$660.78	504 Cindy Lane
		Lorena, TX 76655
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense Reimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/11/2023	Slaughter, Elaine (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	504 Cindy Lane
	Ψ200.00	out office cano
		Lorena, TX 76655
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense January fees
		oundary rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davisa nama
	03/19/2023	Payee name Slaughter, Elaine (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	504 Cindy Lane
		Lorena, TX 76655
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		February fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
_	Tatal as a second of Education Education							
1	Total pages Schedule F1: Sch: 7/12 Rpt: 13/18	2 FILER NAME Anderson, Charles (The Honorable) 3 Filer ID (Ethics Commission Filers) 00051449						
4	Date	5 Payee name						
	03/19/2023	Slaughter, Elaine (Mrs.)						
6	Amount (\$) \$699.86	7 Payee address; City; State; Zip Code 504 Cindy Lane Lorena, TX 76655						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Expense Reimbursement						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	04/02/2023	Slaughter, Elaine (Mrs.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$200.00	504 Cindy Lane						
		Lorena, TX 76655						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense March						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name						
	04/02/2023	Slaughter, Elaine (Mrs.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$561.92	504 Cindy Lane						
		Lorena, TX 76655						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officeholder living expense							
		Expense Reimbursement						
_	Complete ONLY if direct	Condidate/Officeholder name Office pought						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

abursement Solicitation/Fundraising Expense
Il Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
act Labor OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)					
_	Tatal as a second of Education Education		_					
1	Total pages Schedule F1: Sch: 8/12 Rpt: 14/18	2 FILER NAME Anderson, Charles (The Honorable) 3 Filer ID (Ethics Commission Filers) 00051449						
4	Date	5 Payee name						
	04/29/2023	Slaughter, Elaine (Mrs.)						
6	Amount (\$) \$925.21	7 Payee address; City; State; Zip Code 504 Cindy Lane Lorena, TX 76655						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense Expense reimbursement and fees						
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	06/05/2023	Slaughter, Elaine (Mrs.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$668.93	504 Cindy Lane						
		Lorena, TX 76655						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Loan Repayment Rembarsement	k if travel outside of Texas. Complete Schedule T.					
Check if Austin, TX, officeholder living expense								
	Expense Reimbursement							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	06/05/2023	Slaughter, Elaine (Mrs.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$200.00	504 Cindy Lane						
		Lorena, TX 76655						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		fees						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/12 Rpt: 15/18	Anderson, Charles (The Honorable) 00051449
4	Date	5 Payee name
	02/06/2023	Texas Conservative Coalition
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO Box 2659
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership dues
		Weinbership daes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/09/2023	Texas Young Republicans
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2604 Brightrock Lane
		Conroe, TX 77304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE		Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation to Mational Convention
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
	Date	Payee name
	01/16/2023	Todd Smith & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	2204 Hazeltine Lane
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Bonus
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 10/12 Rpt: 16/18	Anderson, Charles (The Honorable) 00051449							
4	Date	5 Payee name							
	02/11/2023	Todd Smith & Associates							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1,250.00	2204 Hazeltine Lane							
		Austin, TX 78747							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF Consulting Expense Check if travel outside of Texas. Complete Sched								
		Check if Austin, TX, officeholder living expense Fees							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
_	Date	Payee name							
	03/20/2023	Todd Smith & Associates							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,500.00	2204 Hazeltine Lane							
	,_,,,,,,,,,								
		Austin, TX 78747							
_									
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		retainer							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	experientare to benefit Gree								
	Date	Payee name							
	03/18/2023	Todd Smith & Associates							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,250.00	2204 Hazeltine Lane							
		Austin, TX 78747							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		retainer							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	- 1							
ı									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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 3 Filer ID (Ethics Commission Filers)					
	Sch: 11/12 Rpt: 17/18	Anderson, Charles (The Honorable) 00051449					
4	Date	5 Payee name					
	05/07/2023	Todd Smith & Associates					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$1,250.00	2204 Hazeltine Lane					
		Austin, TX 78747					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		retainer					
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
H	Date	Payee name					
	06/12/2023	Todd Smith & Associates					
H	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,250.00	2204 Hazeltine Lane					
	Ψ1,230.00	2204 Hazeitine Lane					
Austin, TX 78747							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense retainer					
		retainer					
_	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	experientare to benefit Grot	<u>'</u>					
	Date	Payee name					
	01/13/2023	USPS					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$332.00	430 West Hwy 6					
Woodway, TX 76702							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense P.O. Box Rental Fees					
		P.O. BOX Retital Fees					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	Complete ONLY if direct expenditure to benefit C/OI	o					
\vdash							
_							

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Doffactions Made By - Giff/Awards/Men Candidate/Officeholder/Political Committee Legal Services Credit Card Payment											Tavel Out of District OTHER (enter a category not listed above)			
					Guide explains	s how to cor	mple	ete this form.						
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Com	mission Filers)		
	Sch: 12/12 Rpt: 18/18		Anderson, Charles (The Honorable)							00051449				
4	Date	5	Payee name											
	06/07/2023		West News											
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de		_					
	\$303.50		14 W. Oak	St 76691-120	3									
			West, TX 7	76691										
Ļ	DUDDOCE	(-)				1	/l=\		_					
8 PURPOSE OF			C , (coo consigning in the top or the constant)					Description	outci	de of Texas. Cor	anlota Schadula -	F		
	EXPENDITURE		Advertising	Expense						officeholder livin	•			
								Newspaper a						
9	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office h	eld			
	expenditure to benefit C/OI	Н				·	•							
_	Date	Π	Payee name						_					
	03/14/2023		Wish List D	irect										
		_			State	o: Zin Cor	do		_					
Amount (\$) Payee address; City; State; Zip Code \$14,657.92 PO Box 312100														
	\$14,657.92		FO BOX 312	2100										
					0400									
New Braunfels, TX 78131-2100														
	PURPOSE OF	(a)	Category (S	ee Categories listed	at the top of this so	chedule)	(b)	Description						
EXPENDITURE			Printing Expense					Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
							Campaign Mailpiece							
								Gampang	۳۲					
Н	Complete ONLY if direct		Candidate/Off	ceholder name		Office sou	aht			Office h	eld			
expenditure to benefit C/O							9							
_	Date		Davisa nama						_					
	06/16/2023		Payee name Wish List D	iract										
		_			04-4	-: 7:- O-:	-1-							
	Amount (\$)		Payee addre	-	State	e; Zip Co	ae							
	\$285.00		PO Box 312	2100										
New Braunfels, TX 78131-2100														
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this so	chedule)	(b)	Description						
	OF EXPENDITURE		Advertising	Expense				ш		de of Texas. Cor	•	Г.		
								Graphic Design		officeholder livin				
								σταμπιο μεσίζ	911	ioi riewspa	per au			
_	Complete ONLY if direct	Ц	Candidata/Off	coholder name		Office com	abt		—	Office h	old			
	Complete ONLY if direct expenditure to benefit C/OI		Janunate/Uπ	ceholder name		Office sou	ynı			Office h	€iu			