CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl		1 Filer ID (Ethics Commiss 00051449	ion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Charles			Date Received	
					ELECTRONICA	I I Y FII FD
	NICKNAME			CLIEFIX	01/12/2024	
	NICKNAME	LAST Anderson		SUFFIX	01/12/2024	
	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					T
ADDRESS					Receipt #	Amount
Change of Address	Waco, TX 76714				Data Processed	1
"					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER	Mr.	Bill J.				
NAME	IVII.	Dili 3.				
	NICKNANE			CUEFIX		
	NICKNAME	LAST Johnson		SUFFIX		
		JUHISUH				
2 0445404	OTDEET ADDRESS (NO DO	20// 2/ 5/05/		/ OLUTE # OLT) /	07.4	715 0055
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO		API	/ SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	1897 S. Old Robinson Rd.					
(Residence or Business)						
	Robinson, TX 76706					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER		IE NOWBER E	EXTENSION			
PHONE	(254) 881-2190					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after cam	ıpaian treasurer
					appointment (office	
	July 15	8th day before 6		Exceeded modified eporting limit	Final Report (Attac	ch C/OH-FR)
			'	eporting innit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	12/31/202	3	
10 ELECTION	ELECTION DATE	l		ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		□G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative Distr	rict 56		State Representa		
	'			·		
		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	he Honorable)	14 Filer ID 00051449	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have been	itical expenditures made by political or made without the candidate's or offic this information only if they receive no	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASU	IRER NAME	
		COMMITTEE CAMPAIGN TREASU	IRER ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS ES OF LOANS, OR CONTRIBUTION	(OTHER THAN PLEDGES, LOANS, IS MADE ELECTRONICALLY)	\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTE	ES OF LOANS)	\$ 5,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 474.04
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 22,436.10
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED RIOD	AS OF THE LAST DAY OF THE	\$ 6,407.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDIN TING PERIOD	IG LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			, under penalty of perjury, that the ac and includes all information required lection Code.	
			The Honorable Charles Anders	son
			Signature of Candidate or Officeho	ılder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and sea	al of office.	
Signature of office	cer administering	Printed name of officer adminis	stering Title of office	er administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 18

				3 of 18			
18 FILER NAME Anderson, Charles (The Honorable) 19 Filer ID (Ethics Commission Filers) 00051449							
20 SCHEDUL NAME OF		SUBTOT	AL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,000.00			
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	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	22,436.10			
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	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	DNS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$				
			-				

	MONETARY POLITICAL C	SCHEDULE A						
	The Instruction Guide explains how	The Instruction Guide explains how to complete this form.						
2	Priler NAME Anderson, Charles (The Honorable)			1	Filer ID (Ethics Commission 00051449	on Filers)		
4	Date 12/21/2023 5 Full name of contributor Johnson, Bill 6 Contributor address; City; St.				Amount of Contribution (\$)	\$5,000.00		
8	Waco, TX 76726 Principal occupation / Job title (See Instructions Businessman	9	Employer (See Instructions Self	<u> </u> s)				

PLEI	DGED CONTRIBU	TIONS			SCHEDULE	В
Т	he Instruction Guide exp	1	Total pages Schedule B: Sch: 1/1 Rpt: 5/18			
2 FILER N				3	Filer ID (Ethics Commission Filers)	
<u></u>	on, 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
7	The Instructio	ges Schedule E: 1 Rpt: 6/18				
	FILER NAME Anderson, Charl	es (The Honorable)				(Ethics Commission Filers)
4 _	TOTAL OF UN	IITEMIZED LOANS				\$ 0.00
5 [Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)
f	s lender a inancial nstitution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate
						11 Maturity Date
12 F	Principal occupation	on / Job title (See Instruction	s)	13 Employer (See Instruction	S)	
14 [Description of Coll	ateral		15 Check if personal funds w	ere deposited	d into political account (See Instructions)
	GUARANTOR NFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address;	City; State;	Zip Code		
20 F	Principal occupation	on		21 Employer (See Instruction	s)	

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	•		/ages	/Contract Labor		OTHER (enter a	a category not listed above)	
				The Instruction G	uide explains l	now to co	mple	te 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 Ho	onorable)					00051449		
4	Date	5	Payee name									
	10/17/2023		Capitol Com	mission								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$500.00		12302 Mars	hall Dr.								
			Magnolia, T	X 77354								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF			s/Donations M		suu.o,		_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Candidate/C	Officeholder/Pol	itical Comm	ittee		—	, TX,	officeholder livin	g expense	
								Donation				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	О	office sou	ght			Office h	eld	
	——————————————————————————————————————											
	Date		Payee name									
	11/27/2023		Capitol Gift	Shop								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$476.30		Congress Av	venue								
			Austin, TX 7	8711								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				_
	OF EXPENDITURE			Memorials Exp				=			nplete Schedule T.	
										officeholder livin	g expense	
								Christmas Or	IIai	Henris		
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	aht			Office h	old	
	expenditure to benefit C/O		zanuluate/Onic	tenoluei name	C	nnce sou	gnt			Office fi	eiu	
_												
	Date	ı	Payee name	a ana ana a Canata	u of Comtual	Tayon						
	08/29/2023	⊢		egnancy Cente								
	Amount (\$)	ı	Payee addres		State;	Zip Co	de					
	\$250.00		800 West W	aco Drive								
			Waco, TX 7	6701								
	PURPOSE OF			e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Event Exper	nse				브		de of Texas. Con officeholder livin	nplete Schedule T.	
								Banquet	, 1,	officeriolder livin	y expense	
								_ 3900				
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O						J			20011		
-												
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I 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:	
	Sch: 2/12 Rpt: 8/18	Anderson, Charles (The Honorable) 00051449
4	Date	5 Payee name
	08/14/2023	Cen-Tex African American Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$310.00	801 Washington Avenue
		·
		Waco, TX 76701
Ļ	DUDDO05	1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash		
	Date	Payee name
	11/03/2023	Cen-Tex African American Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	801 Washington Avenue
		Waco, TX 76701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Scholarship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	12/18/2023	Domain Entities
	Amount (\$)	Payee address; City; State; Zip Code
	\$289.00	5335 Gate Pkwy
	φ209.00	
		2nd Floor
		Jacksonville, FL 32256
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Web Hosting
	0 1. 5	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	OTIGICAL CONTROL OF OT	

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 3/12 Rpt: 9/18	Anderson, Charles (The Honorable) 00051449
4	Date	5 Payee name
	12/23/2023	Greater Waco Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$619.00	P O BOX 1220
		Waco, TX 76703
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 Dues and donations
		Dues and donations
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Payee name
	07/11/2023	Integ
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,931.84	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.
		Check if Austin, TX, officeholder living expense
		February, March, May Birthday Cards
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	08/30/2023	Integ
	Amount (\$)	Payee address; City; State; Zip Code
	\$166.33	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.
		Check if Austin, TX, officeholder living expense April Birthday Cards
		April Birtiluay Carus
_	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 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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/12 Rpt: 10/18	Anderson, Charles (The Honorable) 00051449
4	Date	5 Payee name
	11/17/2023	McLennan County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	539 N. Valley Mills Dr.
		Waco, TX 76710
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/03/2023	McLennan County Republican Women's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P. O. Box 7291
	φ300.00	F. O. BOX 7291
		Waco, TX 76710
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee
		Scholarship
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to benefit eyer	
	Date	Payee name
	10/03/2023	McLennan County Republican Women's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P. O. Box 7291
	,	
		Waco, TX 76710
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 5/12 Rpt: 11/18	Anderson, Charles (The Honorable) 00051449
4	Date	5 Payee name
	11/30/2023	Roberto Pena Ministries
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4777 LAKE SHORE DR.
		Waco, TX 76710
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bollation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
<u> </u>		
	Date	Payee name
	07/07/2023	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.
	-	Check if Austin, TX, officeholder living expense June Fees
		Julie rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/07/2023	Slaughter, Elaine (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$799.32	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
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		June Expense Reimbursement
_	Operation ONE VIII II	Ora didata (Office hadden granne
	Complete <u>ONLY</u> 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 Com

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	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: 6/12 Rpt: 12/18	Anderson, Charles (The Honorable) 00051449
4	Date	5 Payee name
	07/29/2023	Slaughter, Elaine (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$603.82	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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		July Expense Reimbursement
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiantare to benefit of or	
	Date	Payee name
	07/29/2023	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
		July Fees
		Saly 1 coo
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Power name
	08/29/2023	Payee name Slaughter, Elaine (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	504 Cindy Lane
L		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
		August Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Folling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/12 Rpt: 13/18	Anderson, Charles (The Honorable) 00051449
4	Date	5 Payee name
	08/29/2023	Slaughter, Elaine (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$551.11	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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		July Expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/09/2023	Slaughter, Elaine (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$529.97	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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Expense Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/09/2023	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	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		October Fees
	Complete ONLY if direct expenditure to benefit C/Ol	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 -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 8/12 Rpt: 14/18	Anderson, Charles (The Honorable) 00051449			
4	Date	5 Payee name			
	11/13/2023	Slaughter, Elaine (Mrs.)			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$491.03	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			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		November Expense Reimbursement			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	11/13/2023	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			
		November Fees			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
H	Date	Payee name			
	11/04/2023	Slaughter, Elaine (Mrs.)			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$200.00	504 Cindy Lane			
	Ψ200.00	504 Sindy Land			
		Lorena, TX 76655			
_	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Fees			
L					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
L	expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Office Ov Food/Beverage Expense Polling E Git/Awards/Memorials Expense Printing Legal Services Salaries/

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

1 Total pages Schedule F1: Sch: 9/12 Rpt: 15/18	mission Filers)			
4 Date 5 Payee name				
- uyoo namo				
11/04/2023 Slaughter, Elaine (Mrs.)				
6 Amount (\$) 7 Payee address; City; State; Zip Code				
\$520.87 504 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				
Check if Austin, TX, officenoider living expense				
Expense Reimbursement				
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
experialitie to betterit 6/6/1				
Date Payee name				
07/11/2023 Todd Smith & Associates				
Amount (\$) Payee address; City; State; Zip Code				
\$1,250.00 2204 Hazeltine Lane				
Austin, TX 78747				
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes Complete Schedule Taxes.				
EXPENDITURE Consulting Expense Consulting Expense Check if travel outside of Texas. Complete Schedule T				
July Retainer				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH				
Data David Sand				
Date Payee name 08/08/2023 Todd Smith & Associates				
Amount (\$) Payee address; City; State; Zip Code				
\$1,250.00 2204 Hazeltine 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, 1X, officenoider living expense				
August Retainer				
Complete ONLY if direct Condidate/Officely-1-language Office				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
· · · · · · · · · · · · · · · · · · ·				

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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	<u> </u>			
	Sch: 10/12 Rpt: 16/18	Anderson, Charles (The Honorable) 00051449			
4	Date	5 Payee name			
	08/30/2023	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 EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		September Retainer			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Date	David and a second a second and			
	10/09/2023	Payee name Todd Smith & Associates			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,250.00	2204 Hazeltine 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 November Retainer			
		November Netainer			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·			
	Date	Payee name			
	10/31/2023	Todd Smith & Associates			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,250.00	2204 Hazeltine 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			
	Operation ONLY if allowed	Outside to 10th as hald a second to 10th as a second to 10th as hald			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	<u> </u>				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 11/12 Rpt: 17/18	Anderson, Charles (The Honorable) 00051449
4	Date	5 Payee name
	11/27/2023	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 EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense December Retainer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/20/2023	Todd Smith & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	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.
		Check if Austin, TX, officeholder living expense Christmas Bonus
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/20/2023	Todd Smith & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.63	2204 Hazeltine Lane
		Austin, TX 78747
	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 for Christmas Ornaments
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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 fo	orm.
1	. •	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
L	Sch: 12/12 Rpt: 18/18	Anderson, Charles (The Honorable)	00051449
4		5 Payee name	
Ļ	08/28/2023	USPS	
6	Amount (\$) \$132.00	7 Payee address; City; State; Zip Code 430 West Hwy 6	
	φ132.00	430 West Hwy 0	
		Woodway, TX 76702	
8	PURPOSE	_	tion
ľ	OF		tion k if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check	k if Austin, TX, officeholder living expense
		Postag	e Stamps
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		Office field
F	Date	Payee name	
	12/19/2023	USPS	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$149.05	430 West Hwy 6	
		Woodway, TX 76702	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion
	OF EXPENDITURE	Onice Overnead/Nertial Expense I	k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
		Postag	
Г	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experialiture to benefit C/OI		
	Date	Payee name	
	08/30/2023	Waco Tribune Herald	
	Amount (\$) \$571.79	Payee address; City; State; Zip Code P.O. Box 2588	
	Ψ5/1.79	F.O. BOX 2300	
		Waco, TX 76702	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion
	OF		k if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	ı	k if Austin, TX, officeholder living expense
		Annua	Subscription
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		235512
H			