FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00067429 28 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Michelle M. NAME Date Received **ELECTRONICALLY FILED** 02/26/2024 NICKNAME LAST **SUFFIX** Slaughter CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Holly NAME NICKNAME LAST **SUFFIX** Rumbaugh **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 550-0492 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/26/2024 02/24/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Criminal Appeals, Judge Place 8 Court Of Criminal Appeals, Judge Place 8

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Slaughter, Michelle N	I. (The Honorable)	14 Filer ID 00067429	(Ethics Commission Filers
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without in Inficeholders are required to report this information	the candidate's or offic	eholder's knowledge or
X Additional Pages COMMITTEE TYPE COMMITTEE NAME				
[A]	X GENERAL	Texas Alliance for Life PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	8000 Centre Park Dr		
		Suite 380		
		Austin, TX 78754		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Shaw, James		
		COMMITTEE CAMPAIGN TREASURER ADDRES	 SS	
		4505 Corazon Cv		
		Round Rock, TX 78681		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.0
	2. TOTAL POLIT	ICAL CONTRIBUTIONS		\$ 18,719.!
	+ `	PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.0
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 7,793.0
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 34,865.
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.0
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Honoral	ole Michelle M. Slau	ghter
			Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me hy the s	aid	, this the	day
		ertify which, witness my hand and seal of office.	,	aa,
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM JC/OH ADDENDUM

Page 3 of 28

C / OH NAME				
	Slaughter, Michelle M	I. (The Honorable)	Filer ID 00067429	(Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have t	of political expenditures by political committees to so seen made without the candidate's or officeholder's d to report this information only if they receive notice	s knowledge or co	nsent. Candidates and
, ,	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Republican Voters of Texas PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	30310 Charlie Lane		
		Magnolia, TX 77355		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Stuckey, Linda		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
		30310 Charlie Lane		
		Magnolia, TX 77355		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	4 of 28					
	ER NAN	ME , Michelle M. (The Honorable)	19 Filer ID 00067429	(Eth	ics Commission Filers)	
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT	
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	18,299.22	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	420.32	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$		
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	7,737.03	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	56.00	
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 FOR TO FILER	RETURNED	\$		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/4 Rpt: 5/28		
2	FILER NAME Slaughter, M	lichelle M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067429		
4	Date 01/29/2024	ate 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$100.00			
		Friendswood, TX 77546						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
	Attorney			Attorney				
10		employer/law firm If JL Carpenter		11 Law firm of contributor's sp	oous	se (if any)		
12	2 If contributor is	s a child, law firm of parent(s) (if	f any)	<u>I</u>				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)		
	02/19/2024 Booth, Robert Contributor address; City; State; Zip Code					\$104.10		
		Galveston, TX 77551						
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Attorney			Attorney				
	Contributor's of Mills Shirley	employer/law firm LLP		Law firm of contributor's sp	oous	se (if any)		
-		s a child, law firm of parent(s) (if	f any)	<u> </u>				
_	Date	Full name of contributor	out-of-state PAC (ID#:)	I	Amount of Contribution (\$)		
	02/24/2024	Cosby, Don	_			\$104.10		
		Contributor address; City; Fort Worth, TX 76132	State; Zip Code					
	Contributor's I			Contributor's Job Title				
	·			Judge				
	Contributor's employer/law firm Law firm of contributor's s			oous	se (if any)			
	State of Texas							
	If contributor is	s a child, law firm of parent(s) (if	f any)					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		:	SCHEDULE A	A(J)1
	The Instru	he Instruction Guide explains how to complete this form.					es Schedule A(J)1 Rpt: 6/28	l:
2	FILER NAME Slaughter, M	fichelle M. (The Honorable)			3	Filer ID ((Ethics Commissi	on Filers)
4	Date 01/26/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)			7		Contribution (\$)	\$200.00
		Three Rivers, TX 78071						
8	Contributor's I Retired	Principal Occupation		9 Contributor's Job Title Retired				
10	Contributor's e	employer/law firm		11 Law firm of contributor's s	pou	se (if any)		
12		s a child, law firm of parent(s) (if any)					
	Date 01/29/2024	Full name of contributor Glaw, Linda Contributor address; City;	out-of-state PAC (ID#:			Amount of	Contribution (\$)	\$5,000.00
		Houston, TX 77079						
	Contributor's I Retired	Principal Occupation		Contributor's Job Title Retired				
		employer/law firm		Law firm of contributor's s	pous	se (if any)		
		s a child, law firm of parent(s) (if any)					
	Date 02/12/2024	Full name of contributor Griffith, Carl R. Contributor address; City;	out-of-state PAC (ID#:			Amount of	Contribution (\$)	\$1,500.00
		Winnie, TX 77665						
		Principal Occupation		Contributor's Job Title				
Consulting			President/CEO					
Contributor's employer/law firm GMJ Inc.				Law firm of contributor's s	pous	se (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	form.		pages Schedule A(J)1: 3/4 Rpt: 7/28	
2	FILER NAME				3 Filer	ID (Ethics Commission Filers)
	Slaughter, M	Michelle M. (The Honorable)			0006	57429
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amou	unt of Contribution (\$)
	02/19/2024	2/19/2024 Gurski, Patrick				\$1,041.02
		6 Contributor address; City;	State; Zip Code			
		Galveston, TX 77551				
8	Contributor's	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if a	ny)
	Eiland & Bo	nnin, PC				
12	If contributor i	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amou	unt of Contribution (\$)
	02/12/2024	Hobbs, Robert	<u> </u>			\$150.00
		Contributor address; City;	State; Zip Code			
		Driftwood, TX 78619				
	Contributor's	I Principal Occupation		Contributor's Job Title		
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if a	ny)
	Retired					
	If contributor i	s a child, law firm of parent(s) (if any)	I .		
	Date	Full name of contributor	out-of-state PAC (ID#:)	I Amou	unt of Contribution (\$)
	02/22/2024	Kimmelman, Gil	_			\$100.00
		Contributor address; City;	State: Zip Code			
		El Paso, TX 79901				
	Contributor's	T		Contributor's Job Title		
	Retailer			President		
Contributor's employer/law firm			Law firm of contributor's s	pouse (if a	ny)	
CDG Enterprises, Inc.						,
	If contributor i	s a child, law firm of parent(s) (if any)	I .		
			• •			

MONET	ARY POLITICAL (SCHEDULE A(J)1		
The Instru	ction Guide explains hov	1 Total pages Schedule A(J)1: Sch: 4/4 Rpt: 8/28		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	lichelle M. (The Honorable)		00067429	
4 Date			7 Amount of Contribution (\$)	
02/20/2024	Middleton, Mayes	out of state 1 AC (ID#	\$5,000.00	
02,20,202	6 Contributor address; City; S	tata: 7in Coda		
	Galveston, TX 77550	iate, zip oode		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	1	
Oil and gas		President		
10 Contributor's	employer/law firm	11 Law firm of contributor's	spouse (if any)	
Middleton O	il Co.			
12 If contributor	s a child, law firm of parent(s) (if a	any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/19/2024	Weekley, Richard		\$5,000.00	
	Contributor address; City; S Houston, TX 77027	tate; Zip Code		
	l.	1 0 17 1 1 1 77		
	Principal Occupation	Contributor's Job Title		
Real Estate		President	<i>(15)</i>	
	employer/law firm	Law firm of contributor's	spouse (if any)	
Weekley Pro				
If contributor	s a child, law firm of parent(s) (if a	any)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/28 3 Filer ID (Ethics Commission Filers) FILER NAME Slaughter, Michelle M. (The Honorable) 00067429 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 02/12/2024 Jefferson County GOP \$370.32 I event signs 7 Contributor address; City; State; Zip Code Beaumont, TX 77707 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 02/16/2024 Studor, George \$50.00 Gillespie County Lincoln Contributor address; City; State; Zip Code Reagan Dinner Fredericksburg, TX 78624 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Retired Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Retired If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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 Leaal 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: 1/17 Rpt: 10/28	Slaughter, Michelle M. (The Honorable) 00067429
4	Date	5 Payee name
	02/12/2024	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.64	345 Park Ave
	Ψ21.04	OHO F WIKNING
		San Jose, CA 95110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Computer software
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Data	
	Date	Payee name
	02/17/2024	Allsup
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.92	3510 Blue Bonnet Cir
		Fort Worth, TX 76109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meal during campaign travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/13/2024	Appelt, Christina
		Payee address; City; State; Zip Code
	Amount (\$)	
	\$750.00	1536 Columbia St
		Houston, TX 77008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign reports
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting 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: 2/17 Rpt: 11/28	Slaughter, Michelle M. (The Honorable) 00067429
4	Date	5 Payee name
	02/09/2024	Best Western Lampasas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$136.28	1504 S Key Ave
		Lampasas, TX 76550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Hotel stay for campaign event
_	2	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/23/2024	Best Western Padre Island
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.60	14050 S. Padre Island Dr.
		Corpus Christi, TX 78418
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Hotel stay for campaign event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	02/09/2024	Bexar County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	13423 Blanco Rd. #317
	φ30.00	13423 Dianto Na. #317
		San Antonio, TX 78216-8165
	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 Candidate Forum Luncheon
		Candidate Forum Editioneon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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/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: 3/17 Rpt: 12/28	Slaughter, Michelle M. (The Honorable) 00067429
4	Date	5 Payee name
	02/20/2024	Big Zach's Place
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.42	223 Main St
		Logansport, LA 71049
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner for East Texas campaign volunteers
		Billion for East Toxas sampaign Volunteers
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/18/2024	Brookshire's
	Amount (\$)	
	\$97.40	809 Gilmer Rd
		Sulphur Spring, TX 75482
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Supplies for campaign events
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/28/2024	Buc-ee's Luling
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.19	10070 I-10 W
	Ψ3.13	10070 I-10 W
		Luling, TX 78648
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meal during campaign travel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiencies 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

	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: 4/17 Rpt: 13/28	Slaughter, Michelle M. (The Honorable) 00067429
4	Date	5 Payee name
	01/26/2024	Buc-ee's Temple
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.26	3801 N 3rd St
		Temple, TX 76501
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal during campaign travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/30/2024	Buc-ee's Waller
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.71	40900 US Hwy 290 Bypass
		Waller, TX 77484
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal during campaign travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/05/2024	Buc-ee's Wharton
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.86	10484 US-59
		Wharton, TX 77488
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal during campaign travel
Н	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 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	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: 5/17 Rpt: 14/28	Slaughter, Michelle M. (The Honorable) 00067429
4	Date	5 Payee name
	01/29/2024	Candlewood Suites
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.26	418 Portland Rd
		San Antonio, TX 78216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hotel stay for campaign event
		Hotel stay for campaign event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	02/08/2024	China Garden
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.35	1602 Leeland St
		Houston, TX 77003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meal at campaign event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/20/2024	Delanoye Strategies, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1415 South Voss
		Hunters Creek Village, TX 77057
	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.
		Consulting
		Consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F	1: 2 FILER NAME	3	B Filer ID (Ethics Commission	on Filers)
Sch: 6/17 Rpt: 15/2	Slaughter, Michelle M. (The Honorable)		00067429	
4 Date	5 Payee name	<u>'</u>		
02/05/2024	HEB			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$20.7	9 2955 S Gulf Fwy			
	League City, TX 77573			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		utside of Texas. Complete Schedule T.	
LAFENDITORE		. —	ΓX, officeholder living expense	
		Campaign sup	plies	
O Committee ONII V if aliana	0		Office heald	
9 Complete <u>ONLY</u> if direct expenditure to benefit C		ugnt	Office held	
Date	Payee name			
02/09/2024	HEB			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$24.4	.5 705 S Key Ave			
	Lampasas, TX 76550			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense	ı —	utside of Texas. Complete Schedule T.	
		Meal during ca	TX, officeholder living expense	
		Wiedling of	ampaign davoi	
Complete ONLY if direct	t Candidate/Officeholder name Office sou	<u>l</u> uaht	Office held	
expenditure to benefit C		-9		
Date	Payee name			
02/06/2024	Hampton Inn & Suites Port Lavaca			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$125.8		oue		
Ψ120.0	1700 311 3314			
	Port Lavaca TV 77070			
	Port Lavaca, TX 77979	la.		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	ıtside of Texas. Complete Schedule T.	
EXPENDITURE	Travel In District	I 🗀	TX, officeholder living expense	
		Hotel stay for o	campaign event	
Complete ONLY if direct		ught	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 -

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: 7/17 Rpt: 16/28	Slaughter, Michelle M. (The Honorable) 00067429
4	Date	5 Payee name
	01/29/2024	Hilton Garden Inn Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.48	500 N Interstate 35
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal during campaign travel
		Weat during earnpaight travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	01/30/2024	Hilton Garden Inn Austin
H	Amount (\$)	Payee address; City; State; Zip Code
	\$216.25	500 N Interstate 35
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Hotel
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payso nama
	02/13/2024	Payee name Hilton Garden Inn Austin
	Amount (\$) \$218.30	Payee address; City; State; Zip Code 500 N Interstate 35
	Φ210.30	500 N IIILEISIALE 55
		A4 TV 70704
L		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		
ĺ		

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

	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: 8/17 Rpt: 17/28	Slaughter, Michelle M. (The Honorable) 00067429
4	Date	5 Payee name
	02/09/2024	Hopkins County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$700.00	403 Gilmer St.
		Sulphur Springs, TX 75482
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Besty Ross sponsorship at Candidate Forum and
		Dinner
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/29/2024	IHOP
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.83	915 E Rector Rd
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/29/2024	In-N-Out Burger
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.50	2700 Guadalupe St
	410.00	2700 Gaddalapo ot
		A TV 70705
		Austin, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meal during campaign travel
	0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to beliefft 6/01	•
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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: 9/17 Rpt: 18/28	Slaughter, Michelle M. (The Honorable) 00067429
4	Date	5 Payee name
	01/26/2024	KGAS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	200 W Wellington St
		Carthage, TX 75633
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign ads
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/01/2024	Keller, Sharon (The Honorable)
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$276.19	201 W. 14th St
		Austin, TX 78701
	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
		CCA merchandise
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/16/2024	La Quinta Inn-Fredericksburg
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.91	1465 E Main St
		Fredericksburg, TX 78624
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hotel stay for campaign event
		Thotel stay for campaign event
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

Event Expense Loan repayment.
Fees Office Overhead/f
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Magns/C

	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: 10/17 Rpt: 19/28	Slaughter, Michelle M. (The Honorable) 00067429
4	Date	5 Payee name
	02/06/2024	Navasota Examiner
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	115 Railroad St
		Navasota, TX 77868
8	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 Campaign advertising
		Campaign advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/11/2024	Neumann & Co.
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$1,704.34	1002 Pauline Ave.
	Ψ1,704.54	1002 F dailine / WC.
		Bellaire, TX 77401
	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 Campaign push cards
		Campaign push cards
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/17/2024	Popeye's
H	Amount (\$)	Payee address; City; State; Zip Code
	\$10.27	13620 Raceway Dr
	,	
		Northlake, TX 76262
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meal during campaign travel
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

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

	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: 11/17 Rpt: 20/28	Slaughter, Michelle M. (The Honorable) 00067429
4	Date	5 Payee name
	02/23/2024	Republican Club of Polk County
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	PO Box 674
		Linvingston, TX 77351
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.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Event ticket
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
_		
	Date	Payee name
	02/23/2024	Republican Club of Polk County
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.00	PO Box 674
		Linvingston, TX 77351
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gift for campaign volunteer
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/03/2024	Rusted Rail Golf Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.52	1602 Highway 175
	,	
		Crandall, TX 75114
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Kaufman County Lincoln Day Dinner
	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 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		
-	Total pages Cabadula 54:	· · · · · · · · · · · · · · · · · · ·	_
1	Total pages Schedule F1:		
Ļ	Sch: 12/17 Rpt: 21/28	Slaughter, Michelle M. (The Honorable) 00067429	
4	Date	5 Payee name	
L	02/23/2024	Shell	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$24.87	14005 S Padre Island Dr	
		Corpus Christi, TX 78418	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Meal during campaign travel	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
	Date	Payee name	=
	01/27/2024	Sheraton Hotel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$121.34	1101 Woodlawn St	
		Georgetown, TX 78628	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Hotel stay for campaign event	
_	Operation ONE VIII II	Out title to 10 ff and a label at a same of the same label at a same label at	_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
	Data	T _	_
	Date	Payee name	
	02/02/2024	Springhill Suites	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$136.85	200 Colonnade Pkwy	
		Woodway, TX 76712	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	LAFLINDITURE	Check if Austin, TX, officeholder living expense	
		Hotel stay for campaign event	
	0 1. 5		_
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	The straight of the straight of the		_

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

	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: 13/17 Rpt: 22/28	Slaughter, Michelle M. (The Honorable) 00067429	
4	Date	5 Payee name	_
	02/20/2024	Texas Tea Room	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$62.69	100 E Sabine St	
		Carthage, TX 75633	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF EXPENDITURE	Food/Beverage Expense	
	LAPENDITORE	Check if Austin, TX, officeholder living expense	
		Meal at campaign event	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/OI	y	
_	Data		=
	Date 02/16/2024	Payee name The Edge	
_			_
	Amount (\$) \$44.17	Payee address; City; State; Zip Code 3567 US 290	
	Φ44.17	3507 03 290	
		Frederickshure, TV 70004	
		Fredericksburg, TX 78624	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) FOOD/BOYETAGE FYNENSE (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Meal at campaign event	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/05/2024	The UPS Store	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.29	1314 Link Rd.	
		League City, TX 77573	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense Postage/shipping campaign materials	
		1 Ostage/shipping campaign materials	
-	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
Credit Card Payment

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

	Credit Gard i dyment	The Instruction Guide explains how to compl	lete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 14/17 Rpt: 23/28	Slaughter, Michelle M. (The Honorable)			00067429	
4	Date	5 Payee name		•		
	02/22/2024	The UPS Store				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$25.86	1314 Link Rd.				
		League City, TX 77573				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF	Office Overhead/Rental Expense		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	·	_		, officeholder living	
			Postage/ship	pır	ig campaign	materials
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld
	Date	Payee name				
	02/02/2024	The Woodlands Republican Women				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$75.00	PO Box 4294				
		The Woodlands, TX 77387				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Event Expense	\Box		ide of Texas. Com	
			Event table	n, IX	, officeholder living	g expense
			Event table			
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	əld
	expenditure to benefit C/OI	9			000	3.0
	Date	Payee name				
	02/17/2024	Tru by Hilton Northlake				
	Amount (\$) \$131.05	Payee address; City; State; Zip Code 13451 Raceway Dr.				
	Ψ131.03	13431 Naceway Di.				
		Northlaka TV 76262				
		Northlake, TX 76262				
	PURPOSE OF	,	Description Check if travel	Loute	ide of Texas. Com	inloto Schodulo T
	EXPENDITURE	Travel In District			, officeholder living	
			Hotel stay fo			
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld
	expenditure to benefit C/OI	1				
_						

SCHEDULE F1

Advertising Expense Event Exaccounting/Banking Fees
Consulting Expense Food/Be
Contributions/ Donations Made By - Gitt/Awa

Event Expense Fees Food/Beverage Expense Git/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	/ - Il Coi	mmittee	Gift/Awards/Memorials Legal Services The Instruction G	·		/ages	/Contract Labor		Travel Out of E OTHER (enter	District r a category not listed above)	
_	Total pages Cab - dul - E4	<u> </u>	EII ED MANAS						<u> </u>	File: ID	(Ethios Commission File 1)	_
	Total pages Schedule F1:				المحمد الم	.)			3		(Ethics Commission Filers)	
	Sch: 15/17 Rpt: 24/28	_	Siaugnter, I	Michelle M. (The	e Honorable	=)				00067429	1	
4	Date	5	Payee name									
	02/04/2024		Twitter									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					_
	\$17.28		1355 Marke	t St								
			Suite 900									
				sco, CA 94103								
8	PURPOSE	(2)				1	(h)	Docorintica				_
ľ	OF	(a)		ee Categories listed at	the top of this sch	nedule)	(D)	Description Check if travel	outsi	de of Texas, Co	omplete Schedule T.	
	EXPENDITURE		Advertising	Exhense				=		officeholder livi		
								Subscription				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office I	held	_
	expenditure to benefit C/O	Н										
	Date		Payee name									=
	01/27/2024		•	ublicans of Har	ris County							
	Amount (\$)	\vdash	Payee addre	ss; City;	State	; Zip Co	de					_
	\$515.38		PO Box 130	-								
	+ 525.66		2 200 200									
			Houston, T	K 77219								
_	PURPOSE	(a)				1	(h)	Description				_
	OF	(")	Advertising	ee Categories listed at	tne top of this sch	nedule)	()		outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE		Auvertising	<u> гурепае</u>				=		officeholder livi		
								Campaign ad	lve	rtising		
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office I	held	_
	expenditure to benefit C/O	H										
	Date		Payee name									
	02/16/2024		Walmart									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					_
	\$44.34		1435 E Mai			•						
	,											
			Fredericksh	urg, TX 78624								
	PURPOSE	(2)					(h)	Description				\dashv
	OF	(")		ee Categories listed at head/Rental Ex		nedule)	()		outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE		Office Over	ncau/Nentai Ex	pense			ш		officeholder livi		
								Supplies for o	can	npaign eve	ents	
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office I	held	_
	expenditure to benefit C/OI	Н										
												_
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political (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	
_	Total manage Coloradula 54	
1	Total pages Schedule F1:	
	Sch: 16/17 Rpt: 25/28	Slaughter, Michelle M. (The Honorable) 00067429
4	Date	5 Payee name
	02/19/2024	Whataburger
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.92	117 Shannon Rd
		Sulphur Springs, TX 75482
<u>_</u>	DUDDOOF	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal during campaign travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
lacksquare		
	Date	Payee name
	02/22/2024	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.84	121 N Shoreline Blvd
		Corpus Christi, TX 78401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Meal during campaign travel
_	Complete ONLY 'C. "	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
L	01/30/2024	Winred.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.51	1747 Pennsylvania Ave NW
		5th Floor
		Washington, DC 20006
\vdash	PURPOSE	-
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fees
	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 Committee

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services The Instruction G			/ages/	/Contract Labor		Travel Out of D OTHER (enter a	strict a category not listed abo	ove)
1	Total pages Schedule F1: Sch: 17/17 Rpt: 26/28	ı		lichelle M. (The	: Honorable))			3	Filer ID 00067429	(Ethics Commission	on Filers)
4	Date 02/01/2024		Payee name Winred.com									
6	Amount (\$) \$3.94		Payee addres 1747 Penns 5th Floor Washington	ylvania Ave NV		Zip Coo	de 					
8	PURPOSE OF EXPENDITURE		Category (Se Accounting/	e Categories listed at t Banking	he top of this sche	edule)		—	, TX,	officeholder livin		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	C	Office sou(ght			Office h	eld	
	Date 02/23/2024	ı	Payee name Winred.com									
	Amount (\$) \$439.12		Payee address 1747 Penns 5th Floor Washington	ylvania Ave NV		Zip Cod	de					
	PURPOSE OF EXPENDITURE		Category (Se Accounting/	e Categories listed at t Banking	he top of this sche	edule)		—	, TX,	officeholder livin		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	C	Office sou(ght			Office h	eld	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/\	xpense Nages/Contract Labor		Travel in D Travel Out		
			The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/2 Rpt: 27/28	Slaughter,	Michelle M. (The Honorable)			000674	29	
4	Date	5 Payee name	5 Pavee name						
	02/22/2024	Current Re							
6	Amount (\$)	7 Payee addre	7 Payee address; City; State; Zip Cod						
	\$7.00	PO Box 56	PO Box 560671						
	Reimbursement from								
	X political contributions intended	The Colony	The Colony, TX 75056						
8	PURPOSE								
١	OF	1							
	EXPENDITURE	Office Overhead/Rental Expense Check if Austin, TX, officeholder living expense							
					Casconpact				
9	Complete ONLY if direct Candidate/Officeholder name Of							Office held	
	expenditure to benefit	Carididate/Office	molder marrie		Office sought			Office field	
	C/OH								
	Date	Payee name)						
	02/10/2024	Starbucks							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$10.00	2524 U.S. Highway 190							
	Reimbursement from								
	X political contributions intended	Copperas	Cove, TX 76522						
	PURPOSE	_	See Categories listed at the top of this sch	adula)	Description	☐ Ch	eck if travel	outside of Texas. Complete Schedule T.	
	OF	1	rage Expense	cuuicy				n, TX, officeholder living expense	
EXPENDITURE		1 000,2010	rago Expondo		Meal during cam	— paic	ın travel	I	
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH								
	С/ОН								
	Date	Payee name)						
	02/12/2024	Starbucks							
	Amount (\$) Payee address; City; State; Zip Code								
	\$10.00	501 Highwa	ay 71 W						
	Reimbursement from								
	X political contributions intended	Bastrop, T	X 78602						
	PURPOSE	Category (s	See Categories listed at the top of this sch	edule)	Description	Ch	eck if travel	outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Food/Beve	rage Expense			Ch	eck if Austir	n, TX, officeholder living expense	
	EXPENDITORE	Meal during campaign travel							
		Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH								
<u> </u>									

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 28/28 00067429 Slaughter, Michelle M. (The Honorable) Date Payee name 02/23/2024 Starbucks 6 Amount (\$) Payee address; City; State; Zip Code \$20.00 14002 S Padre Island Dr. Reimbursement from political contributions intended Х Corpus Christi, TX 78418

8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Meal during campaign travel	T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
	Date	Payee name		_
	02/11/2024	The Texan		
	Amount (\$) \$9.00 Reimbursement from political contributions intended	Payee address; City; State; Zip C 1011 San Jacinto Blvd. Suite 315 Austin, TX 78701	code	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Subscription	T.
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
	man municipal by Taylon C	this Commission was athis state to	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4=