CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00083793	ssion Filers)	2 Total pages fi	led: 25
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE I	USE ONLY
OFFICEHOLDER NAME	The Honorable	Shelby L.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LACT		CUEFIX	10/07/2024	
	NICKNAME	LAST Slawson		SUFFIX	10/01/2024	
		Siawsuii				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	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);	APT	/ SUITE #; CITY	; STA	ATE; ZIP CODE
ADDRESS	3020 NW Loop					
(Residence or Business)						
,	Stephenville, TX 76401					
7 CAMPAICNI	AREA CODE PHON	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	mpaign treasurer
		_ countary belore		L	appointment (offi	ceholder only)
	July 15	8th day before 6	election	Exceeded modified	Final Report (Atta	ach C/OH-FR)
		_		reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	IROUGH	09/26/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)	l		12 OFFICE SOUGHT	C (if known)	
III OFFICE	State Representative Distr	ict 59		State Represent		
	State Representative Distr	101 33		State Represent	tative District 33	
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	Slawson, Shelby L. (The Honorable)	14 Filer ID (E 00083793	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.							
X Additional Pages	COMMITTEE TYPE COMMITTEE NAME							
	GENERAL	GENERAL TREPAC						
		COMMITTEE ADDRESS						
	X SPECIFIC	1115 San Jacinto Blvd						
		Ste 200						
		Austin, TX 78701						
		COMMITTEE CAMPAIGN TREASURER NAME						
		Cantu, Leslie						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
		PO Box 2246						
		Austin, TX 78768						
16 CONTRIBUTION	1. TOTAL UNITEM	I IZED POLITICAL CONTRIBUTIONS (OTHER THAI	N PLEDGES, LOANS,					
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00				
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 5,755.37				
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00				
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 12,672.51				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA PRIOD	AST DAY OF THE	\$ 165,814.20				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 116,000.00				
17 AFFIDAVIT	•			•				
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.						
		The Honora	able Shelby L. Slawso	on				
		Signature of	Candidate or Officehold	der				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
Sworn to and subso	cribed before me, by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.						
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath				

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH ADDENDUM

Page 3 of 25

			Fage 3 01 23
Slawson, Shelby L. (7	The Honorable)	Filer ID 00083793	(Ethics Commission Filers)
expenditures may have I	been made without the candidate's or officeholder's	knowledge or co	onsent. Candidates and
COMMITTEE TYPE	COMMITTEE NAME		
GENERAL	Texas Alliance for Life PAC		
	COMMITTEE ADDRESS		
X SPECIFIC	8000 Centre Park Drive		
	Suite 380		
	Austin, TX 78754		
	COMMITTEE CAMPAIGN TREASURER NAME		
	Shaw, James		
	COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
	4505 Corazon Cv		
	Round Rock, TX 78681		
	This box is for notice of expenditures may have lofficeholders are require	expenditures may have been made without the candidate's or officeholder's officeholders are required to report this information only if they receive notice committee they receive nor receive the receive notice committee they receive notice commit	This box is for notice of political expenditures by political committees to support the candid expenditures may have been made without the candidate's or officeholder's knowledge or confliceholders are required to report this information only if they receive notice of such expenditures are required to report this information only if they receive notice of such expenditures. COMMITTEE NAME Texas Alliance for Life PAC COMMITTEE ADDRESS 8000 Centre Park Drive Suite 380 Austin, TX 78754 COMMITTEE CAMPAIGN TREASURER NAME Shaw, James COMMITTEE CAMPAIGN TREASURER ADDRESS 4505 Corazon CV

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					4 of 25
_	ER NAM	(Ethi	cs Commission Filers)		
	HEDUL ME OF		SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,700.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	55.37
3.		\$			
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	10,919.40	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	1,753.11	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$		
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	
12	. X	\$	135.40		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/2 Rpt: 5/25
2	FILER NAME Slawson, Sh	elby L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083793
4	Date 08/16/2024	5 Full name of contributor out-of-state PAC (ID#:) CARRILLO, VICTOR 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$250.00
8	Principal occu	ROCKWALL, TX 75032 pation / Job title (See Instructions)	9 Employer (See Instructions)
	DIRECTOR		INTERNATIONAL LEAD	ERSHIP OF TEXAS
	Date 07/20/2024	Full name of contributor out-of-state PAC (ID#:_FRAZER, ANNE Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$200.00
		COPPERAS COVE, TX 76522		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
	Date 07/24/2024	Full name of contributor out-of-state PAC (ID#:_FRENCH, LARRY Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$50.00
	Dringing occur	GRANBURY, TX 76049	Employer (See Instructions	<u> </u>
	RETIRED	pation / Job title (See Instructions)	Employer (See Instructions)
	Date Full name of contributor out-of-state PAC (ID#:) 08/30/2024 FRENCH, LARRY Contributor address; City; State; Zip Code GRANBURY, TX 76049)	Amount of Contribution (\$) \$100.00
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_ GERMANIA FARM MUTUAL Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	JLE A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 6/25	
2	FILER NAME Slawson, Sh	elby L. (The Honorable)		3	Filer ID (Ethics Commiss 00083793	sion Filers)
4	Date 07/24/2024	Full name of contributor	7	Amount of Contribution (\$)	\$1,000.00	
		AUSTIN, TX 78731				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions LOEWY LAW FIRM	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/05/2024 PACK, SAM Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00
		DALLAS, TX 75248				
	Principal occu AUTO DEAL	pation / Job title (See Instructions) ER	5)			
	Date Full name of contributor out-of-state PAC (ID#:		:)		Amount of Contribution (\$)	\$100.00
		Granbury, TX 76049				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s) 		
	Date 09/16/2024	Full name of contributor	±)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 7/25						
2 FILER NAME Slawson, Sh	nelby L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083793						
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$					
5 Date 07/24/2024	7 Contributor address; City; State; Zip Code		8 Amount of 9 In-kind contribution contribution (\$) description \$4.10 WINRED SWIPE FEE					
10 Principal occu	GRANBURY, TX 76049 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)					
RETIRED	apation 7 300 title (1 OK NON 3001CIAE)	RETIRED	JODICIAL) (ess mendadone)					
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	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date 07/24/2024	Full name of contributor out-of-state PAC (ID#: FRENCH, LARRY Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$4.10 WINRED SWIP FEE					
	GRANBURY, TX 76049		Check if travel outside of Texas. Complete Schedule T.					
Principal occu RETIRED	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON RETIRED	-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 contributo	or's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date 08/30/2024	Full name of contributor		Amount of I In-kind contribution contribution (\$) description \$4.10 I WINRED SWIP FEE					
	Contributor address; City; State; Zip Code							
	GRANBURY, TX 76049		Check if travel outside of Texas. Complete Schedule T.					
Principal occu RETIRED	upation / Job title (FOR NON-JUDICIAL) (See instructions)	-JUDICIAL) (See instructions)						
Contributor's	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	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1						

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 8/25 3 Filer ID (Ethics Commission Filers) FILER NAME Slawson, Shelby L. (The Honorable) 00083793 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 07/24/2024 LOEWY, ADAM \$41.02 WINRED SWIPE FEE 7 Contributor address; City; State; Zip Code AUSTIN, TX 78731 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) **ATTORNEY** LOEWY LAW FIRM 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 07/24/2024 Sutton, Ron \$2.05 WINRED SWIP FEE Contributor address; City; State; Zip Code Granbury, TX 76049 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) Employer (FOR NON-JUDICIAL) Retired Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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 Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/10 Rpt: 9/25	Slawson, Shelby L. (The Honorable)	00083793
4 Date	5 Payee name	<u> </u>
09/26/2024	Campus Condos	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$1,707.99	2906 San Gabriel St, Ste B	
	Austin, TX 78705	
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.
		Check if Austin, TX, officeholder living expense security deposit - officeholder Austin living expense
		coounty doposit officerious / tasair itving expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/C		
Date	Payee name	
09/17/2024	Capitol Grill	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$5.95	1400 Congress	
	Austin, TX 78701	
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.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		member food/bev
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/C		office field
Data	T. Davida nama	
Date 08/31/2024	Payee name Citibank	
		ada
Amount (\$) \$445.27	Payee address; City; State; Zip Co	oue
Ψ443.21	FO BOX 70043	
	Phoenix, AZ 85062	
PURPOSE	·	142
PURPOSE OF	(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.
EXPENDITURE	Credit Card Fayinent	Check if Austin, TX, officeholder living expense
		cc payment Aug
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou	ught Office held
experiorare to benefit C/C		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense nmittee Legal Services		ense ges/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
		_	The Instruction Guide explains he	ow to com	plete this form.			
1	Total pages Schedule F1: Sch: 2/10 Rpt: 10/25	2	FILER NAME Slawson, Shelby L. (The Honorable)			3	Filer ID 00083793	(Ethics Commission Filers)
_	<u> </u>	Ļ.					00003793	
4		5	Payee name					
	09/26/2024	╙	Citibank					
6	Amount (\$)	7	, , , , , , , , , , , , , , , , , , , ,	Zip Cod	е			
	\$1,307.84		PO Box 78045					
			Phoenix, AZ 85062					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule) (b) Description			
	OF EXPENDITURE	` `	Credit Card Payment	uuic)		vel outs	side of Texas. Com	plete Schedule T.
	EXPENDITURE		•		ш		K, officeholder living	expense
					cc paymen	t Se _l	ot	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Of	ffice soug	ht		Office he	eld
	Date		Payee name					
	09/23/2024		Cold Smoke Crafthouse					
	Amount (\$)	Г	Payee address; City; State;	Zip Cod	e			
	\$140.72		2810 W Washington					
			Stephenville, TX 76401					
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule) (b) Description			
	OF EXPENDITURE		Food/Beverage Expense		=		side of Texas. Com	
					ш		K, officeholder living for office	expense
					coffee supp	JIIES	ioi onice	
	Complete ONLY if direct	\perp	Candidate/Officeholder name Of	ffice soug	ht		Office he	nld
	expenditure to benefit C/OI		andidate/Officerolder frame	nice soug	111		Office fie	au
	Date	Τ	Payee name					
	07/12/2024		Coryell County Republican Women					
	Amount (\$)	┢		Zip Cod	Δ			
	\$103.60		912 Wanda St	Zip Cou	e			
	Ψ103.00		312 Wallaa St					
			Copperas Cove, TX 76522					
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule) (b) Description			
	OF EXPENDITURE		Fees				side of Texas. Com <pre></pre> , officeholder living	
							ıblican dinneı	
					uonoto ioi i	СРС		
	Complete ONLY if direct	Щ	Candidate/Officeholder name Of	ffice soug	ht		Office he	ald.
	expenditure to benefit C/OI		or and a control of the control of t	mee soug			Jilloc He	

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	comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAME		3		Filer ID	(Ethics Commission Filers)
	Sch: 3/10 Rpt: 11/25		Slawson, Shelby L. (The Honorable)				00083793	
4	Date	5	Payee name		<u> </u>			
	07/28/2024		Coryell County Republican Women					
6	Amount (\$)	7	Payee address; City; State; Zip	Code				
	\$200.00		912 Wanda St					
			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 outs			
	LXI ENDITORE		Candidate/Officeholder/Political Committee		Check if Austin, TX			expense
					donation & sign	ıs		
_	Complete ONLY if direct	<u> </u>	Condidate/Officeholder name Office	- Land	•		Office he	ald.
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office s	sougni	L		Office he	eiu
		_						
	Date		Payee name					
	07/28/2024	L	Coryell County Republican Women					
	Amount (\$)		Payee address; City; State; Zip	Code				
	\$50.00		912 Wanda St					
			Copperas Cove, TX 76522					
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b) Description			
	EXPENDITURE		Fees		Check if travel outs Check if Austin, TX			
					donation dinner		omeenoider iiving	гехрепас
	Complete ONLY if direct	_	Candidate/Officeholder name Office s	ough	t		Office he	eld
	expenditure to benefit C/O	Н						
	Date	Π	Payee name					
	07/01/2024		Fraser, Meredith					
	Amount (\$)	┢	Payee address; City; State; Zip	Code				
	\$200.00		5122 Largo	Couc				
	,		 - 					
			Granbury, TX 76049					
	DUDDOCE	(0)	•	/h	N December			
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(0)	Description Check if travel outs	sid	le of Texas. Com	plete Schedule T.
	EXPENDITURE		Salanes/Wages/Contract Labor		Check if Austin, TX			
					Staff salary			
		L						
	Complete ONLY if direct		Candidate/Officeholder name Office s	ough	t		Office he	eld
	expenditure to benefit C/OI	н						

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/10 Rpt: 12/25	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	08/01/2024	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
F	Date	Payee name
	09/01/2024	Fraser, Meredith
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	5122 Largo
		Granbury, TX 76049
Г	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
		Stan salary
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/06/2024	Globe Life Concessions
H	Amount (\$)	Payee address; City; State; Zip Code
	\$54.19	734 Stadium Dr
		Arlington, TX 76011
H	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 member/staff food
		membensian rood
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 5/10 Rpt: 13/25	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	07/02/2024	Hill Country Springs
6	Amount (\$) \$10.83	7 Payee address; City; State; Zip Code PO Box 2220
		Manchaca, TX 78652
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office water service
		Office water service
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	08/02/2024	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
	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 Scr vice
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/04/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.82	PO Box 2220
		Manchaca, TX 78652
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office water service
		Office water service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Finding Expense
Salarise/Mange/Contract Labor

	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: 6/10 Rpt: 14/25	Slawson, Shelby L. (The Honorable) 00083793					
4	Date	5 Payee name					
	07/01/2024	Hotze, Theresa					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$200.00	1000 San Marcos St					
		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					
	Stan Salary						
Ļ	Computate ONLY if diseast	Candidate/Officeholder name Office sought Office held					
9	Complete ONLY if direct expenditure to benefit C/OI						
	· 						
	Date	Payee name					
	08/01/2024	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					
		Stan salat y					
_	Computate ONLY if diseast	Candidate/Officeholder name Office sought Office held					
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·					
	·						
	Date	Payee name					
	09/01/2024	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 expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	experience to beliefft C/OI	•					
ı							

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

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

	Candidate/Officenolder/Political Committee Legal Services Salanes/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 7/10 Rpt: 15/25	Slawson, Shelby L. (The Honorable)		00083793		
4	Date	5 Payee name		•		
	08/02/2024	Hyatt				
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le			
	\$122.34	721 Congress				
		Austin, TX 78701				
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 Austin hotel		
				Additi Hotel		
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held		
J	expenditure to benefit C/O		,,,,,	Cinec Hold		
	Date	Payee name				
	09/06/2024	Live! By Loews				
	·					
Amount (\$) Payee address; City; State; Zip Code \$541.20 1600 E Randol Mill						
	Ψ541.20	1.20 1000 E Randon Willi				
		Arlington, TX 76011				
	DUDDOCE	-	(h)			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(D)	Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense		
				member pitch event - staff lodging		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht	Office held		
	experiditure to benefit C/O	7				
	Date	Payee name				
	09/06/2024	Live! By Loews				
	Amount (\$)	Payee address; City; State; Zip Cod	le			
	\$49.80	1600 E Randol Mill				
		Arlington, TX 76011				
	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 staff parking fees for event		
				p		
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held		
	expenditure to benefit C/O					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:				
	Sch: 8/10 Rpt: 16/25	Slawson, Shelby L. (The Honorable) 00083793			
4	Date	5 Payee name			
	07/01/2024	Sellers, Celia			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$200.00	173 PR 305 Ln			
		Gatesville, TX 76528			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Salaries/Wages/Contract Labor			
		Staff salary			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
_	Date	Payee name			
	08/01/2024	Sellers, Celia			
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 173 PR 305 Ln			
	\$200.00	173 PR 305 LII			
		Gatesville, TX 76528			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Salaries/Wages/Contract Labor			
		Staff salary			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
-	Date	Davos nama			
	09/01/2024	Payee name Sellers, Celia			
	Amount (\$)	Payee address; City; State; Zip Code 173 PR 305 Ln			
	\$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 Labor			
		Staff salary			
		J. G.			
	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 Committe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 9/10 Rpt: 17/25	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	09/18/2024	Signs Express +
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,187.96	PO Box 1292
		Stephenville, TX 76401
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign signs
		Gampaigh dight
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Data	
	Date	Payee name
	09/15/2024	Texas Federation of Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 171146
		Austin, TX 78717
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		donation
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	D :	
	Date	Payee name
	09/06/2024	Texas Live Arena
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.29	1650 E Randol Mill
		Arlington, TX 76011
	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 food/beverage
		Stall lood/beverage
	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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	· 	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 10/10 Rpt: 18/25	Slawson, Shelby L. (The Honorable)	00083793
4	Date	5 Payee name	
	09/06/2024	Texas Rangers	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$595.77	MLB.com	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Adjustes TV 70011	
		Arlington, TX 76011	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1000	outside of Texas. Complete Schedule T.
		,	n, TX, officeholder living expense h - guest tickets
		member pite	n guest tiekets
_	0 1: 0 1: 0		0.00
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	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 ti	his form.			
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Fi			sion Filers)	
	Sch: 1/6 Rpt: 19/25	Slawson, Shelby L.	(The Honorable)	00083793				
4	CREDIT CARD ISSUER		ncial institution bank	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$88.48	(b) Date of Charge 08/11/2024	(c) Date(s) 08/31/202	Credit Card Issuer 24	Paid		
7	PAYEE	(a) Payee name American Airlines		(b) Payee a	<i>v</i> Dr	City,	State,	Zip Code
L		() 5 .			h, TX 76155			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip staff trave	tion el for officeholder	event		
	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 Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$140.05	(b) Date of Charge 08/15/2024	(c) Date(s) 08/31/202	Credit Card Issuer 24	Paid		
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		Hyatt		721 Cong				
L				Austin, T				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
H	Complete ONLY if direct	Candidate/Officeholder	·	ce sought Office held				
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$22.27	(b) Date of Charge 08/15/2024	(c) Date(s) 08/31/202	Credit Card Issuer 24	[*] Paid		
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		Chipotle		801 Cong	ress			
L				Austin, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Descrip				
	X Political	<u> </u>						
L	Non-Political	`	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	r 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 this form.				
1 Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 2/6 Rpt: 20/25	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 \$194.47	(b) Date of Charge 08/24/2024	(c) Date(s) Credit Card Issue 08/31/2024	er Paid			
7 PAYEE	(a) Payee name American Airlines		(b) Payee address; 1 Skyview Dr Fort Worth, TX 76155	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 staff travel for officeholde	er event			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$180.40	(b) Date of Charge 09/06/2024	(c) Date(s) Credit Card Issue 09/26/2024	er Paid			
PAYEE	AYEE (a) Payee name (b) Payee address; 1600 E Randol Mill Live! By Loews Arlington, TX 76011		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 member pitch event - member lodging				
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 Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$29.99	(b) Date of Charge 09/07/2024	(c) Date(s) Credit Card Issue 09/26/2024	er Paid			
PAYEE	(a) Payee name Arlington Convention	on Center	(b) Payee address; 1551 E Randol Mill Arlington, TX 76011	City, State, Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description event parking				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>L</u>	, officeholder living expense			
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 F	4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 3/6 Rpt: 21/25	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 \$18.16	(b) Date of Charge 09/09/2024	(c) Date(s) Credit Card Issue 09/26/2024	er Paid			
7 PAYEE	(a) Payee name Chipotle		(b) Payee address; 801 Congress	City,	State,	Zip Code	
	(a) Catagoni		Austin, TX 78701				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description member meal				
Non-Political	(1)	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense		
9 Complete ONLY if direct		r name Offic	e sought	Office held			
expenditure to benefit C/0	DH						
PAYMENT	(a) Amount Charged \$188.19	(b) Date of Charge 09/10/2024	(c) Date(s) Credit Card Issue 09/26/2024	er Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Hyatt		721 Congress				
			Austin, TX 78701				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Austin hotel member trav	el			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living ext	nense		
Complete ONLY if direct		<u> </u>	Check if Austin, TX, officeholder living expense Ce sought Office held				
expenditure to benefit C/0	·						
PAYMENT	(a) Amount Charged \$188.19	(b) Date of Charge 09/17/2024	(c) Date(s) Credit Card Issue 09/26/2024	er Paid			
PAYEE	(a) Payee name Hyatt	'	(b) Payee address; 721 Congress Austin, TX 78701	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 Austin hotel member travel				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		r 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 (Ethics Commission Filers)			
Sch: 4/6 Rpt: 22/25	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 \$14.87	(b) Date of Charge 09/17/2024	(c) Date(s) Credit Card Issuer 09/26/2024	r Paid			
7 PAYEE	(a) Payee name Sweetwaters		(b) Payee address; 316 W 12th	City,	State,	Zip Code	
	() 0 :		Austin, TX 78701				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description coffee with member				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$24.37	(b) Date of Charge 09/19/2024	(c) Date(s) Credit Card Issuer 09/26/2024	r Paid			
PAYEE	(a) Payee name Juliet Italian		(b) Payee address; 1500 Barton Springs Austin, TX 78704	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description lunch with members				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$10.99	(b) Date of Charge 09/19/2024	(c) Date(s) Credit Card Issue 09/26/2024	r Paid			
PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market St 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 Austin transportation				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY 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	is form.		The Instruction Guide explains how to complete this form.						
1	1 Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission File				sion Filers)					
	Sch: 5/6 Rpt: 23/25	Slawson, Shelby L.	(The Honorable)	00083793		00083793							
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED ITURES D TO A CREDIT	\$							
6	PAYMENT	(a) Amount Charged \$10.99	(b) Date of Charge 09/19/2024	(c) Date(s) C 09/26/2024	Credit Card Issuer 4	Paid							
7	PAYEE	(a) Payee name Uber		(b) Payee ac		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 expe	ense						
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder	name Office	e sought		Office held							
	PAYMENT	(a) Amount Charged \$342.53	(b) Date of Charge 09/24/2024	(c) Date(s) C 09/26/2024	Credit Card Issuer 4	Paid							
	PAYEE	(a) Payee name Roaring Fork		(b) Payee ac 701 Congre Austin, TX	ess Ave	City,	State,	Zip Code					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description dinner with									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense									
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held							
	PAYMENT	(a) Amount Charged \$199.16	(b) Date of Charge 09/24/2024	(c) Date(s) C 09/26/2024	Credit Card Issuer 4	Paid							
	PAYEE	(a) Payee name Embassy Suites		(b) Payee ac 5901 N IH Austin, TX	35	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 Austin hote	on el member trave	el							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense									
e	Complete ONLY if direct expenditure to benefit C/OH												

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	r - Gift/Awards	rage Expense I s/Memorials Expense I	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	-	uction Guide explains ho		,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 6/6 Rpt: 24/25	Slawson, Shelby L.	(The Honorable)		00083793
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITE EXPENDITURES CHARGED TO A C	 \$
6 PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 09/24/2024	(c) Date(s) Credit Ca 09/26/2024	rd Issuer Paid
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Campus Condos		2906 San Gabriel S	St, Ste B
8 PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE (See Categories listed at the top of this schedule)		application fee ses	ssion housing	
X Political	Fees			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T	. X Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	Office held
expenditure to benefit C/OH				

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 25/25 2 FILER NAME Filer ID (Ethics Commission Filers) Slawson, Shelby L. (The Honorable) 00083793 8 Amount (\$) Date 5 Name of person from whom amount is received 08/01/2024 FIRST FINANCIAL BANK \$65.28 6 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** Amount (\$) Date Name of person from whom amount is received 08/31/2024 FIRST FINANCIAL BANK \$70.12 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**