CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00083793		2 Total pages f	filed: 50
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Shelby L.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LACT		CHEEN	07/15/2024	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	NICKNAME	LAST Slawson		SUFFIX	01/13/2024	
		Siawsuii				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	PO Box 286					
ADDRESS					Receipt #	Amount
Change of Address	Stephenville, TX 76401					
	'				Date Processed	
					Date Imaged	
					Date illiaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Gary		1411		
NAME	IVII.	Gary				
	NICKNAME	LAST		SUFFIX		
		Sult				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP ⁻	r / SUITE #; CITY	; ST	ATE; ZIP CODE
ADDRESS	3020 NW Loop					
(Residence or Business)						
,	Stephenville, TX 76401					
7 CAMPAICNI	ADEA CODE DUON	E NUMBER - F	VTENCION			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(254) 965-7321					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca	ampaign treasurer
		_ countary before		L	appointment (of	
	X July 15	8th day before 6	election	Exceeded modified	Final Report (At	tach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	ROUGH	06/30/20	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		ПБ	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)	l		12 OFFICE SOUGH	T (if known)	
III OFFICE	State Representative Distr	ict 59		LE OFFICE SOUGH	i (ii kilowii)	
	State Representative Distr	101 33				
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 50

13 C / OH NAME	Slawson, Shelby L. (The Honorable)	14 Filer ID (00083793	Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political ex These expenditures may have been made well officeholders are required to report this info	without the candidate's or office	holder's knowledge or					
X Additional Pages	COMMITTEE TYPE COMMITTEE NAME								
Δ ,	GENERAL	Texas Alliance for Life PAC							
		COMMITTEE ADDRESS							
	X SPECIFIC	8000 Centre Park Dr							
		Suite 380							
		Austin, TX 78754							
		COMMITTEE CAMPAIGN TREASURER N	IAME						
		Shaw, James							
		COMMITTEE CAMPAIGN TREASURER A	DDRESS						
		4505 Corazon Cv							
		Round Rock, TX 78681							
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHE ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 23,812.30					
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 30,660.13					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 170,898.20					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOA TING PERIOD	NS AS OF THE LAST DAY	\$ 116,000.00					
17 AFFIDAVIT			penalty of perjury, that the acc ludes all information required to Code.						
			Honorable Shelby L. Slaws						
		Signa	ature of Candidate or Officehol	der					
AFFIX NO	TARY STAMP / SEAL AB	DVE							
Sworn to and subs	cribed before me, by the s	aid	, this the	day					
of	, 20, to c	ertify which, witness my hand and seal of off	ice.						
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath					

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH ADDENDUM

Page 3 of 50

				rage 3 01 30
C / OH NAME	Slawson, Shelby L. (1	he Honorable)	Filer ID 00083793	(Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have b	of political expenditures by political committees to s been made without the candidate's or officeholder's d to report this information only if they receive notic	knowledge or co	nsent. Candidates and
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	Texas Alliance for Life PAC		
	-	COMMITTEE ADDRESS		
	X 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		
NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have t	of political expenditures by political committees to so been made without the candidate's or officeholder's d to report this information only if they receive notic	knowledge or co	nsent. Candidates and
, ,	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	Texas Alliance for Life PAC		
		COMMITTEE ADDRESS		
	X 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		

SUBTOTALS - C/OH

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

				4 of 50					
18 FILER NAM		19 Filer ID 00083793	(Ethics Com	mission Filers)					
20 SCHEDULE SUBTOTALS									
NAME OF	SCHEDULE		SUBTO	TAL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	23,800.00					
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	12.30					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE E: LOANS		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	21,527.60					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$						
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	4,068.52					
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	5,064.01					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	300.35					
			<u> </u>						

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instru	ction Guide explains how t	rm.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 5/50		
2	FILER NAME Slawson, Sh	elby L. (The Honorable)			3	Filer ID (Ethics Commissi 00083793	on Filers)
4	Date 02/19/2024	5 Full name of contributor out-of-state PAC (ID#:) Arnold & Itkin 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10,000.00
Ĺ		Houston, TX 77007	1.	5 1 (0 1 1 1	Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 04/10/2024	Full name of contributor Associated Builders & Cont Contributor address; City; Stat				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78767 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:) Atmos Energy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,500.00
	Principal occu	Dallas, TX 75265 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Date 02/08/2024	Full name of contributor CENTER POINT ENERGY Contributor address; City; Stat HOUSTON, TX 77210-4567	e; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Date 02/19/2024	Full name of contributor Craft PAC Contributor address; City; Stat Austin, TX 78766	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 6/50		
2	FILER NAME Slawson, Sh	nelby L. (The Honorable)		3	Filer ID (Ethics Commission 00083793	on Filers)	
4	Date 03/01/2024			7	Amount of Contribution (\$)	\$500.00	
_	<u> </u>	AUSTIN, TX 78701					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 03/09/2024 FRENCH, LARRY Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu	GRANBURY, TX 76049 upation / Job title (See Instructions)	Employer (See Instructions				
	RETIRED	pation 7 300 title (See instructions)	Employer (See instructions				
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID#:_ Gulf States Toyota Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
		Houston, TX 77077					
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)			
	Date 04/01/2024	Full name of contributor out-of-state PAC (ID#:_ HAMMER & NAILS PAC Contributor address; City; State; Zip Code FORT WORTH, TX 76102			Amount of Contribution (\$)	\$500.00	
	Principal occu	ppation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/24/2024	Full name of contributor out-of-state PAC (ID#:_ LA MONTE, LARRAMORE Contributor address; City; State; Zip Code Coperas Cove, TX 76522			Amount of Contribution (\$)	\$100.00	
	Principal occu HR MGR	ipation / Job title (See Instructions)	Employer (See Instructions HEMOTEK LLC)			

	MONET	ARY POLITICAL CONTRIBU		SCHEDUI	LE A1		
	The Instru	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 7/50	
2	FILER NAME Slawson, Sh	elby L. (The Honorable)			3	Filer ID (Ethics Commission 00083793	on Filers)
4	Date 01/29/2024			7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	EDWARDS, IL 61528 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	PR CHAIRM	AN		CULLINAN PROPERTIE	ΞS		
	Date Full name of contributor out-of-state PAC (ID#:) 04/04/2024 TEXAS CONSUMER LENDERS PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
		GREENVILLE, SC 29615					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/31/2024 TEXAS LEADS Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
		AUSTIN, TX 78767					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/19/2024	Full name of contributor out-of-state PAC TEXAS OPTOMETRIC PAC Contributor address; City; State; Zip Code AUSTIN, TX 78705	,)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/10/2024	Full name of contributor out-of-state PAC TEXAS SOCIETY OF PROFESSIONAL E Contributor address; City; State; Zip Code AUSTIN, TX 78768	NGINEE			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			ı				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	ILE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 8/50	
2	FILER NAME Slawson, Sh	nelby L. (The Honorable)		3	Filer ID (Ethics Commiss 00083793	ion Filers)
4	Date 03/26/2024	Full name of contributor		7	Amount of Contribution (\$)	\$500.00
	Dein ein al. a and	ADDISON, TX 75001	O Frankrije (O a krativation			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	S) 		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Assoc Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	<u>''</u>		
	Fillicipal occu	pation 7 300 title (See Instructions)	Employer (See instructions	>)		
	Date 01/11/2024	Full name of contributor out-of-state PAC (ID#: WILTON, JAMIE Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$100.00
	Principal occu	WEATHERFORD, TX 76086 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/50
2 FILER NAME Slawson, Sh	elby L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083793
4	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 03/09/2024	7 Contributor address; City; State; Zip Code)	8 Amount of contribution (\$) 9 In-kind contribution description \$4.10 WINRED SW
40 Dringing Lago	GRANBURY, TX 76049	14 Francis on (FOR NON	Check if travel outside of Texas. Complete Schedule T.
RETIRED	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
10 ii contributor i	is a crima, naw inition parcria(s) (if any) (if crit coblictive)		
Date 02/24/2024	Full name of contributor out-of-state PAC (ID#: LA MONTE, LARRAMORE Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$4.10 WINRED SW
	Coperas Cove, TX 76522		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
HR MGR		HEMOTEK LLC	(707 117 127 117 117 117 117 117 117 117 11
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 01/11/2024	Full name of contributor out-of-state PAC (ID#: WILTON, JAMIE Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$4.10 WINRED SW
	WEATHERFORD, TX 76086		Check if travel outside of Texas. Complete Schedule T.
Principal occu RETIRED	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	

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	l Commit	Gif ttee Leț Th	od/Beverage Expense t/Awards/Memorials E gal Services ne Instruction Gui	xpense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	l								Filer ID	(Ethics Commission Filers)
L	Sch: 1/24 Rpt: 10/50	Sla	awson, She	by L. (The Hor	norable)					00083793	
4	Date	5 Pa	yee name								
	01/25/2024	B/	AW ATHLET	IC WEAR							
6	Amount (\$)	7 Pa	yee address;	City;	State;	Zip Co	ode				
	\$299.50	50	40 FRANZ	RD							
		K/	ATY, TX 774	.93							
8	PURPOSE	(a) Ca	ategory (See (Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			HIRTS STAFF				=			plete Schedule T.
								CAMPAIGN S		officeholder living	
								OAMII AIGIN S	וו וכ	INIOOIAFE	
9	Complete ONLY if direct	(Can	ıdidate/Officel	nolder name	0	Office sou	laht			Office he	7ld
9	expenditure to benefit C/O		ididate/Office	ioidei Haille		,,,,,,ce 200	agrit			Office He	Ju
	Date	l	yee name								
	05/09/2024	BF	RAZOS PRE	GNANCY CE	NTER						
	Amount (\$)	Pa	yee address;	City;	State;	Zip Co	ode				
	\$250.00	18	312 ACTON	HIGHWAY							
		GF	RANBURY,	TX 76049							
	PURPOSE	(a) Ca	ategory (See C	ategories listed at the	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	Co	ontributions/	Donations Mad	de By			-			plete Schedule T.
	-	Ca	andidate/Off	iceholder/Politi	cal Comm	ittee		Check if Austin, DONATION	, 1X,	officeholder living	g expense
								PONTION			
\vdash	Complete ONLY if direct	l Can	ıdidate/Officel	nolder name	0	Office sou	<u>l</u> Jaht			Office he	eld
	expenditure to benefit C/O				O					J00 110	
\vdash	Date	Da	woo nama								
	01/25/2024	l	iyee name RODER BRO	os.							
_	Amount (\$)		yee address;		Ctata:	Zip Co	nde				
	\$237.22		•	City, INY INTERPLE		Zip CC	Jue				
	ΦΖ31.22	31.	A NEOLAKINI	HVI HVIERFE	-^						
		TF	REVOSE, PA	A 19053							
	PURPOSE	(a) Ca	ategory (See C	Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	CA	AMPAIGN S	HIRTS STAFF	:			ш		de of Texas. Com officeholder living	plete Schedule T.
								CAMPAIGN S			
									J		
	Complete ONLY if direct	<u>I</u> Can	ididate/Officel	nolder name	Ω.	Office sou	l lght			Office he	eld
	expenditure to benefit C/OI						9			200 110	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 2/24 Rpt: 11/50	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	01/20/2024	Bank of America
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	PO Box 851001
		Dallas, TX 75285
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CREDIT CARD PAYMENT
		GREET GARBIANIER
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĭ	expenditure to benefit C/O	
	Date	David and the second se
	05/09/2024	Payee name
		CHOICES CLINIC
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	775 S HARBIN
		STEPHENVILLE, TX 76401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		DONATION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 01/30/2024	Payee name Citibank
	Amount (\$)	Payee address; City; State; Zip Code
	\$453.61	PO Box 78045
		Phoenix, AZ 85062
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		CREDIT CARD PAYMENT
		CITEDIT CAND FATIVIENT
	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 Commi

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	l 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: 3/24 Rpt: 12/50	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	03/03/2024	Citibank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$694.37	PO Box 78045
		Phoenix, AZ 85062
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment
		CREDIT CARD DAYMENT
		CREDIT CARD PAYMENT
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiantare to benefit ere	
	Date	Payee name
	04/08/2024	Citibank
	Amount (\$)	Payee address; City; State; Zip Code
	\$179.39	PO Box 78045
		Phoenix, AZ 85062
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CREDIT CARD PAYMENT
		CICEDIT OF WELLT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/01/2024	Citibank
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,668.17	PO Box 78045
		Phoenix, AZ 85062
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		CREDIT CARD PAYMENT
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: Sch: 4/24 Rpt: 13/50	2 FILER NAME Slawson, Shelby L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083793
4	Date 06/30/2024	5 Payee name Citibank
6	Amount (\$) \$982.98	7 Payee address; City; State; Zip Code PO Box 78045
		Phoenix, AZ 85062
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CREDIT CARD PAYMENT
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/10/2024	Payee name DAIRY QUEEN
	Amount (\$) \$10.71	Payee address; City; State; Zip Code 820 S RICE
		HAMILTON, TX 76531
	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 T. Check if Austin, TX, officeholder living expense STAFF MEAL
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/04/2024	Payee name DECORDOVA BEND CLUB
	Amount (\$) \$41.69	Payee address; City; State; Zip Code 5301 COUNTRY CLUB DR
		GRANBURY, TX 76049
	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 T. Check if Austin, TX, officeholder living expense MEAL WITH STAFF
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schodule F1:	1
1 Total pages Schedule F1: Sch: 5/24 Rpt: 14/50	2 FILER NAME Slawson, Shelby L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083793
4 Date	5 Payee name
03/05/2024	Expedia.com
6 Amount (\$) \$171.74	7 Payee address; City; State; Zip Code Online Stephenville, TX 76401
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense HOTEL FOR CAMPAIGN EVENTS
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/25/2024	Expedia.com
Amount (\$)	Payee address; City; State; Zip Code
\$577.30	Online
DUDDOST	Stephenville, TX 76401
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CONVENTION HOTEL STAFF
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/12/2024	FEDEX
Amount (\$) \$11.85	Payee address; City; State; Zip Code 942 SOUTH SHADY GROVE RD
	MEMPHIS, TN 38120
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POSTAGE
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 6/24 Rpt: 15/50	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	05/01/2024	FRASER, MEREDITH
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$138.00	5122 LARGO
		GRANBURY, TX 76049
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		REIMBURSE DISTRICT OFFICE SUPPLIES
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/01/2024	FRASER, MEREDITH
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	5122 LARGO
		GRANBURY, TX 76049
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense STAFF SALARY
		STAFF SALART
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	
	Date	Payee name
	01/01/2024	Fraser, Meredith
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	5122 Largo
		Granbury, TX 76049
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		STAFF SALARY
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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	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: 7/24 Rpt: 16/50	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	02/01/2024	Fraser, Meredith
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	5122 Largo
		Granbury, TX 76049
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		STAFF SALARY
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/01/2024	Fraser, Meredith
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	5122 Largo
		Granbury, TX 76049
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense STAFF SALARY
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/01/2024	Fraser, Meredith
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	5122 Largo
		Granbury, TX 76049
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense STAFF SALARY
		STALL SALARY
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		
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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 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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 8/24 Rpt: 17/50	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	05/01/2024	Fraser, Meredith
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	5122 Largo
		Granbury, TX 76049
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		STAFF SALARY
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/25/2024	GRAND HYATT
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.76	600 E MARKET ST
		SAN ANTONIO, TX 78205
	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
		STAFF PARKING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/11/2024	Galaxy Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.40	1000 West Lynn
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (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 WITH STAFF
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	parameter action of the	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Gandidate/Officeholder/Political Committee Legal Services

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Travel (
Printing Expense Travel (
Salaries/Wages/Contract Labor OTHER

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/24 Rpt: 18/50	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	01/19/2024	GoDaddy.com
6	Amount (\$) \$126.35	7 Payee address; City; State; Zip Code Online
_	PUPPOCE	Stephenville, TX 76401
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL RENEWAL
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/04/2024	Payee name HAMPTON INN
	Amount (\$) \$123.05	Payee address; City; State; Zip Code 910 S HARBIN DR
		STEPHENVILLE, TX 76401
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense STAFF HOTEL CAMPAIGN EVENT
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/22/2024	Payee name HOOD COUNTY REPUBLICAN PARTY
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 827 W PEARL ST
		GRANBURY, TX 76048
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CONVENTION SNACKS
	Complete ONLY if direct expenditure to benefit C/O	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 Commit

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total pages Cabadula 51:		_
	Total pages Schedule F1:		
L	Sch: 10/24 Rpt: 19/50	Slawson, Shelby L. (The Honorable) 00083793	
4	Date	5 Payee name	
	05/09/2024	HOPE PREGNANCY CENTERS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
١	\$250.00	601 S MAIN ST	
	4200.00		
		00PPEDAG 00VE TV 70F00	
		COPPERAS COVE, TX 76522	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		DONATION	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experiulture to beliefit C/OI		
	Date	Payee name	
	02/07/2024	HULL, LACEY	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,000.00	PO BOX 19231	
	+=,000.00		
		HOUSTON TV 77224	
		HOUSTON, TX 77224	
	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 Austin TV office helder India graphs	
		Candidate/Officeholder/Political Committee	
		DONATION	
<u> </u>	Complete ONU V if allow	Condidate/Officeholder name	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/04/2024	Hill Country Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.83	PO Box 2220	
		Manchaca, TX 78652	
			_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule I	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		OFFICE WATER SERVICE	
		OFFIGE WATER SERVICE	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete <u>ONLY</u> if direct 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 Committe

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

	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: 11/24 Rpt: 20/50	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	02/22/2024	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.83	PO Box 2220
		Manchaca, TX 78652
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
		OFFICE WATER SERVICE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/25/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.83	PO Box 2220
		Manchaca, TX 78652
	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 OFFICE WATER SERVICE
		OFFICE WATER SERVICE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/02/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.83	PO Box 2220
		Manchaca, TX 78652
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense OFFICE WATER SERVICE
		OFFICE WATER SERVICE
L	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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			Legal Services	s Expense	Salaries/M		e /Contract Labor		OTHER (enter	istrict a category not listed	d above)
	Credit Card Payment			The Instruction G	uide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 12/24 Rpt: 21/50		Slawson, Sh	elby L. (The H	onorable)					00083793		
4	Date	5	Payee name						·			
	05/02/2024	ı	Hill Country	Springs								
6	Amount (\$)	Ь—	Payee addres		State:	Zip Co	de					
ľ	\$10.83	ı	PO Box 222		Otato,	Z.p 00	uo					
	720.00		. 0 20% 222									
			Manahaaa *	TV 706E2								
Ļ		├	Manchaca,			ı						
8	PURPOSE OF			e Categories listed at	the top of this sch	edule)	(b)	Description	outo:	do of Toyon Co	malata Cabadula T	
	EXPENDITURE		Food/Bevera	age Expense				브		officeholder livir	nplete Schedule T. Ia expense	
								OFFICE WAT				
9	Complete ONLY if direct		andidate/Offic	eholder name	C	Office sou	ght			Office h	ield	
	expenditure to benefit C/OI	H										
_	Date		Payee name									
	06/04/2024	l	Hill Country	Springs								
_	Amount (\$)	_	Payee addres		State:	Zip Co	de					
	\$12.82	l	PO Box 222		,							
	72.02		. 0 20% 222									
			Manchaca, 7	TX 78652								
	PURPOSE	<u> </u>					(h)	Description				
	OF	ı		e Categories listed at	the top of this sche	edule)	(D)	Description Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		roou/bever	age Expense				=		officeholder livir		
								OFFICE WAT	ΓEF	R SERVICE		
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office h	ield	
	expenditure to benefit C/O	7										
	Date		Payee name									
	01/01/2024		Hotze, There	esa								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$200.00		1000 San M	arcos St								
			Austin, TX 7	8702								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			ges/Contract L				ш			nplete Schedule T.	
	EXI ENDITORE							_		officeholder livir	ig expense	
								STAFF SALA	ΛΓ≺ Y			
_	Complete ONLY if direct	$\overline{\Gamma}$	`andidata/Offic	eholder name		Office sou	abt			Office h	vold	
	Complete ONLY if direct expenditure to benefit C/OH		anuuate/OIIIC	enoluel Hallie	C	AIIICE SUU	yııl			Office	iciu	

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 Gift/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 com	plete	e this form.		
1	Total pages Schedule F1:	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 13/24 Rpt: 22/50	Slawson, Shelby L. (The Honorable)			00083793	
4	Date	Payee name		l .		
	02/01/2024	Hotze, Theresa				
6	Amount (\$)	Payee address; City; State; Zip Cod	le			
	\$200.00	1000 San Marcos St				
		Austin, TX 78702				
8	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) D	Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outsid		
	LAFENDITORE		Ē	Check if Austin, TX,		g expense
			5	STAFF SALARY		
_	Complete ONLY if direct	Candidate /Office holder name Office acuse	ht		Office h	old.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	IΠL		Office h	eia
	Date	Payee name				
	03/01/2024	Hotze, Theresa				
	Amount (\$)	Payee address; City; State; Zip Cod	le			
	\$200.00	1000 San Marcos St				
		Austin, TX 78702				
	PURPOSE OF	,	(b) D	Description		
	EXPENDITURE	Salaries/Wages/Contract Labor	F	Check if travel outsion Check if Austin, TX,		
			S	STAFF SALARY		g oxponed
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office h	eld
	expenditure to benefit C/O					
	Date	Payee name				
	04/01/2024	Hotze, Theresa				
	Amount (\$)	Payee address; City; State; Zip Cod	le			
	\$200.00	1000 San Marcos St				
		Austin, TX 78702				
	PURPOSE		'h) Γ	Description		
	OF	Salaries/Wages/Contract Labor	`~, Б	Check if travel outside	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Cananics, wages, contract Last.	Ē	Check if Austin, TX,		g expense
			S	STAFF SALARY	•	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht		Office h	eld
	experience to belief 6/01					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 14/24 Rpt: 23/50	Slawson, Shelby L. (The Honorable) 00083793	
4	Date	5 Payee name	_
	05/01/2024	Hotze, Theresa	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
٠	\$200.00	1000 San Marcos St	
	Ψ200.00	1000 Juli Marcos Ji	
		A	
		Austin, TX 78702	_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		STAFF SALARY	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
•	expenditure to benefit C/OI	the state of the s	
	D :		=
	Date	Payee name	
	06/01/2024	Hotze, Theresa	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	1000 San Marcos St	
		Austin, TX 78702	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense	
		STAFF SALARY	
	Complete ONLY if direct	Condidate/Officeholder name Office country	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	03/23/2024	Hyatt Centric	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$422.78	721 Congress	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	ZA ZIIDII GILZ	Check if Austin, TX, officeholder living expense HOTEL FOR CONFERENCE	
		HOTEL FOR CONFERENCE	
	Complete ONU V if allow	Condidate/Officeholder name Office country	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 15/24 Rpt: 24/50	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	02/07/2024	KLICK, STEPHANIE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO BOX 7592
		FORT WORTH, TX 76111
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		DONATION
_	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/22/2024	KLICK, STEPHANIE
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO BOX 7592
		FORT WORTH, TX 76111
	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
		DONATION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	06/23/2024	LOPEZ, JACQUELYN
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	206 GRANADA CALLE ST
		GRANBURY, TX 76049
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		DONATION RINC DELEGATE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 16/24 Rpt: 25/50	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	06/23/2024	MUNOZ, ALEJANDRA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	503 SIESTA CT
		GRANBURY, TX 76048
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		DONATION
_	Operation Children	On didn't 10 ff a halden name
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2024	NOBLE, CANDY
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1105 E MAIN
		#223
		ALLEN, TX 75002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		DONATION
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experientare to beliefit 6/01	
	Date	Payee name
L	03/28/2024	PARADISE BISTRO
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.49	129 E PEARL
L		GRANBURY, TX 76048
	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 STAFF MEAL
		STAFF WILAL
	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 Committe

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: 17/24 Rpt: 26/50	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	05/24/2024	RIVERCENTER PARKING GARAGE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	849 E COMMERCE ST
		SAN ANTONIO, TX 78205
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
		CONVENTION PARKING STAFF
		CONVENTION FAUNTAIN OF STATE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	05/24/2024	RK CULINARY GROUP
H	Amount (\$)	Payee address; City; State; Zip Code
	\$11.50	900 E MARKET
	411.00	
		SAN ANTONIO, TX 78205
	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 STAFF MEAL
		STATE WIE/IE
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Payee name
	05/06/2024	Republican Party Of Texas
L	Amount (\$)	Payee address; City; State; Zip Code
	\$79.00	Po Box 2206
	\$79.00	PO B0X 2200
		A
		Austin, TX 78768
	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
		CONVENTION FEE - MEMBER
1		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
I		

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 Card r dyment	The Instruction Guide explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3		Filer ID	(Ethics Commission Filers))
	Sch: 18/24 Rpt: 27/50	Slawson, Shelby L. (The Honorable)				00083793		
4	Date	5 Payee name		•				
	05/06/2024	Republican Party Of Texas						
6	Amount (\$)	7 Payee address; City; State; Zip Co	de					
	\$79.00	PO Box 2206						
		Austin, TX 78768						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees		Check if travel outs Check if Austin, TX				
				CONVENTION			ехрепзе	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght			Office he	eld	
	expenditure to benefit C/O	1						
_	Date	Payee name						_
	05/23/2024	SMOKE TEXAS BBQ						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$51.35	511 VILLITA ST						
		SAN ANTONIO, TX 78205						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outs				
	EXI ENDITORE			Check if Austin, TX			expense	
				WILAL WITH 31	' /	N-I-		
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht			Office he	eld	
	expenditure to benefit C/O		9			000		
-	Date	Payee name						_
	03/12/2024	STAPLES						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$120.05	200 N WOLFE NURSERY						
		STEPHENVILLE, TX 76401						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF	Office Overhead/Rental Expense	(- ,	Check if travel outs	sid	e of Texas. Comp	olete Schedule T.	
	EXPENDITURE	·		Check if Austin, TX			expense	
				OFFICE SUPPI	LI	ES		
	Complete ONII V if allow	Condidate/Officeholder na	au le 4			Off: 1	ıla	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	gnt			Office he	eiu	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1:	
	Sch: 19/24 Rpt: 28/50	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	02/22/2024	STEPHENVILLE CHAMBER OF COMMERCE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	187 W WASHINGTON ST
		STEPHENVILLE, TX 76401
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.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		TICKETS BANQUET
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
L	02/23/2024	STEPHENVILLE CHAMBER OF COMMERCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	187 W WASHINGTON ST
		STEPHENVILLE, TX 76401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		AUCTION TIEM
_	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/01/2024	Sellers, Celia
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	173 PR 305 Ln
		Gatesville, TX 76528
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		STAFF SALARY
	Commission ONE V. C. C.	Condidate/Officeholder name
	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 Committee 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 - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed				
	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: 20/24 Rpt: 29/50	Slawson, Shelby L. (The Honorable)	00083793	
4	Date	5 Payee name		
	02/01/2024	Sellers, Celia		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$200.00	173 PR 305 Ln		
		Gatesville, TX 76528		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE		outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin	, TX, officeholder living expense	
		STAFF SALA	ARY	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	03/01/2024	Sellers, Celia		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$200.00	173 PR 305 Ln		
		Gatesville, TX 76528		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Salaries/ Wages/ Contract Eabor	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
		STAFF SALA		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O	1		
	Date	Payee name		
	04/01/2024	Sellers, Celia		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$200.00	173 PR 305 Ln		
		Gatesville, TX 76528		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF		outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin	, TX, officeholder living expense	
		STAFF SALA	ARY	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held	

SCHEDULE F1

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

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		Legal Services The Instruction Guide exp		Vages	/Contract Labor		OTHER (enter a	category not listed above)		
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission Fi	lers)	
	Sch: 21/24 Rpt: 30/50	1	Shelby L. (The Honorab	le)				00083793			
4	Date	5 Payee name	9				_				
	05/01/2024	Sellers, Ce									
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de						
l	\$200.00	173 PR 30									
l											
		Gatesville,	TX 76528								
8	PURPOSE	(a) Category (S	See Categories listed at the top of t	his schedule)	(b)	Description					
	OF EXPENDITURE	Salaries/W	ages/Contract Labor						plete Schedule T.		
						STAFF SALA		officeholder living	j expense		
						017111 07127					
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	aht			Office he	2ld		
Ľ	expenditure to benefit C/O		noonoloo name		9111						
	Date	Payee name	9								
	06/01/2024	Sellers, Ce	elia								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de						
	\$200.00	173 PR 30	5 Ln								
		Gatesville,	TX 76528								
l	PURPOSE OF		See Categories listed at the top of t	his schedule)	(b)	Description					
	EXPENDITURE	Salaries/W	ages/Contract Labor			=			plete Schedule T.		
l						STAFF SALA	in, TX, officeholder living expense				
						OTALL OALS					
⊢	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	aht			Office he			
l	expenditure to benefit C/O		mooriolaer riame	011100 000	giit			Omoc m	514		
⊨	Date	Doving name									
l	06/30/2024	Payee name Slawson, S									
┡				24-4 75- 0-	-1-						
l	Amount (\$)	Payee addre		State; Zip Co	ae						
l	\$3,132.25	PO Box 28	0								
l											
L		Stephenvil	le, TX 76401								
l	PURPOSE OF	(a) Category (S	See Categories listed at the top of t	his schedule)	(b)	Description					
l	EXPENDITURE		tion Equipment And Re	lated		=			plete Schedule T.		
		Expense				—		officeholder living	G EXPENSE AIGN JAN-JUNE 20	124	
						TEIND 4075	1411	LLO C/ (IVII /	11011 07 111 00112 20	<i>3</i> 24	
\vdash	Complete ONLY if direct	L Candidate/∩f	ficeholder name	Office sou	aht			Office he	hle		
	expenditure to benefit C/Ol			3.1100 30u	ອານ			Omoc n	···		
\vdash											
I											

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 22/24 Rpt: 31/50	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	03/21/2024	TEXAS PUBLIC POLICY FOUNDATION
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	901 CONGRESS AVE
		AUSTIN, TX 78701
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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		CONFERENCE PARKING
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit or of	
	Date	Payee name
	03/22/2024	TEXAS PUBLIC POLICY FOUNDATION
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	901 CONGRESS AVE
		AUSTIN, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		CONFERENCE PARKING
	Operation ONLY if allowed	Open finds to 10 ff as hadden as a second to the second to
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/24/2024	THE REPUBLIC OF TEXAS BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.89	526 RIVER WALK ST
		SAN ANTONIO, TX 78205
	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 WITH STAFF
_	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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment			Gift/Awards/Memorials Expense				Travel Out of District OTHER (enter a category not listed above)				
_		1.		· · · · · · · · · · · · · · · · · · ·					/= 11.			
1	Total pages Schedule F1:	ı							3		(Ethics Commission Filers)	
L	Sch: 23/24 Rpt: 32/50	L	Slawson, Sh	elby L. (The	Honorable)					00083793		
4	Date	5	Payee name									
	02/07/2024		THIMESCH	KRONDA								
6	Amount (\$)	7	Payee addres	s; City;	Stat	e; Zip Co	ode					
	\$1,000.00		1301 JUSTI	N RD								
			STE 201-31	0								
			LEWISVILL	E, TX 75077								
8	PURPOSE	⊢	Category (Se		at the ter of the	abadulc\	(h)	Description				
ľ	OF			e Categories listed s/Donations		chedule)	(5)	_ :	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			Officeholder/F		mittee				officeholder livi	•	
								DONATION				
9	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ıght			Office I	neld	
L	expenditure to benefit C/O	H 										
	Date		Payee name									
	02/07/2024		TROXCLAIF	R, ELLEN								
	Amount (\$)		Payee addres	s; City;	Stat	e; Zip Co	ode					
	\$1,000.00		701 HWY 28	31								
			STE H #223									
		l		ALLS, TX 786	654							
\vdash	PURPOSE	 				ala a alcale N	(h)	Description				
	OF		Category (Se	e Categories listed S/Donations		cneaule)	``'	_	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			officeholder/F	•	mittee		=		officeholder livi		
								DONATION				
L												
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ıght			Office I	neld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	04/05/2024		WAGON YA	RD								
	Amount (\$)	H	Payee addres	s; City;	Stat	e; Zip Co	ode					
	\$476.08	ı	213 N CRO									
	,											
			GRANBURY	′, TX 76048								
	PURPOSE	 	Category (Se		at the top of this a	chedulo)	(b)	Description				
	OF			e Categories listed 1ead/Rental I		cneuule)	`~		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							Check if Austin	, TX,	officeholder livi	ng expense	
								DISTRICT O	FFI	CE DECO	R	
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ıght	<u> </u>		Office I	held	
	expenditure to benefit C/O	H										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- G Committee Le	for the severage Expense for Awards/Memorials Expense gal Services he Instruction Guide explain		ense ges/Contract Labor	Travel III District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 24/24 Rpt: 33/50	Slawson, She	lby L. (The Honorable)			00083793	
4	Date	5 Payee name					
	03/01/2024	Wal Mart					
6	Amount (\$)	7 Payee address	; City; Sta	te; Zip Cod	е		
	\$9.72	2765 W WAS	HINGTON				
		STEPHENVII	LE, TX 76401				
8	PURPOSE	(a) Category (See	Categories listed at the top of this	schedule) (b) Description		
	OF EXPENDITURE		ad/Rental Expense			outside of Texas. Complete Schedule T.	
	LXI ENDITORE					n, TX, officeholder living expense	
					POLL GREE	T SUPPLIES	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name	Office soug	nt	Office held	
_	Date	Payee name					
	04/10/2024	Wal Mart					
	Amount (\$)	Payee address	•	te; Zip Cod	е		
	\$21.43	2765 W WAS	HINGTON				
		STEPHENVII	LE, TX 76401				
	PURPOSE	(a) Category (See	Categories listed at the top of this	schedule) (b) Description		
	OF		ad/Rental Expense	,	_	outside of Texas. Complete Schedule T.	
	EXPENDITURE		•		ш	n, TX, officeholder living expense	
					OFFICE SUI	PPLIES	
	Complete ONLY if direct	Candidate/Office	holder name	Office soug	nt	Office held	
	expenditure to benefit C/O	1					
I							
l							

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)			
Sch: 1/13 Rpt: 34/50	Slawson, Shelby L.	(The Honorable)		00083793					
4 CREDIT CARD ISSUER		ncial institution BANK	5 TOTAL OF UNITED EXPENDITURES CHARGED TO A CO	 \$					
6 PAYMENT	(a) Amount Charged \$350.00	(b) Date of Charge 06/25/2024	(c) Date(s) Credit Card 06/30/2024	d Issuer Paid					
7 PAYEE	(a) Payee name AMERICAN AIRLIN	(b) Payee address; 1 SKYVIEW DR MERICAN AIRLINES FORT WORTH, TX 76155				Zip Code			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (b) Description								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	xpense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held					
PAYMENT	(a) Amount Charged \$19.91	(b) Date of Charge 01/15/2024	(c) Date(s) Credit Car 01/30/2024 (b) Payee address;	d Issuer Paid					
PAYEE	(a) Payee name Uber			City, 94103	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description TRANSPORT TO/FROM CONFERENCE						
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	xpense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held					
PAYMENT	(a) Amount Charged \$61.42	(b) Date of Charge 01/15/2024	(c) Date(s) Credit Car 01/30/2024	d Issuer Paid					
PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market St San Francisco, CA	City, 94103	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	, 	(b) Description NRF CONFERENCE - AIRPORT TRANSFER						
Non-Political	(c) X Check if travel outside			austin, TX, officeholder living e	xpense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 2/13 Rpt: 35/50	Slawson, Shelby L.	(The Honorable)		00083793					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$					
6	PAYMENT	(a) Amount Charged \$20.34	(b) Date of Charge 01/22/2024	(c) Date(s) Credit Card Iss 01/30/2024	uer Paid					
7	PAYEE	(a) Payee name FIREHOUSE SUBS	6	(b) Payee address; 2675 W WASHINGTON		State,	Zip Code			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	STEPHENVILLE, TX 70 (b) Description CONSTITUENT LUNC						
	X Political	Food/Beverage Expe	nse	CONSTITULINI LONG						
	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		TX, officeholder living ex	kpense				
9 e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
	PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 03/23/2024	(c) Date(s) Credit Card Iss 04/08/2024	uer Paid					
	PAYEE	(a) Payee name TEXAS PUBLIC PC	DLICY	(b) Payee address; City, State, Zip C 901 CONGRESS AVE AUSTIN, TX 78701						
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description CONFERENCE PARKI	NG					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
	PAYMENT	(a) Amount Charged \$106.79	(b) Date of Charge 01/12/2024	(c) Date(s) Credit Card Iss 01/30/2024	uer Paid					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		Lyft		185 Berry St						
				San Francisco, CA 94107						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description NRF CONFERENCE AIRPORT TRANSFER						
	X Political									
	Non-Political	(C) X Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	kpense				
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	Candidate/Officeholder name Office sought				Office held			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************		,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 3/13 Rpt: 36/50	Slawson, Shelby L.	(The Honorable)			00083793			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$18.93	(b) Date of Charge 01/14/2024	(c) Date(s 01/30/20) Credit Card Issuer)24	Paid			
7	PAYEE	(a) Payee name Uber		(b) Payee 1455 Ma San Fran		City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri					
	Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$159.50	(b) Date of Charge 01/10/2024	(c) Date(s 01/30/20) Credit Card Issuer)24	Paid			
	PAYEE (a) Payee name HOOD COUNTY GOP			(b) Payee address; City, State, Zip Code 1315 WATERS EDGE DR STE 116-7 GRANBURY, TX 76048					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descri	ption S LINCOLN-REAC	GAN			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living expe	nse		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$158.38	(b) Date of Charge 02/07/2024	(c) Date(s 03/03/20) Credit Card Issuer)24	Paid			
	PAYEE	(a) Payee name ENTERPRISE REN	IT A CAR		address; WASHINGTON ENVILLE, TX 7640	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense	ment And Related	(b) Descri	CAR TO TRAVE				
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
I									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

Candidate/Onicendiden/Folitica		ruction Guide explains how		nplete this		TTIEN (enter a categor	y not listed a	bove)
1 Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·		-		3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 4/13 Rpt: 37/50	Slawson, Shelby L.	(The Honorable)				00083793		
4 CREDIT CARD ISSUER	Name of finan	evious	E	XPENDIT	UNITEMIZED TURES TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$12.53	(b) Date of Charge 03/21/2024		Date(s) Cr 08/2024	edit Card Issuer	r Paid		
7 PAYEE	(a) Payee name		185	Payee add Berry S	t	City,	State,	Zip Code
a BURDOS 05	(a) Catagoni				co, CA 94107			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Travel Out of District	of this schedule)	1 ` ′	Descriptio STIN LY				
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e soug	jht		Office held		
PAYMENT	(a) Amount Charged \$207.35	(b) Date of Charge 05/13/2024	. ,	Date(s) Cr 01/2024	edit Card Issuei	r Paid		
PAYEE	(a) Payee name HOTWIRE			Payee add	dress;	City,	State,	Zip Code
			STE	EPHENV	'ILLE, TX 7640	01		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Travel Out of District	of this schedule)	(b) Description HOTEL FOR NRA CONVENTION					
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e soug	ght		Office held		
PAYMENT	(a) Amount Charged \$367.98	(b) Date of Charge 05/23/2024		Date(s) Cr 01/2024	edit Card Issuei	r Paid		
PAYEE	(a) Payee name SOUTHWEST AIRL	INES	270	Payee add 02 LOVE LLAS, TX	FIELD DR	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) [Descriptio AVEL TO	n			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e soug	jht		Office held		
i								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this fo	orm.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 5/13 Rpt: 38/50	Slawson, Shelby L	(The Honorable)			00083793		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF U EXPENDITU CHARGED T CARD	RES	\$		
6 PAYMENT	(a) Amount Charged \$705.25	(b) Date of Charge 05/25/2024	(c) Date(s) Cred 06/01/2024	lit Card Issuer	Paid		
7 PAYEE	(a) Payee name GRAND HYATT		(b) Payee addre	ET ST	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description HOTEL RPT	DN			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	CI	neck if Austin, TX, o	officeholder living expe	ense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought				Office held			
PAYMENT	(a) Amount Charged \$18.97	(b) Date of Charge 05/24/2024	(c) Date(s) Cred 06/01/2024	lit Card Issuer	Paid		
PAYEE	(a) Payee name (b) Payee address; 1455 Market St Uber San Francisco, CA 94103		City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description UBER RPT CONVENTION TRAVEL				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	CI	neck if Austin, TX, o	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$14.00	(b) Date of Charge 05/24/2024	(c) Date(s) Cred 06/01/2024	lit Card Issuer	Paid		
PAYEE	(a) Payee name Uber		(b) Payee address 1455 Market S San Francisco	St	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description UBER RPT CONVENTI			ONVENTION	N TRAVEL		
Non-Political	1 1 7 -	of Texas. Complete Schedule T.		neck if Austin, TX, o	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

Candidate/Officerolder/Folitica	•	ruction Guide explains how	-	THER (effici a category i	ioi iisteu ai	oove)		
1 Total pages Schedule F4:		· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics	Commiss	sion Filers)		
Sch: 6/13 Rpt: 39/50	Slawson, Shelby L.	(The Honorable)		00083793		,		
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged \$43.19	(b) Date of Charge 05/23/2024	(c) Date(s) Credit Card Issuel 06/01/2024	r Paid				
7 PAYEE	(a) Payee name Lyft		(b) Payee address; 185 Berry St San Francisco, CA 94107	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description LYFT RPT CONVENTION					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	se			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged \$13.75	(b) Date of Charge 01/14/2024	(c) Date(s) Credit Card Issuer 01/30/2024	r Paid				
PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market St	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	San Francisco, CA 94103 (b) Description TRANSPORT TO/FROM CONFERENCE					
Non-Political	(c) X Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	se			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged \$25.19	(b) Date of Charge 01/15/2024	(c) Date(s) Credit Card Issuer 01/30/2024	r Paid				
PAYEE	(a) Payee name Lyft		(b) Payee address; 185 Berry St San Francisco, CA 94107	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRANSPORT TO/FROM	CONFERENCE				
Non-Political	(c) X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				se			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete thi	s form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 7/13 Rpt: 40/50	Slawson, Shelby L.	(The Honorable)			00083793			
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged \$10.98	(b) Date of Charge 03/21/2024	(c) Date(s) C 04/08/2024	redit Card Issuer ‡	r Paid			
7 PAYEE	(a) Payee name Lyft		(b) Payee ad 185 Berry S		City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description	on				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Officeholder name Officeholder name			e sought		Office held			
PAYMENT	(a) Amount Charged \$28.00	(b) Date of Charge 04/02/2024	(c) Date(s) C 04/08/2024	redit Card Issuer I	r Paid			
PAYEE	(a) Payee name PARKING MANAG	PARKING MANAGEMENT		dress; PARKWAY X 75033	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description CAUCUS EVENT PARKING					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
PAYMENT	(a) Amount Charged \$217.48	(b) Date of Charge 05/14/2024	(c) Date(s) C 06/01/2024	redit Card Issuer 1	r Paid			
PAYEE	(a) Payee name AMERICAN AIRLIN	IES	(b) Payee ad 1 SKYVIEV		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description	on	-			
Non-Political	(c) Check if travel outside		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 8/13 Rpt: 41/50	Slawson, Shelby L.	(The Honorable)			00083793		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$15.51	(b) Date of Charge 05/17/2024	(c) Date(s) 06/01/20) Credit Card Issue 124	r Paid		
7	PAYEE	(a) Payee name Uber		(b) Payee 1455 Ma		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri				
	Non-Political		of Towns Organizate Coloradado T	Г. Check if Austin, TX, officeholder living expense				
9	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	Office held	ense	
	expenditure to benefit C/OH	Carialada, Ciniconolaci	That The Common	o oougiit		Omoo nola		
	PAYMENT	(a) Amount Charged \$108.00	(b) Date of Charge 06/01/2024	(c) Date(s) 06/30/20) Credit Card Issue 124	r Paid		
	PAYEE	(a) Payee name USPS		(b) Payee 431 N G		City,	State,	Zip Code
				<u> </u>	ville, TX 76401			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description PO BOX RENTAL				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ı	Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$27.78	(b) Date of Charge 01/15/2024	(c) Date(s) 01/30/20) Credit Card Issue 124	r Paid		
	PAYEE	(a) Payee name BEECHER'S CAFE			address; RDIA AIRPORT PRK CITY, NY 11	City, 371	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip MEAL A	otion FAIRPORT			
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
ε	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ĺ								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

hbursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

Candidate/Officeholder/Politica			alaries/Wages/Co	ntract Labor	OTHER (enter a cate		oove)
	The Inst	ruction Guide explains ho	w to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)
Sch: 9/13 Rpt: 42/50	Slawson, Shelby L.	(The Honorable)			00083793		
4 CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED	1.		
ISSUER	see pi	revious		DITURES SED TO A CRED	,_ \$		
	·		CARD	DED TO A CICED	''		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	ıer Paid		
	\$243.59	02/07/2024	03/03/20	24			
	42 10.00	0=/01/20=1					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			110 E 2n	d			
	JW Marriott						
			Austin, T	X 78701			
8 PURPOSE OF	(a) Category		(b) Descri	otion			
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	AUSTIN	HOTEL			
X Political	Traver Out of District						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living	expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	. , , , , ,	Credit Card Issu	ıer Paid		
	\$7.04	02/09/2024	03/03/20	24			
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	LICDC		431 N G	aham			
	USPS						
				/ille, TX 76401			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
l <u> </u>	Office Overhead/Rent	•	POSTAG	iΕ			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living	expense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Offi	ce sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 03/03/20	Credit Card Issu	ier Paid		
	\$19.47	02/20/2024	03/03/20	24			
PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
	Pate's Hardware		900 E C	entral			
	T dio o Harawaro						
DUDDOOF OF	(a) Catagoni			ne, TX 76442			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
V Political	Office Overhead/Rent	tal Expense		•			
X Political				_			
Non-Political	<u> </u>	of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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/Onicendiden/Folitica		ruction Guide explains how		-	TTIEN (enter a categor	y not listed a	bove)	
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>		-	3 Filer ID (Ethio	cs Commis	sion Filers)	
Sch: 10/13 Rpt: 43/50	Slawson, Shelby L.	(The Honorable)			00083793			
4 CREDIT CARD ISSUER	Name of finan see pro	ncial institution	E) Cl	OTAL OF UNITEMIZED KPENDITURES HARGED TO A CREDIT ARD	\$			
6 PAYMENT	(a) Amount Charged \$69.50	(b) Date of Charge 06/26/2024		ate(s) Credit Card Issue 30/2024	r Paid			
7 PAYEE			(1) 5		City Chata Zin Co			
/ PATEE	(a) Payee name QUICKEN.COM		ONL	ayee address; .INE	City,	State,	Zip Code	
			STE	PHENVILLE, TX 764	01			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Office Overhead/Renta		` ′	escription MPAIGN ACCOUNTIN	IG SOFTWARE			
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sougl	ht	Office held			
PAYMENT	(a) Amount Charged \$240.10	(b) Date of Charge 02/08/2024	` '	ate(s) Credit Card Issue 03/2024	r Paid			
PAYEE	(a) Payee name AMERICAN AIRLINES			ayee address; (YVIEW DR	City,	State,	Zip Code	
			FOF	RT WORTH, TX 7615	5			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Travel Out of District	of this schedule)	1 ` ′	escription GHT AUS-DFW				
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sougl	nt	Office held			
PAYMENT	(a) Amount Charged \$25.79	(b) Date of Charge 02/29/2024		ate(s) Credit Card Issue 03/2024	r Paid			
PAYEE	(a) Payee name Uber		145	ayee address; 5 Market St Francisco, CA 94103	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Travel Out of District	of this schedule)	(b) D	escription ERS - AUSTIN MAR 2			_	
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sougl	ht	Office held			
1								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 11/13 Rpt: 44/50	Slawson, Shelby L.	(The Honorable)		00083793		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$		
6 PAYMENT	(a) Amount Charged \$117.88	(b) Date of Charge 04/02/2024	(c) Date(s) Credit Card Iss 04/08/2024	suer Paid		
7 PAYEE	(a) Payee name HOTWIRE		(b) Payee address; ONLINE STEPHENVILLE, TX 7	City, 6401	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description HOTEL FOR CAMPAIG			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$32.48	(b) Date of Charge 05/17/2024	(c) Date(s) Credit Card Iss 06/01/2024	suer Paid		
PAYEE	(a) Payee name Hyatt Regency		(b) Payee address; 300 REUNION BLVD DALLAS, TX 75207	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description PARKING NRA CONVENTION			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$20.97	(b) Date of Charge 05/25/2024	(c) Date(s) Credit Card Iss 06/01/2024	suer Paid		
PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market St San Francisco, CA 941	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description AIRPORT TRANSFER			
Non-Political Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	Check if Austin, e sought	TX, officeholder living ex Office held	pense	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 12/13 Rpt: 45/50	Slawson, Shelby L.	(The Honorable)		00083793				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$24.99	05/23/2024	06/01/2024					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
	Lyft		185 Berry St					
			San Francisco, CA 94107	7				
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description					
EXPENDITURE X Political	Travel Out of District	of this scriedule)	LYFT RPT CONVENTION	N TRAVEL				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
9 Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name Office sought			Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$105.48	06/02/2024	06/30/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
	CoDoddy com		Online					
	GoDaddy.com							
	() 2 :		Stephenville, TX 76401					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description WEBSITE RENEWAL					
X Political	Office Overhead/Ren		WEBSITE RENEWAL					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$350.00	06/20/2024	06/30/2024					
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State, Zip Code				
			1 SKYVIEW DR					
	AMERICAN AIRLIN	NES						
			FORT WORTH, TX 7615	5				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	FLIGHT COPAY TO ISRA	AEL DELEGATION TRIP				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held							
Experience to belief 6/011	<u> </u>							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Servi	vices Sal	laries/Wages/Contract Labor OT	avel Out of District FHER (enter a category not listed above)
1	Total pages Schedule F4:		ruction Guide explains how	to complete this form.	3 Filer ID (Ethics Commission Filers)
l	Sch: 13/13 Rpt: 46/50	Slawson, Shelby L.	(The Honorable)		00083793
4	CREDIT CARD ISSUER		ncial institution - AMERICA	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6	PAYMENT	(a) Amount Charged \$90.00	(b) Date of Charge 01/20/2024	(c) Date(s) Credit Card Issuer 01/20/2024	Paid
7	PAYEE	(a) Payee name TEXAN NEWS		(b) Payee address; 1011 San Jacinto Blvd Ste 315 AUSTIN, TX 78701	City, State, Zip Code
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			•	(b) Description SUBSCRIPTION	
L	Non-Political	`	of Texas. Complete Schedule T.		officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held

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 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. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 47/50 Slawson, Shelby L. (The Honorable) 00083793 Date Payee name 04/26/2024 PATRIOT PROMOTIONS 6 Amount (\$) Payee address; City; State; Zip Code PO BOX 286 \$1,931.76 Reimbursement from political contributions intended Х STEPHENVILLE, TX 76401 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE CUSTOM COINS** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/30/2024 Slawson, Shelby Amount (\$) Payee address; City; State; Zip Code \$3,132.25 PO Box 286 Reimbursement from political contributions Χ Stephenville, TX 76401 intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Transportation Equipment And Related **EXPENDITURE** Expense JAN-JUNE 2024 4675 MILES CAMPAIGN Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCH	FD	ш	F	k
эсп	ᄆ	UL	. =	•

The Instruction Guide explains how to complete this form. 1. Total pages Schedule K: Sch: 1/1 Rpt; 48/50 2. FILER NAME Slewson, Shelby L; (The Honorable) Sieler ID (Ethics Commission Filers) 2. FILER NAME Shelby L; (The Honorable) Sieler ID (Ethics Commission Filers) 3. Filer ID (Ethics Commission Filers) 4. Date Shelby L; (The Honorable) 4. Date FIRST FINANCIAL BANK \$34.20 2. STEPHENVILLE, TX 76401 The Purpose for which amount is received Check if political contribution returned to filer 1. Total pages Schedule K: Sch: 1/1 Rpt; 48/50 2. STEPHENVILLE, TX 76401 The Purpose for which amount is received City: State; 2/p Code 2. STEPHENVILLE, TX 76401 Amount (S) 2. STEPHENVILLE, TX 76401 Purpose for which amount is received City: State; 2/p Code 2. STEPHENVILLE, TX 76401 Purpose for which amount is received Check if political contribution returned to filer 3. Name of person from whom amount is received Check if political contribution returned to filer 3. State State								
Slawson, Shelby L. (The Honorable) 00083793		The Instru	ction Guide explains how to complete this form.	1				
4 Date 02/29/2024 5 Name of person from whom amount is received, City, State, Zip Code 5 STEPHENVILLE, TX 76401 7 Purpose for which amount is received, City, State, Zip Code 5 STEPHENVILLE, TX 76401 7 Purpose for which amount is received, City, State, Zip Code 6 Address of person from whom amount is received 03/29/2024 FIRST FINANCIAL BANK Address of person from whom amount is received, City, State, Zip Code 5 STEPHENVILLE, TX 76401 Purpose for which amount is received 04/30/2024 FIRST FINANCIAL BANK Address of person from whom amount is received, City, State, Zip Code 5 STEPHENVILLE, TX 76401 Purpose for which amount is received, City, State, Zip Code 5 STEPHENVILLE, TX 76401 Purpose for which amount is received interest int	2	FILER NAME		3	F	iler ID	(Ethics Commission F	ilers)
Pirst Final Final Bank S34.20		Slawson, Sh	elby L. (The Honorable)		0	0083	793	
Pirst Final Final Bank S34.20	4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
STEPHENVILLE, TX 76401								\$34.20
STEPHENVILLE, TX 76401 7 Purpose for which amount is received Check if political contribution returned to filer INTEREST Date Name of person from whom amount is received FIRST FINANCIAL BANK \$67.59 STEPHENVILLE, TX 76401 Check if political contribution returned to filer INTEREST Date Name of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Check if political contribution returned to filer INTEREST Date STEPHENVILLE, TX 76401 Check if political contribution returned to filer INTEREST Date Name of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Check if political contribution returned to filer INTEREST Date Name of person from whom amount is received Check if political contribution returned to filer INTEREST Date STEPHENVILLE, TX 76401 Check if political contribution returned to filer INTEREST Date STEPHENVILLE, TX 76401 Check if political contribution returned to filer INTEREST Date STEPHENVILLE, TX 76401 Check if political contribution returned to filer INTEREST Check if political contribution returned to filer INTEREST STEPHENVILLE, TX 76401 Check if political contribution returned to filer INTEREST STEPHENVILLE, TX 76401 Check if political contribution returned to filer INTEREST STEPHENVILLE, TX 76401 Check if political contribution returned to filer INTEREST STEPHENVILLE, TX 76401 Check if political contribution returned to filer INTEREST STEPHENVILLE, TX 76401 Check if political contribution returned to filer INTEREST STEPHENVILLE, TX 76401 Check if political contribution returned to filer INTEREST STEPHENVILLE, TX 76401 Check if political contribution returned to filer INTEREST STEPHENVILLE, TX 76401 Check if political contribution returned to filer INTEREST STEPHENVILLE, TX 76401 Check if political contribution returned to filer INTEREST STEPHENVILLE, TX 76401 Check if political contribution returned to filer INTEREST STEPHENVILL		0=/=0/=0= :						+00
7 Purpose for which amount is received Check if political contribution returned to filer			Address of person from whom amount is received, City, State, Zip Code					
7 Purpose for which amount is received Check if political contribution returned to filer								
7 Purpose for which amount is received Check if political contribution returned to filer			STEPHENVILLE TY 76401					
INTEREST Date 03/29/2024 Name of person from whom amount is received FIRST FINANCIAL BANK \$67.59 Address of person from whom amount is received City; State; Zip Code								
Date 03/29/2024 FIRST FINANCIAL BANK S67.59 Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received Check if political contribution returned to filer INTEREST Date 04/30/2024 FIRST FINANCIAL BANK Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received Check if political contribution returned to filer INTEREST Date 05/31/2024 Name of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received Check if political contribution returned to filer INTEREST Date 06/30/2024 Name of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received; City; State; Zip Code				ooliti	ical	contr	ibution returned to filer	
O3/29/2024 FIRST FINANCIAL BANK Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received Check if political contribution returned to filer INTEREST Date Name of person from whom amount is received City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received City; State; Zip Code Date Name of person from whom amount is received Amount (\$) FIRST FINANCIAL BANK FIRST FINANCIAL BANK ST2.25 Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received Check if political contribution returned to filer INTEREST Date Name of person from whom amount is received Check if political contribution returned to filer INTEREST Address of person from whom amount is received Check if political contribution returned to filer INTEREST Date Name of person from whom amount is received Check if political contribution returned to filer INTEREST STEPHENVILLE, TX 76401 Purpose for which amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received Check if political contribution returned to filer INTEREST Check if political			INTEREST					
Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401		Date	Name of person from whom amount is received				Amount (\$)	
STEPHENVILLE, TX 76401 Purpose for which amount is received Check if political contribution returned to filer INTEREST Date O4/30/2024 Pirst Financial Bank S65.99 Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received Check if political contribution returned to filer INTEREST Date O5/31/2024 Pirst Financial Bank S72.25 Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received Check if political contribution returned to filer INTEREST Date O6/30/2024 Name of person from whom amount is received Check if political contribution returned to filer INTEREST Date O6/30/2024 Name of person from whom amount is received Check if political contribution returned to filer INTEREST STEPHENVILLE, TX 76401 Purpose for which amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received Check if political contribution returned to filer STEPHENVILLE, TX 76401 Purpose for which amount is received Check if political contribution returned to filer		03/29/2024	FIRST FINANCIAL BANK					\$67.59
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Date O4/30/2024 Name of person from whom amount is received FIRST FINANCIAL BANK \$65.99 Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received INTEREST Date O5/31/2024 FIRST FINANCIAL BANK \$72.25 Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received INTEREST Date O6/30/2024 Pirst FINANCIAL BANK Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received City; State; Zip Code			_	oliti	ical	contr	ibution returned to filer	
Date 04/30/2024 Name of person from whom amount is received Amount (\$)			<u> </u>	JOII1.	· Ou	COILL	ibation rotamed to mer	
O4/30/2024 FIRST FINANCIAL BANK \$65.99 Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received								
Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received								
STEPHENVILLE, TX 76401 Purpose for which amount is received		04/30/2024	FIRST FINANCIAL BANK					\$65.99
Purpose for which amount is received			Address of person from whom amount is received; City; State; Zip Code					
Purpose for which amount is received								
Purpose for which amount is received								
Date 05/31/2024 Name of person from whom amount is received FIRST FINANCIAL BANK Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received INTEREST Date 06/30/2024 PIRST FINANCIAL BANK Address of person from whom amount is received FIRST FINANCIAL BANK Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received STEPHENVILLE, TX 76401 Purpose for which amount is received Check if political contribution returned to filer			STEPHENVILLE, TX 76401					
Date 05/31/2024			Purpose for which amount is received	ooliti	ical	contr	ibution returned to filer	
STEPHENVILLE, TX 76401 STEPHENVILLE TN 76401 Check if political contribution returned to filer			INTEREST					
STEPHENVILLE, TX 76401 STEPHENVILLE TN 76401 Check if political contribution returned to filer		Date	Name of person from whom amount is received				Amount (\$)	
Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received			i · · · · · · · · · · · · · · · · · · ·				, ,	\$72 25
STEPHENVILLE, TX 76401 Purpose for which amount is received		00/01/202						Ψ. Ε.ΕΟ
Purpose for which amount is received			Address of person from whom amount is received, City, State, Zip Code					
Purpose for which amount is received								
Purpose for which amount is received			STEPHENVILLE TY 76401					
Date Name of person from whom amount is received Amount (\$) 06/30/2024 FIRST FINANCIAL BANK \$60.32 Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received Check if political contribution returned to filer								
Date 06/30/2024 Name of person from whom amount is received FIRST FINANCIAL BANK Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received Check if political contribution returned to filer				ooliti	ıcaı	contr	ibution returned to filer	
O6/30/2024 FIRST FINANCIAL BANK \$60.32 Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received Check if political contribution returned to filer			INTEREST					
Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 Purpose for which amount is received Check if political contribution returned to filer		Date	Name of person from whom amount is received				Amount (\$)	
STEPHENVILLE, TX 76401 Purpose for which amount is received		06/30/2024	FIRST FINANCIAL BANK					\$60.32
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Purpose for which amount is received								
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			Purpose for which amount is received	ooliti	ical	contr	ibution returned to filer	
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T: Sch: 1/2 Rpt: 49/50	
2 FILER NAME					3 Filer ID (Ethics Commission Filers)	
Slawson, Shelby L. (The Honorable)					00083793	
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Lyft						
5 Contribution / Expenditure reported on:						
Schedule A2	Schedule B Schedule B(J) Schedule C2				Schedule D Schedule F1	
Schedule F2	X Schedule F4 Schedule G Schedule H Schedule COH-UC					
6 Dates of Travel	7 Name of person(s) traveling SLAWSON, SHELBY (Rep.)					
	8 Depart	B Departure city or name of departure location				
01/12/2024	DALL	DALLAS				
01/12/2024	9 Destination city or name of destination location NEW YORK CITY					
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)						
Commercial Automobile NRF CONFERENCE PANELIST						
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Lyft						
Contribution / Expenditure reported on:						
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1						
Schedule F2	느		Schedule G	=	<u> </u>	
Dates of Travel	Name of person(s) traveling SLAWSON, SHELBY (Rep.)					
01/14/2024	Departure city or name of departure location O24 NEW YORK CITY					
Destination city or name of destination location						
01/14/2024	NEW YORK CITY					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Commercial Automobile NRF CONFERENCE PANELIST						
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee						
Uber						
Contribution / Expenditure reported on:						
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
Schedule F2	X:	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	
Dates of Travel Name of person(s) traveling SLAWSON, SHELBY (Rep.)						
01/14/2024						
01/14/2024	Destination city or name of destination location NEW YORK CITY					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Commercial Aut		NRF CONFERENCE				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Uber 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 X Schedule F4 Schedule G Schedule H Schedule COH-UC Dates of Travel Name of person(s) traveling SLAWSON, SHELBY (Rep.) Departure city or name of departure location 01/14/2024 **NEW YORK CITY** Destination city or name of destination location 01/14/2024 **NEW YORK CITY** 11 Purpose of travel (including name of conference, seminar, or other event) NRF CONFERENCE Commercial Automobile Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Uber Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule F2 Dates of Travel Name of person(s) traveling