

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |   |                                  |   |                                 |                                |                                  |
|---|---|---|----------------------------------|---|---------------------------------|--------------------------------|----------------------------------|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00086054 | <b>2</b> Total pages filed:<br>5 |   |                                 |                                |                                  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Mr.  | FIRST<br>Thomas B.  | MI                               | <b>OFFICE USE ONLY</b>                                      |                                 |                                |                                  |
|   | NICKNAME  | LAST<br>Slocum  | SUFFIX<br>Jr.                    |   |                                 |                                |                                  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>4302 Donna Bell Lane<br><br>Houston, TX 77018   |   | ZIP CODE                         | Date Received<br><b>ELECTRONICALLY FILED</b><br>01/16/2024  |                                 |                                |                                  |
|   |   |   |                                  | Date Hand-delivered or Date Postmarked                      |                                 |                                |                                  |
|   |   |   |                                  | Receipt #      Amount                                       |                                 |                                |                                  |
|   |   |   |                                  | Date Processed  |                                 |                                |                                  |
|   |   |   |                                  | Date Imaged   |                                 |                                |                                  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mr.  | FIRST<br>Eric M.  | MI                               |   |                                 |                                |                                  |
|   | NICKNAME  | LAST<br>Berger  | SUFFIX                           |   |                                 |                                |                                  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE   |   |                                  |   |                                 |                                |                                  |
|   | 542 Oxford<br><br>Houston, TX 77007   |   |                                  |   |                                 |                                |                                  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION                        |   |                                 |                                |                                  |
|   | (713)   | 907-5910  |                                  |   |                                 |                                |                                  |
| <b>8</b> 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)                         |   |                                  |   |                                 |                                |                                  |
| <b>9</b> PERIOD COVERED   | Month   | Day   | Year                             | THROUGH   | Month                           | Day                            | Year                             |
|   | 07  | 01  | 2023                             |   | 12                              | 31                             | 2023                             |
| <b>10</b> ELECTION  | ELECTION DATE   |   | ELECTION TYPE                    |   |                                 |                                |                                  |
|   | Month   | Day   | Year                             | <input checked="" type="checkbox"/> Primary                 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other | <input type="checkbox"/> General |
| <b>11</b> OFFICE  | OFFICE HELD (if any)  |   |                                  | <b>12</b> OFFICE SOUGHT (if known)<br>Railroad Commissioner |                                 |                                |                                  |

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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|   |   |
|---|---|
| <b>13 C / OH NAME</b> Slocum Jr., Thomas B. (Mr.) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00086054 |
|---|---|

|   |  |   |
|---|--|---|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |   |
|   | <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | <b>COMMITTEE NAME</b><br><br><hr/> <b>COMMITTEE ADDRESS</b><br><br><hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b><br><br><hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b><br><br><hr/> |

|                                |   |    |      |
|--------------------------------|---|----|------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 0.00 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00 |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 0.00 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 0.00 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 0.00 |

**17 AFFIDAVIT**

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.

\_\_\_\_\_  
 Mr. Thomas B. Slocum Jr.  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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|   |   |                                |                            |
|---|---|--------------------------------|----------------------------|
| <b>18 FILER NAME</b><br>Slocum Jr., Thomas B. (Mr.) |   | <b>19 Filer ID</b><br>00086054 | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE    |   |                                | SUBTOTAL AMOUNT            |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$                             | 0.00                       |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$                             | 0.00                       |
| 3.  | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                       | \$                             | 0.00                       |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$                             | 0.00                       |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$                             | 0.00                       |
| 6.  | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                | \$                             | 0.00                       |
| 7.  | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS       | \$                             | 0.00                       |
| 8.  | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$                             | 0.00                       |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$                             | 0.00                       |
| 10.   | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                             |                            |
| 11.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                             |                            |
| 12.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                             |                            |

# PLEGGED CONTRIBUTIONS

## SCHEDULE B

|  |  |   |  |
|--|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule B:<br>Sch: 1/1 Rpt: 4/5                           |  |
| <b>2</b> FILER NAME<br>Slocum Jr., Thomas B. (Mr.)               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086054                        |  |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES                             |  | <b>\$</b> 0.00  |  |
| <b>5</b> Date  | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>8</b> Amount of pledge (\$)  | <b>9</b> In-kind description (If applicable) |
|  | <b>7</b> Pledgor Address; City; State; Zip Code                                      |   |  |
|  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| <b>10</b> Principal occupation / Job title (See Instructions)    |  | <b>11</b> Employer (See Instructions)   |  |

# LOANS

# SCHEDULE E

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 5/5  |
| <b>2</b> FILER NAME<br>Slocum Jr., Thomas B. (Mr.)                         |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086054   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |  | <b>\$</b> 0.00   |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)  |
| <b>6</b> Is lender a financial institution?                                | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate  |
|  |  | <b>11</b> Maturity Date  |
| <b>12</b> Principal occupation / Job title (See Instructions)              |  | <b>13</b> Employer (See Instructions)  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None       |  | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | <b>17</b> Name of guarantor  | <b>19</b> Amount Guaranteed (\$)   |
|  | <b>18</b> Guarantor address; City; State; Zip Code                             |  |
| <b>20</b> Principal occupation   |  | <b>21</b> Employer (See Instructions)  |