# 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 Commi 00083793		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Shelby L.			Date Received  ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	10/28/2024	
		Slawson		301111		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 286				Receipt #	Amount
Change of Address	Stephenville, TX 76401					
	Ctoprionville, 170 101				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<del></del>	
TREASURER NAME	Mr.	Gary				
	NICKNAME	LAST		SUFFIX		
		Sult				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX DI EVSE).	ΛD <sup>-</sup>	Γ / SUITE #; CITY	′; STA	TE; ZIP CODE
TREASURER ADDRESS	3020 NW Loop	BOXT ELAGE),	Ai	17 30HE #, CHT	, 317	TIE, ZII CODE
(Residence or Business)	Stephenville, TX 76401					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(254) 965-7321	E NOMBER E	ZYLNSION			
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after can appointment (office	npaign treasurer
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	09/27/2024	TH	IROUGH	10/26/20		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pı	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
44 055105	OFFICE HELP ("			40 055105 0011511	T (#1	
11 OFFICE	OFFICE HELD (if any) State Representative Distr	ict 50		12 OFFICE SOUGH	i (if known) ntative District 59	
	State Representative Distr	ict 59		State Represer	itative district 59	
	•					
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 26

13 C / OH NAME	<b>14</b> Filer ID 00083793	(Ethics Con	nmission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures ma	cepted or political expenditu y have been made without t red to report this information	the candidate's or offic	eholder's kn	owledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
, tadasina i agos	GENERAL	Texas Alliance for L	ife PAC				
		COMMITTEE ADDRES	SS				
	X SPECIFIC	8000 Centre Park D	rive				
		Suite 380					
		Austin, TX 78754					
		COMMITTEE CAMPA	IGN TREASURER NAME				
	Shaw, James						
		COMMITTEE CAMPA	IGN TREASURER ADDRES	SS			
		4505 Corazon Cv					
		Round Rock, TX 78	681				
1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)							
	\$	56,180.74					
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS						0.00	
	4. TOTAL POLITIC	AL EXPENDITURES			\$	37,179.19	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE LA	AST DAY OF THE	\$	199,684.07	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	116,000.00	
17 AFFIDAVIT		true	vear, or affirm, under penalty and correct and includes al ler Title 15, Election Code.				
			The Honora	able Shelby L. Slaw	son		
			Signature of	Candidate or Officeho	older		
AFFIX NO	TARY STAMP / SEAL ABO	OVE					
Sworn to and subs	cribed before me, by the s	aid		, this the		day	
of	, 20, to ce	ertify which, witness my	hand and seal of office.				
Signature of offi	cer administering	Printed name of o	fficer administering	Title of office	er administer	ing oath	

## **SUBTOTALS - C/OH**

## FORM COH **COVER SHEET PG 3**

					3 of 26
	ER NAM	ME Shelby L. (The Honorable)	<b>19</b> Filer ID 00083793	(Ethio	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	56,153.00
2.	Х	\$	27.74		
3.		\$			
4.		\$			
5.	Х	\$	22,342.05		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	14,837.14
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	Х	\$	58.92		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/26			
2	FILER NAME Slawson, Sh	elby L. (The Honorable)			3	Filer ID (Ethics Commission 00083793	on Filers)		
4	Date 10/15/2024	<ul> <li>Full name of contributor  out-of-state P Bresnan, Steve &amp; Amy</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$500.00		
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9	Employer (See Instructions	)				
	Date 10/21/2024	Full name of contributor out-of-state P Chang, April Contributor address; City; State; Zip Code San Antonio, TX 78258	PAC (ID#:	Bresnan Assoc		Amount of Contribution (\$)	\$500.00		
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions	)				
	Date 10/04/2024	Full name of contributor out-of-state P Charter Communications PAC  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	)				
	Date 10/17/2024	Full name of contributor out-of-state P Clary, Dickie Contributor address; City; State; Zip Code  Evant, TX 76525	PAC (ID#:	)		Amount of Contribution (\$)	\$400.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Hamilton County	)				
	Date 10/15/2024	Full name of contributor x out-of-state P Comcast & NBC Universal Contributor address; City; State; Zip Code Philadelphia, PA 19103	1 PAC (ID#: <u>C00</u>	248716		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)				
			•						

	MONET	ARY POLITICAL (	ONS	SCHEDULE A1			
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/26	
2	FILER NAME Slawson, Sh	elby L. (The Honorable)			3	Filer ID (Ethics Commission 00083793	on Filers)
4	Date 10/15/2024	<ul><li>5 Full name of contributor Cross Oak Group</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instruction	5)	9 Employer (See Instructions	() 		
	Date 10/17/2024	Full name of contributor  Drennan, Gwen  Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Evant, TX 76525 pation / Job title (See Instruction:	s)	Employer (See Instructions	   		
	retired		,	retired			
	Date 10/17/2024	Full name of contributor  Dulany, Gary  Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code	)		Amount of Contribution (\$)	\$133.00
	Principal occu	Evant, TX 76525 pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u> 5)		
	Date 10/15/2024	Full name of contributor Empact  Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u> 5)		
	Date 10/17/2024	Full name of contributor Fleming, Gary Contributor address; City; S Evant, TX 76525	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instruction:	5)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CO	S		SCHEDUI	E A1	
	The Instru	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/26	
2	FILER NAME Slawson, Sh	elby L. (The Honorable)			3	Filer ID (Ethics Commission 00083793	on Filers)
4	Date 10/10/2024	<ul><li>5 Full name of contributor French, Larry</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:e; Zip Code	)	7	Amount of Contribution (\$)	\$50.00
		Granbury, TX 76049					
8	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
	Date 10/15/2024	Full name of contributor Hillco Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Dringing agg	Austin, TX 78701		Employer (Coo Instructions			
	Pilicipai occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/15/2024	Full name of contributor Independent Insurance Ager Contributor address; City; State		)		Amount of Contribution (\$)	\$750.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/17/2024	Full name of contributor Ivey, Marsha Contributor address; City; State Evant, TX 76525		)		Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/15/2024	Full name of contributor Kelley, Rusty Contributor address; City; State Austin, TX 78701	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu owner	pation / Job title (See Instructions)		Employer (See Instructions Blackridge	)		
			•				

	MONET	ARY POLITICAL (	S		SCHEDUI	E A1		
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/26	
2	FILER NAME Slawson, Sh	elby L. (The Honorable)				3	Filer ID (Ethics Commission 00083793	on Filers)
4	Date 10/18/2024	<ul><li>5 Full name of contributor Koebele, Steve</li><li>6 Contributor address; City; Step 1</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$500.00
_	Deignigal	Austin, TX 78701		_	Franks or (Cook batterations			
8	attorney	pation / Job title (See Instructions	5)	9	Employer (See Instructions self	5)		
	Date 10/17/2024	Full name of contributor Looney, Charlotte Contributor address; City; S			)		Amount of Contribution (\$)	\$500.00
	Principal occu	Evant, TX 76525 pation / Job title (See Instructions	;)		Employer (See Instructions	s)		
	retired		,			,		
	Date 10/17/2024	Full name of contributor Marwitz, Scott & Beverly Contributor address; City; S	out-of-state PAC (ID#:_ cate; Zip Code		)	•	Amount of Contribution (\$)	\$1,000.00
		Evant, TX 76525						
	Principal occu Owner	pation / Job title (See Instructions	5)		Employer (See Instructions M&W Ag Supply	5)		
	Date 10/17/2024	Full name of contributor Matthews, Mason Contributor address; City; S Gatesville, TX 76528	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$100.00
	Principal occu loan officers	pation / Job title (See Instructions	5)		Employer (See Instructions First National Bank	5)		
	Date 10/17/2024	Full name of contributor McGilvray, Floyd Contributor address; City; Si Hamilton, TX 76531					Amount of Contribution (\$)	\$200.00
	Principal occu retired	pation / Job title (See Instructions	s)		Employer (See Instructions	5)		
			'					

	MONET	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/26			
2	FILER NAME Slawson, Sh	elby L. (The Honorable)				3	Filer ID (Ethics Commission 00083793	on Filers)		
4	Date 10/17/2024	<ul><li>5 Full name of contributor Meis, Chris</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: tte; Zip Code			7	Amount of Contribution (\$)	\$1,000.00		
_	Daine in all a con-	Evant, TX 76525	In .		Foundation (On a landous time)	<u></u>				
8	rancher	pation / Job title (See Instructions)	9		Employer (See Instructions self	5)				
	Date 10/15/2024	Full name of contributor  Meyers, Lucas  Contributor address; City; Sta			)		Amount of Contribution (\$)	\$250.00		
	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)			Employer (See Instructions	<u>)                                    </u>				
	consultant	pation / cos title (cos mondottorio)			Governmental Affairs	,				
	Date 10/18/2024	Full name of contributor Oncor Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		)		Amount of Contribution (\$)	\$2,500.00		
		Dallas, TX 75202								
	Principal occu	pation / Job title (See Instructions)		E	Employer (See Instructions	5)				
	Date 10/14/2024	Full name of contributor Pack, Sam Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code				Amount of Contribution (\$)	\$2,500.00		
	Principal occu auto dealer	pation / Job title (See Instructions)			Employer (See Instructions self	<u>(</u>				
	Date 10/17/2024	Full name of contributor Smits, Peter Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00		
	Principal occu retired	pation / Job title (See Instructions)		I	Employer (See Instructions	5)				
			,							

	MONET	ARY POLITICAL CONTRIBUTIO	IS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/26
2	FILER NAME Slawson, Sh	elby L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083793
4	Date 10/17/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$) \$500.00
		Oglesby, TX 76561				
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions First National Bank	s)	
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:_ Tenaska Employees Texas PAC Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$500.00
	Principal occu	Omaha, NE 68154 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>	
	Fillicipal occu	pation / Job title (See Instructions)		Employer (See instructions	·)	
	Date 10/16/2024	Full name of contributor		)		Amount of Contribution (\$) \$20,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)	
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_ Texas & Southwestern Cattle Raisers Assoc Contributor address; City; State; Zip Code  Fort Worth, TX 76185		)	•	Amount of Contribution (\$) \$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Agricultural Aviation Assoc Contributor address; City; State; Zip Code  Austin, TX 78701	••••	)		Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/26		
2	FILER NAME Slawson, Sh	elby L. (The Honorable)		3	Filer ID (Ethics Commission 00083793	on Filers)	
4	Date 10/16/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00	
_		Austin, TX 78702					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<b>(</b> )			
	Date 10/15/2024	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>			
	i iliopai occa		Employer (eee med deterne	,			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Chiropractic Assoc  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Court Reporters Assoc  Contributor address; City; State; Zip Code  Athens, TX 75751	)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 10/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Farm Bureau AgFund Contributor address; City; State; Zip Code Waco, TX 76702	)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()			

	MONET	ARY POLITICAL CONTR	S	SCHEDULE A1			
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/26	
2	FILER NAME Slawson, Sh	elby L. (The Honorable)			3	Filer ID (Ethics Commission 00083793	on Filers)
4	Date 10/15/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$2,000.00
_	Deinsinal	Austin, TX 78701	- Ia	Farada a (Cara la decentia a			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 10/17/2024	Vandiver, Everett	tate PAC (ID#:	)		Amount of Contribution (\$)	\$120.00
		Hamilton, TX 76531					
	retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/15/2024	Full name of contributor out-of-s Verizon Communications  Contributor address; City; State; Zip Co	tate PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/17/2024	Vernon, McCann	tate PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu owner	pation / Job title (See Instructions)		Employer (See Instructions McCannic Shop	)		
	Date 10/17/2024	Full name of contributor out-of-s Wilkerson, Ray & Karen Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
	Principal occu self	pation / Job title (See Instructions)		Employer (See Instructions self	)		
			'				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 9/9 Rpt: 12/26
2	FILER NAME Slawson, Sh	nelby L. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00083793
4	10/17/2024 Williams, Roland  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00	
8		Houston, TX 77024 spation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Date 10/17/2024	Full name of contributor out-of-state PAC (ID#:_Winters, Carter  Contributor address; City; State; Zip Code  Hamilton, TX 76531	Post Oak Bank		Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions self	<u>l</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: 13/26
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Slawson, Sh	nelby L. (The Honorable)		00083793
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 10/10/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		8 Amount of some contribution (\$)   9 In-kind contribution contribution (\$)   description   \$2.05   Winred swipe fee
	Granbury, TX 76049	145 (500)00	Check if travel outside of Texas. Complete Schedule T.
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON Retired	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 contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
10 ii contributor	is a clinia, law little of parchi(s) (if arry) (if of Coolicial)		
Date 10/18/2024	Full name of contributor out-of-state PAC (ID#: Koebele, Steve Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description  \$20.51   Winred swipe fee
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
attorney		self	
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	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	
Date 10/04/2024	Full name of contributor out-of-state PAC (ID#: Texas Farm Bureau AgFund Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description  \$5.18   website endorsement
	Waco, TX 76702		I I Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	•
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	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	

#### 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			Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filer	rs)
L	Sch: 1/7 Rpt: 14/26	L	Slawson, Sl	nelby L. (The Ho	norable)					00083793		
4	Date	5	Payee name									
	09/30/2024		Ben Bumga	rner Campaign								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					
	\$1,000.00		2201 Spinks	Rd Ste 250								
L		L	Flower Mou	nd, TX 75022								
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma		•		므		de of Texas. Com		
			Candidate/C	Officeholder/Polit	icai Comm	ittee		#TexasHouse		officeholder living ads donatio		
									0		•	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/O											
Г	Date		Payee name									
	10/15/2024		Campus Co	ndos / HOA								
	Amount (\$)	Г	Payee addres	ss; City;	State;	Zip Co	ode					
\$100.00 2906 San Gabriel St, Ste B												
			Austin, TX 7	'8705								
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Exp				=		de of Texas. Com		
	-							Officeholder		officeholder living stin rental ex		
								Cinceriolael /	· tus	mi iciilai Cx	porioc	
$\vdash$	Complete ONLY if direct		Candidate/Offic	ceholder name	0	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI						J					
-	Date		Payee name									
	09/27/2024		Campus Co	ndos								
	Amount (\$)		Payee addres		State:	Zip Co	ode					
	\$2,102.49		•	abriel St, Ste B		, 3,	-					
	. ,			,								
			Austin, TX 7	'8705								
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	^		nead/Rental Exp		,		Check if travel		de of Texas. Com		
	LAFLINDITORE									officeholder living		
								Officeholder /	AUS	sun rental ex	heuse	
	Complete ONLY if direct	<u> </u>	`andidate/Offic	ceholder name	0	Office sou	laht			Office he	-id	
	expenditure to benefit C/O		Januale/OIII	ocholaci fiallic	C	c 30L	agrit			Office He	JIG.	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 2/7 Rpt: 15/26	2 FILER NAME Slawson, Shelby L. (The Honorable) 3 Filer ID (Ethics Commission Filers 00083793
4	Date 09/30/2024	5 Payee name Caroline Harris Davila Campaign
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 700
8	PURPOSE OF EXPENDITURE	Round Rock, TX 78680  (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 #TexasHouseLeads donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date 10/09/2024	Payee name Citibank
	Amount (\$) \$570.60	Payee address; City; State; Zip Code PO Box 78045  Phoenix, AZ 85062
	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  cc payment Oct
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/19/2024	Payee name Citibank
	Amount (\$) \$14,266.54	Payee address; City; State; Zip Code PO Box 78045
		Phoenix, AZ 85062
	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  CC payment Oct
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/7 Rpt: 16/26	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	09/30/2024	Don McLaughlin Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 1707
		Uvalde, TX 78802
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		#TEXASTIOUSELEAUS UOTIALIOTI
_	Complete CNU V 'C "	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	09/28/2024	Erath County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	PO Box 1079
		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
		uonation - ny ana signs
	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
	Date	Payee name
L	10/14/2024	Flower Child
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.14	500 W 2nd St
		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.
		Check if Austin, TX, officeholder living expense
		new staff lunch
_	Operation ONE V. C. F.	Ora didata (Office hadden grown
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	•

## SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contr The Instruction Guide explains how to complete th	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
_	Sch: 4/7 Rpt: 17/26	Slawson, Shelby L. (The Honorable)	00083793
4	Date	5 Payee name	<u>'</u>
-	10/01/2024	Fraser, Meredith	
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 5122 Largo Granbury, TX 76049	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	crintion
•	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  ff salary
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/16/2024	Galaxy Caf	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$64.91	1000 West Lynn	
		Austin, TX 78703	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	cription
	OF EXPENDITURE	1 Sour Develage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ch with staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/02/2024	Hill Country Springs	
	Amount (\$) \$9.82	Payee address; City; State; Zip Code PO Box 2220	
		Manchaca, TX 78652	
	PURPOSE OF EXPENDITURE	1 Sour Develage Expense	cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ce water service
	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 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 Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 5/7 Rpt: 18/26	Slawson, Shelby L. (The Honorable)  00083793
4	Date	5 Payee name
	10/01/2024	Hotze, Theresa
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 1000 San Marcos St  Austin, TX 78702
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 <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2024	Janie Lopez Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 2073
		San Benito, TX 78586
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		#TexasHouseLeads donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2024	Marc LaHood Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	127 Encino Blanco
		San Antonio, TX 78232
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		#TexasHouseLeads donation
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Com	mittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			xpens Vages	e /Contract Labor		Travel in District Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:	l								Filer ID	(Ethics Commission File	rs)
L	Sch: 6/7 Rpt: 19/26	L_:	Slawson, Sh	nelby L. (The Hond	orable)					00083793		
4	Date	5	Payee name									
	10/01/2024	;	Sellers, Celi	a								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$200.00	] :	173 PR 305	Ln								
		(	Gatesville, T	X 76528								
8	PURPOSE	(a) (	Category (Se	e Categories listed at the to	op of this sche	dule)	(b)	Description				
	OF EXPENDITURE			ges/Contract Labo		,		Check if travel of	outsio	de of Texas. Com	plete Schedule T.	
	LA LIBITORE							<b>—</b>	, TX,	officeholder living	g expense	
								Staff salary				
_	Complete ONLY if direct		andidata/Offi	coholdor nama		ffice co	ah+			Office h	ald	
9	Complete ONLY if direct expenditure to benefit C/Oh		anuiuale/Offic	ceholder name		ffice sou	igrit			Office n	eiu	
	Date		Payee name									
	09/30/2024	:	Steve Kinar	d Campaign								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$500.00		PO Box 260	464								
			Plano, TX 7	5026								
	PURPOSE	(a) (	Category <sub>(Se</sub>	e Categories listed at the to	op of this sche	dule)	(b)	Description				
	OF EXPENDITURE	(	Contribution	s/Donations Made	е Ву			<b>—</b>			plete Schedule T.	
	LA LIBITORE	(						n, TX, officeholder living expense eLeads donation				
								#Texashouse	er6	aus uuriatio	)(	
L	Complete ONLY if direct		andidate/Offic	ceholder name		ffice sou	aht			Office h	ald	
	expenditure to benefit C/O		anuuate/OIII	centituer Haitle	U	mee Sou	ıyııl			Onice n	ziu -	
$\vdash$	Data	_										
	Date	l	Payee name									
	10/15/2024		Winred									
	Amount (\$)	l	Payee addres		State;	Zip Co	ode					
	\$9.85	'	4250 Fairfax	Dr, Suite 600								
			Arlington, V	4 22203								
	PURPOSE OF	I		e Categories listed at the to	op of this sche	dule)	(b)	Description		J4T -	inlate Calcul I. T	
	EXPENDITURE		Fees					<b></b>		de of Texas. Com officeholder living	plete Schedule T. a expense	
								cc swipe fee	, ., .,		, - <sub>1</sub> ,	
								•				
	Complete ONLY if direct	C	andidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Mad Candidate/Officeholder/Pol		/ - al Co	mmittee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	nse	Polling Expense Printing Expense	e se s/Contract Labor		Travel in Distric	
	Credit Card Payment			The Instruction Guide	explains h	now to comple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAM	ΛE				3	Filer ID	(Ethics Commission Filers)
l	Sch: 7/7 Rpt: 20/26			Shelby L. (The Honor	able)			l	00083793	
┢	Date	5	Payee nam					<u> —</u>		
"	10/21/2024		Winred	le						
ᆫ		L								
6	Amount (\$)	7	Payee addr	•	State;	Zip Code				
l	\$19.70		4250 Fairf	ax Dr, Suite 600						
l										
l			Arlington,	VA 22203						
8	DUDDOCE	(0)				/b)	5	—		
l°	PURPOSE OF	(a)		(See Categories listed at the top	of this sche	edule) (D)	Description  Check if travel	oute	ido of Toyas, Con	nplete Schedule T.
l	EXPENDITURE		Fees				_		, officeholder livin	
l							cc swipe fee		,	<b>5</b>
l										
9	Complete ONLY if direct	<u> </u>	Candidata/O	fficeholder name		ffice cought		—	Office h	ald
ľ	Complete ONLY if direct expenditure to benefit C/OI		Candidate/O	fficeholder name	U	ffice sought			Office fi	eiu
l										
l										
l										
l										
l										

#### 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 (Ethic	cs Commiss	sion Filers)
Sch: 1/5 Rpt: 21/26	Slawson, Shelby L.	(The Honorable)			00083793		
4 CREDIT CARD ISSUER		ncial institution bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				
6 PAYMENT	(a) Amount Charged \$21.63	(b) Date of Charge 09/27/2024	(c) Date(s) C 10/09/2024	redit Card Issuer 1	Paid		
7 PAYEE	(a) Payee name Signup.com		(b) Payee ad Online		City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Description	e, TX 76401			
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		software se				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$162.29	(b) Date of Charge 09/29/2024	(c) Date(s) C 10/09/2024	redit Card Issuer 1	Paid		
PAYEE	Hyatt 7			ldress; ess 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.	Γ	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 \$11.40	(b) Date of Charge 09/30/2024	(c) Date(s) C 10/09/2024	redit Card Issuer 1	<sup>*</sup> Paid		
PAYEE	(a) Payee name  Capitol Caf		(b) Payee ad 1001 Cong Austin, TX	ress	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper	,	(b) Description coffee with				
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		

#### 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 th	is form.	(9-	,	,		
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
Sch: 2/5 Rpt: 22/26	Slawson, Shelby L.	(The Honorable)			00083793				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged \$14.23	(b) Date of Charge 10/02/2024	(c) Date(s) 0 10/09/202	Credit Card Issue 4	r Paid				
7 PAYEE	(a) Payee name Chipotle		(b) Payee at 801 Congr	ess	City,	State,	Zip Code		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descripti member m	on					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT	(a) Amount Charged \$177.19	(b) Date of Charge 10/01/2024	(c) Date(s) ( 10/09/202	Credit Card Issuel 4	Paid				
PAYEE	PAYEE (a) Payee name  Hyatt			(b) Payee address; City, State, Zip Code 721 Congress  Austin, TX 78701					
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT	(a) Amount Charged \$177.19	(b) Date of Charge 10/02/2024	(c) Date(s) ( 10/09/202	Credit Card Issuei 4	Paid				
PAYEE	(a) Payee name Hyatt		(b) Payee at 721 Congr	ress	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) Descripti Austin hote	on el member trave	el				
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	o sougiii		Office field				

#### 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 Comm	ission Filers)				
	Sch: 3/5 Rpt: 23/26	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 Issuer	Paid				
		\$6.67	10/04/2024	10/09/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code			
		Hyatt Regency		575 Hyatt Lost Pines					
				Lost Pines, TX 78612					
8				(b) Description coffee at Republican retre					
	X Political	Food/Beverage Expe		at					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense				
	•	Candidate/Officeholder	name Office	e sought	Office held				
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
		\$451.75	10/17/2024	10/19/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code			
		USPS		Online					
				Stephenville, TX 76401					
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
	EXPENDITURE	Office Overhead/Rent		campaign envelopes and postage					
	x Political								
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
е	xpenditure to benefit C/OH	( ) 1	L (1) D (1 C)	1() 5 : () 6   1; 6   1;	D.:I				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer 10/19/2024	Paid				
		\$308.07	10/10/2024	10/10/2021					
$\vdash$	PAYEE	(a) Payee name		(b) Payee address;	City, State	. Zip Code			
				2020 South AW Grimes S	• .	, ,			
		CORT Furniture Re	ental						
				Round Rock, TX 78664					
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	furniture rental member A	ustin apt				
	X Political								
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
е	xpenditure 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 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: 4/5 Rpt: 24/26	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				
	\$121.37	10/10/2024	10/19/2024					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State,	Zip Code			
	Allstate		online					
			Austin, TX 78701					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense insurance req for Austin fu			urniture rental				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX	, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	r 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				
	\$195.90	10/15/2024	10/19/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Omni Hotel		700 San Jacinto					
			Austin, TX 78701					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE  X Political	(See Categories listed at the top Travel Out of District	or this schedule)	Austin hotel member travel					
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	·	ce sought Office held					
expenditure to benefit C/OH			· ·					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$13,161.06	10/17/2024	10/19/2024					
	Ψ15,101.00	10/11/2024						
PAYEE	(a) Payee name	<u>†</u>	(b) Payee address;	City, State,	Zip Code			
			401 NE 46th	•				
	CAMP Political LLC		102112 3001					
			Oklahoma City, OK 7310	5				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	mailer					
X Political	/ Advertising Expense							
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	r name Offic	e sought	Office held				
expenditure to benefit C/OH	<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			rinting Expense alaries/Wages/Con		avel Out of District THER (enter a category	/ not listed al	oove)
	The Inst	ruction Guide explains hov	v to complete th	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 5/5 Rpt: 25/26	Slawson, Shelby L.			00083793			
4 CREDIT CARD	Name of financial institution see previous			5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT			
ISSUER							
			CARD				
6 PAYMENT	(a) Amount Charged (b) Date of Charge			(c) Date(s) Credit Card Issuer 10/19/2024			
	\$9.04	10/15/2024	10/19/202	-4			
7 DAVEE			4) =				
7 PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code
	Presidents House Coffee		700 San Jacinto				
			Auetin TX	Austin, TX 78701			
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		member coffee				
X Political	Food/Beverage Expe	nse					
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	Candidate/Officeholder	ce sought		Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		(c) Date(s) Credit Card Issuer Paid			
	\$19.35 10/15/2024		10/19/202	10/19/2024			
PAYEE	PAYEE (a) Payee name  Chipotle		(b) Payee a	ıddress;	City,	State,	Zip Code
			801 Congress				
	- Chilpotic		Austin TV 70701				
PURPOSE OF (a) Catagony			Austin, TX 78701 (b) Description				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		member meal				
X Political	Food/Beverage Expe						
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  Office sought			Check if Austin, 17,	Office held	ense	
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: 26/26 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Slawson, Shelby L. (The Honorable) 00083793 5 Name of person from whom amount is received 8 Amount (\$) 09/30/2024 FIRST FINANCIAL BANK \$58.92 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 Income