FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00067429 23 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Michelle M. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Slaughter CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 54 MAILING Amount Receipt # **ADDRESS** Change of Address League City, TX 77574 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Holly NAME NICKNAME LAST **SUFFIX** Rumbaugh STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 4923 Cross Creek Ln. **ADDRESS** (Residence or Business) League City, TX 77573 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 550-0492 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Criminal Appeals, Judge Place 8

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 23

13 C / OH NAME	Slaughter, Michelle N	1. (The Honorable)	14 Filer ID 00067429	(Ethics Comn	nission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or offic	eholder's kno	wledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
	_	COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
COMMITTEE CAMPAIGN TREASURER ADDRESS								
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00			
2. TOTAL POLITICAL CONTRIBUTIONS				\$	0.00			
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				 				
TOTALS 15. TOTAL GIVINE LAF ENDIT GIVES				\$	0.00			
	4. TOTAL POLITICAL EXPENDITURES							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	LAST DAY OF THE	\$	3,820.52			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00			
17 AFFIDAVIT								
		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.	ty of perjury, that the ac all information required	companying r to be reported	report is I by me			
		The Honora	ıble Michelle M. Slau	ahter				
			f Candidate or Officeho					
AFFIX NO	ΓARY STAMP / SEAL AB	OVE						
Sworn to and subso	cribed before me, by the s	aid	, this the		_ day			
of	of, 20, to certify which, witness my hand and seal of office.							
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administerin	ng oath			
g 5 5. 51110		3 July 201 201 201 201 201 201 201 201 201 201	3 3. 3.1100		J			

SUBTOTALS - JC/OH

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

		3 of 23		
l	ER NAN	19 Filer ID 00067429	(Ethics Commission Filers)	
l	HEDULI ME OF	SUBTOTAL AMOUNT		
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 8,499.66
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 3,522.53
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Layment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 1/9 Rpt: 4/23	Slaughter, Michelle M. (The Honorable)		00067429	
4 Date	5 Payee name		•	
10/17/2024	Adria Women's Health			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$2,000.00	10000 Emmett F. Lowry Expy			
	Suite 1240			
	Texas City, TX 77591			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Expense	l <u>—</u>	l outside of Texas. Con	
		Check if Austi Gala table s	n, TX, officeholder living	g expense
		Gaia table s	porisorsnip	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office h	eld.
expenditure to benefit C/OI		igrit	Office II	eiu
Data				
Date 09/10/2024	Payee name Aloft Austin Downtown			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$144.16	109 E 7th St			
	A TV 70704			
	Austin, TX 78701			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Lautaida af Taura Carr	andete Calcadale T
EXPENDITURE	Travel In District	ı —	l outside of Texas. Con in, TX, officeholder livin	
		Hotel expens		•
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office h	eld
expenditure to benefit C/OI	1			
Date	Payee name			
09/06/2024	Boss Bagel			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$6.36	6458 N New Braunfels Ave			
	San Antonio, TX 78209			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Food/Beverage Expense	l <u>—</u>	l outside of Texas. Con	nplete Schedule T.
EXPENDITURE	· ·	l 	n, TX, officeholder living	g expense
		Meal while ti	raveling	
0 1: 0:::::::::::::::::::::::::::::::::	0 11 10 10 11	L		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office h	eld

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		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Overho Polling Exper Printing Exper Salaries/Wag	ense ges/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	2 F	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 2/9 Rpt: 5/23	!	Slaughter, Michelle M. (The Honorable)	ı			00067429	
4	Date	5 F	Payee name			_		
	09/27/2024	(Capitol Gift Shop					
6	Amount (\$) \$527.17	1 9	Payee address; City; State; 1400 Congress Ave. Suite E1.006 Austin, TX 78701	Zip Code				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Gift/Awards/Memorials Expense	_{dule)} (k	Check if Austin	, тх, s/g।		expense zers of oral arguments
9	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Officeholder name Of	ffice sough	nt		Office he	ld
	Date	F	Payee name					
	11/09/2024	L	Clear Springs Chargers					
	Amount (\$)	1		Zip Code	9			
	\$525.00 501 Palomino Ln.							
		l	League City, TX 77573					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Event Expense	dule) (k			ide of Texas. Comp , officeholder living	
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Officeholder name Of	ffice sough	nt		Office he	ld
	Date 10/01/2024	1	Payee name Gage Hotel					
	Amount (\$) \$572.18	1 H	Payee address; City; State; 102 NW 1st St. Hwy 90 West Marathon, TX 79842	Zip Code	e			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this scheol Gift/Awards/Memorials Expense	_{dule)} (k	ш		ide of Texas. Comp	
	EXPENDITORE					s/gı		zers of oral arguments
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Officeholder name Of	ffice sough	nt		Office he	ld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 3/9 Rpt: 6/23	Slaughter, Michelle M. (The Honorable) 00067429
4	Date	5 Payee name
	10/02/2024	Gage Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.38	102 NW 1st St.
		Hwy 90 West
		Marathon, TX 79842
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meal while traveling
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/02/2024	Gage Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.71	102 NW 1st St.
		Hwy 90 West
		Marathon, TX 79842
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal while traveling
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/24/2024	Grand Hyatt San Antonio
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.81	600 E Market St
		San Antonio, TX 78205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal while traveling
		Mod Willo davoling
	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 Comm

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 4/9 Rpt: 7/23	2 FILER NAME Slaughter, Michelle M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067429	
4	Date 08/20/2024	5 Payee name Greater Houston Women's Chamber of Commerce	
6	Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 3201 Kirby Dr. Suite 400 Houston, TX 77098	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Luncheon ticket	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 12/09/2024	Payee name HEB	
Amount (\$) Payee address; City; State; Zip Code \$250.00 2955 S. Gulf Fwy. League City, TX 77573			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Christmas gift cards for Adria Women's Health staff and volunteers	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 07/12/2024	Payee name Hold Out Brewing	
	Amount (\$) \$37.67	Payee address; City; State; Zip Code 1208 W 4th St	
		Austin, TX 78703	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal with colleagues	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/9 Rpt: 8/23	Slaughter, Michelle M. (The Honorable) 00067429
4	Date	5 Payee name
	08/30/2024	Jason's Deli
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.07	2755 Gulf Fwy S
		League City, TX 77573
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch with volunteer/supporter
		Eurich with volunteen/supporter
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	12/03/2024	Koriente Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.74	621 E. 7th 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 Chambers staff lunch
		Chambers stan functi
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	12/04/2024	Marriott Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$331.58	304 E Cesar Chavez St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hotel expense
		Hotel expense
_	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 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 (Contract Labor,

ment Solicitation/Fundraising Expense
nse Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (parter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	ory flot listed above)
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Eth	nics Commission Filers)
	Sch: 6/9 Rpt: 9/23	Slaughter, Michelle M. (The Honorable) 00067429	
4	Date	5 Payee name	
	08/01/2024	Number 13 Prime Steak	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$138.26	7809 Broadway St	
		Galveston, TX 77554	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete S	Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living exper	nse
		Meal with volunteer/supporter	
_			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	12/04/2024	Orr, Amanda	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1707 1/2 Post Oak Blvd #407	
		Houston, TX 77056	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXI ENDITORE	Check if Austin, TX, officeholder living exper	nse
		Campaign website	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	08/03/2024	Rudy and Paco	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$122.26	2028 Post Office St	
		Galveston, TX 77550	
	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 S	
		Check if Austin, TX, officeholder living exper	nse
		ivieal with colleagues	
	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 -

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/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 7/9 Rpt: 10/23	2 FILER NAME Slaughter, Michelle M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067429
4	Date 08/16/2024	5 Payee name Sapori Italian
6	Amount (\$) \$71.17	7 Payee address; City; State; Zip Code 800 Brazos St Ste 215 Austin, TX 78701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Chambers staff lunch
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 11/09/2024	Payee name Slaughter, Michelle (The Honorable)
	Amount (\$) \$519.60	Payee address; City; State; Zip Code P.O. Box 54 League City, TX 77574
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for officeholder expenses paid from personal funds
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/29/2024	Payee name Slaughter, Michelle (The Honorable)
	Amount (\$) \$1,120.65	Payee address; City; State; Zip Code P.O. Box 54
		League City, TX 77574
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for officeholder expenses paid from personal funds
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/9 Rpt: 11/23	Slaughter, Michelle M. (The Honorable) 00067429
4	Date	5 Payee name
	07/29/2024	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$384.96	P.O. Box 36647-1CR
		Dallas, TX 75235
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Airfare expense
		7 whate expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	08/05/2024	Southwest Airlines
H	Amount (\$)	Payee address; City; State; Zip Code
	\$11.20	P.O. Box 36647-1CR
	Ψ11.20	1.0. box 30047-1CIX
		D. II TV 75005
		Dallas, TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Airfare expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
┢	Date	Payee name
	11/19/2024	Spurlock Judicial Fund
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	PO Box 522
		Rosebud, TX 76570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Lunch sponsorship
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	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: 9/9 Rpt: 12/23	Slaughter, Michelle M. (The Honorable)	00067429
4	Date	5 Payee name	
	12/17/2024	Vic and Al's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$133.15	2406 Manor Rd	
		Austin, TX 78722	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Chambers staff lunch to celebrate staff member
			birthday
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	10/23/2024	WIX.com	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$242.48	7095 Hollywood Blvd	
	¥= 1=110		
		Los Angeles, CA 90028	
H	PURPOSE	_	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	<u> </u>	Check if Austin, TX, officeholder living expense
			Campaign website
┡	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
	expenditure to benefit C/OI	•	. Office field
⊨	Date	Dayon nama	
l	07/03/2024	Payee name Waterloo	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$245.10	410 Pressler	
	¥2.0.20		
		Austin, TX 78703	
┝	PURPOSE) Description
l	OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	·	Check if Austin, TX, officeholder living expense
			Chambers staff event sponsorship
┡	Complete ONLY if direct	Condidate /Office holder name Office cough	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	Office held
\vdash			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/11 Rpt: 13/23 Slaughter, Michelle M. (The Honorable) 00067429 Date Payee name 10/29/2024 Adobe Payee address; Amount (\$) City; State; Zip Code \$32.46 345 Park Ave Reimbursement from political contributions Х San Jose, CA 95110 intended **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Adobe Acrobat subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/08/2024 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$36.81 1516 2nd Avenue Reimbursement from political contributions Χ Seattle, WA 98101 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** Gift for staff member Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10/26/2024 Aruba Aloe Payee address; City; State; Zip Code Amount (\$) \$283.04 Caya Betico Croes 78 Unit 2 Reimbursement from Χ political contributions intended Oranjestad Oranjestad 5830878 Aruba **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** Birthday and Christmas gifts for court staff

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

Office sought

Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Fees

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor	Т	ravel in District ravel Out of District DTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 2/11 Rpt: 14/23	2 FILER NAME Slaughter, I	E Michelle M. (The Honorable	·)		1	iler ID (Ethics Commission Filers) 0067429
4	Date	5 Payee name					
	10/18/2024		Coffee House				
6	Amount (\$)	7 Payee addre	ss; City; State;	; Zip Co	ode		
	\$6.68	4504 Graus	stark St				
	X Reimbursement from political contributions intended	Houston, T	X 77006				
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Che	ck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Bever	rage Expense			_	ck if Austin, TX, officeholder living expense
					Meal while travel	ling	
_							200
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	Date	Payee name					
	11/05/2024	Buc-ee's - E	Bastrop				
	Amount (\$)	Payee addre	ss; City; State;	; Zip Co	ode		
	\$13.57	1700 TX-71	L				
	Reimbursement from political contributions intended	Bastrop, T≻	C 78602				
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description		ck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Bevei	rage Expense		L	_	ck if Austin, TX, officeholder living expense
					Meal while travel	ling	
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit	Candidate/Office	noidei name		Office Sought		Office field
	C/OH						
	Date	Payee name					
	11/12/2024	Buc-ee's - f	Bastrop				
	Amount (\$)	Payee addre	ss; City; State;	; Zip Co	ode		
	\$12.43	1700 TX-71	L				
	X Reimbursement from political contributions intended	Bastrop, T≻	C 78602				
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	_	ck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Bevei	rage Expense		L	_	ck if Austin, TX, officeholder living expense
					Meal while travel	ııng	
_	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	noidei name		Office sought		Office field

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/11 Rpt: 15/23 Slaughter, Michelle M. (The Honorable) 00067429 Date Payee name 12/03/2024 **Bullock Museum Store** Amount (\$) Payee address; City: State; Zip Code \$527.87 1800 N. Congress Ave Reimbursement from political contributions Х intended Austin, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** Christmas gifts for court staff, colleagues, campaign volunteers and supporters Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/01/2024 **Butterfly Coffee** Amount (\$) Payee address; City; State; Zip Code \$11.04 5359 Casa Bella Ste 105 Reimbursement from political contributions Χ San Antonio, TX 78249 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Meal while traveling Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 11/06/2024 Chick-Fil-A Payee address; City; State; Zip Code Amount (\$) \$10.21 453 S Loop 336 W Reimbursement from Χ political contributions intended Conroe, TX 77304 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Meal while traveling Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

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/Political Credit Card Payment		al Committee Legal Services Salarie	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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 4/11 Rpt: 16/23	Slaughter, Michelle M. (The Honorable)		00067429						
4	Date	5 Payee name	l							
	11/18/2024	City of Galveston Parking								
6	Amount (\$)									
ľ	\$4.50									
		10 00 119								
	X Reimbursement from political contributions									
	intended	Galveston, TX 77553								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.						
	OF EXPENDITURE	Travel In District	L	Check if Austin, TX, officeholder living expense						
			Parking							
9		Candidate/Officeholder name	Office sought	Office held						
	expenditure to benefit C/OH									
L										
	Date	Payee name								
	10/29/2024	Doubletree Suites								
Amount (\$) Payee address; City; State; Zip Code										
	\$173.00 303 W 15th St									
	Reimbursement from									
	x political contributions intended	Austin, TX 78701								
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.						
	OF	Travel In District		Check if Austin, TX, officeholder living expense						
	EXPENDITURE		Hotel expense	_						
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held						
	expenditure to benefit		· ·							
	C/OH									
	Date	Payee name								
	09/29/2024	Dunkin' Donuts								
	Amount (\$)	Payee address; City; State; Zip	Code							
	\$14.20	1								
	Reimbursement from									
	political contributions intended	Houston, TX 77061								
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.						
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense						
				ort traveling to Alpine, TX for oral						
L			arguments/CLE							
		Candidate/Officeholder name	Office sought	Office held						
	expenditure to benefit C/OH									
\vdash										

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/11 Rpt: 17/23 Slaughter, Michelle M. (The Honorable) 00067429 Date Payee name 10/27/2024 Etsy.com Payee address; Amount (\$) City; State; Zip Code \$47.52 55 Washington St Suite 512 Reimbursement from political contributions Х intended Brooklyn, NY 11201 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** Birthday and Christmas gifts for court staff and colleagues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/30/2024 Etsy.com Amount (\$) Payee address; City; State; Zip Code \$1,073.13 55 Washington St Suite 512 Reimbursement from political contributions Χ Brooklyn, NY 11201 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** Court of Criminal Appeals personalized gifts for court staff, colleagues, court visitors Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 08/03/2024 Flower Child City; State; Zip Code Amount (\$) Payee address; \$17.52 1101 Uptown Park Blvd Reimbursement from Χ political contributions intended Houston, TX 77056 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Meal while traveling Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

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 OTHER (enter a category not listed above)			
	S. Gait Gard i dymont		The Instruction Guide explains	how to co	emplete this form.				
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Commissi	ion Filers)	
	Sch: 6/11 Rpt: 18/23	Slaughter,	Michelle M. (The Honorable	e)		(00067429		
4	Date	5 Payee name				1			
	11/01/2024	High's Cafe							
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode				
	\$17.46	726 High St.							
	Reimbursement from								
	X political contributions intended	Comfort, TX 78013							
8	PURPOSE OF	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	=	eck if travel outside of Texas. Compl		
	EXPENDITURE	Food/Beve	rage Expense		L	_	eck if Austin, TX, officeholder living e	xpense	
					Meal while travel	ling			
9	•	Candidate/Office	holder name		Office sought		Office held		
	expenditure to benefit C/OH								
H	Data								
	Date	Payee name							
	10/09/2024		en Inn Austin						
	Amount (\$)	Payee address; City; State; Zip Code							
	\$203.33	500 N Interstate 35							
Reimbursement from									
	X political contributions intended	Austin, TX	78701						
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texas. Compl	ete Schedule T.	
OF EXPENDITURE		Travel In D	trict			Che	eck if Austin, TX, officeholder living e	xpense	
	LAI LIDITORL				Hotel expense				
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held		
	expenditure to benefit C/OH								
L									
	Date	Payee name							
L	10/04/2024	Hilton Pala	cio del Rio						
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode				
	\$91.78	200 South	Alamo St.						
	Reimbursement from								
	X political contributions intended	San Antoni	o, TX 78205						
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	_	eck if travel outside of Texas. Compl		
	OF EXPENDITURE	Food/Beve	rage Expense			_	eck if Austin, TX, officeholder living e		
					Dinner with colle	ague	es at Appellate section re	etreat	
L									
		Candidate/Office	holder name		Office sought		Office held		
	expenditure to benefit C/OH								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/11 Rpt: 19/23 Slaughter, Michelle M. (The Honorable) 00067429 Date Payee name 10/29/2024 Idlewild Coffee Payee address; Amount (\$) City; State; Zip Code \$11.50 812 W 12th St Reimbursement from political contributions Х intended Austin, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Breakfast while traveling Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/05/2024 JW Marriott Amount (\$) Payee address; City; State; Zip Code \$15.19 23808 Resort Pkwy. Reimbursement from political contributions Χ San Antonio, TX 78261 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Meal while traveling Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10/28/2024 **LAMOSE** Payee address; City; State; Zip Code Amount (\$) \$387.50 4121 23b St NE Reimbursement from Χ political contributions intended Calgary Alberta T2E7V9 Canada **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** Court of Criminal Appeals personalized gifts to staff, colleagues, court visitors Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense / - Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Office Syense Office Syense Printing Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form. Solicitation/Fundraising Expense Travel in District Travel in District Travel Out of District OTHER (enter a category not listed above)					
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 8/11 Rpt: 20/23	Slaughter, Michelle M. (The Honorable)	00067429					
4 Date	5 Payee name	·					
12/17/2024	Lyft						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$27.15	185 Berry Street						
Reimbursement from political contributions intended	San Francisco, CA 94158						
8 PURPOSE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description					
OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense					
		Transportation with court staff to lunch for staff member's birthday					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held					
Date	Payee name						
10/03/2024	Midland Airport						
Amount (\$)	Payee address; City; State; Zip Code						
\$43.32	9506 La Force Blvd						
X Reimbursement from political contributions intended	Midland, TX 79706						
PURPOSE	Category (See Categories listed at the top of this sched						
OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense					
		Dinner at airport returning from oral arguments/CLE					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held					
Date	Payee name						
12/04/2024	Midland Airport						
Amount (\$)	Payee address; City; State;	Zip Code					
\$24.82	9506 La Force Blvd						
Reimbursement from political contributions intended	Midland, TX 79706						
PURPOSE	Category (See Categories listed at the top of this sched						
OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense					
		Meal while traveling					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held					

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		•	Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Sch: 9/11 Rpt: 21/23		Slaughter, Michelle M. (The Honorable)			00067429		
4	Date	5	Payee name					
	12/13/2024		Reata					
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$79.95		203 N 5th St.	•				
	Reimbursement from political contributions intended		Alpine, TX 79830					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense		
	EXPENDITORE				Dinner while trav	eling		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held		
	Date		Payee name					
	12/13/2024		Red Oak Kitchen					
	Amount (\$) Payee address; City; State; Zip Code							
	\$74.62		7260 E Highway 191					
	Reimbursement from		Ste 200					
	X political contributions intended		Odessa, TX 79765					
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE			Food/Beverage Expense			Check if Austin, TX, officeholder living expense		
	Meal while traveling				ling			
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held		
	Date		Payee name					
	11/18/2024		Rudy and Paco					
	Amount (\$)	\vdash	Payee address; City; State;	Zip Co	ode			
	\$78.81		2028 Post Office St	•				
	Reimbursement from							
	x political contributions intended		Galveston, TX 77550					
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.		
OF Food/Beverage Expense					L	Check if Austin, TX, officeholder living expense		
- 					Meal with collea	gue		
	Complete ONLY if direct	L Cai	ndidate/Officeholder name		Office sought	Office held		
	expenditure to benefit C/OH							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor			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 G:	2 FILER NAME	≣			3	Filer ID (Ethics Commission	Filers)		
	Sch: 10/11 Rpt: 22/23	Slaughter,	Michelle M. (The Honorable))			00067429			
4	Date	5 Payee name								
	07/03/2024	San Antoni	o Express News							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$11.96	301 Ave E								
	Reimbursement from									
	X political contributions intended	San Antoni	o, TX 78205		_					
8	PURPOSE OF	' ' ' '	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Office Over	head/Rental Expense		L	_	eck if Austin, TX, officeholder living exper	nse		
					Online subscripti	on				
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held			
	C/OH									
	Data									
	Date 10/06/2024	Payee name								
		Starbucks								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$12.51	\$12.51 555 E 5th St.								
	Reimbursement from political contributions									
intended Austin, TX 78701										
	PURPOSE OF	Category (S	see Categories listed at the top of this sche	edule)	Description	=	eck if travel outside of Texas. Complete			
EXPENDITURE		Food/Beve	rage Expense		L	_	eck if Austin, TX, officeholder living exper	nse		
Meal while traveling										
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held			
	C/OH									
_	Date	Payee name								
	10/22/2024	Taco Deli								
_	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ndo.					
	\$12.88	1500 Spygl		Zip Cc	oue					
			ass D1.							
Reimbursement from political contributions		Suite B								
	intended	Austin, TX 78746								
	PURPOSE OF		see Categories listed at the top of this sche	edule)	Description	_	eck if travel outside of Texas. Complete			
	EXPENDITURE	Food/Beve	rage Expense		Check if Austin, TX, officeholder living expense					
					Lunch with collea	ague	es from court			
	2									
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held			
	C/OH									

SCHEDULE **G**

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/Political Co						Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide explains I	now to co	mplete this form.				
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 11/11 Rpt: 23/23		Slaughter, Michelle M. (The Honorable))			00067429		
4	Date	5	Payee name			_			
	11/22/2024		Texas Chili Parlor						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode				
	\$40.25		1409 Lavaca St						
	Reimbursement from political contributions intended	Austin, TX 78701							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	С	heck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Food/Beverage Expense			_	heck if Austin, TX, officeholder living expense		
					Meal while travel	ling			
Ļ	0 1 0 0 1 1 1 1 1	Ļ	F1 - (0) - 1 - 1		000		000		
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held		
	Date		Payee name						
	10/18/2024		The Nash						
	Amount (\$)		Payee address; City; State; Zip Code						
	\$87.96		1111 Rusk St.						
	Reimbursement from political contributions intended		Houston, TX 77002						
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	С	heck if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE			Food/Beverage Expense			_	heck if Austin, TX, officeholder living expense		
	Dinner wit			Dinner with colle	agı	ie			
L	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought		Office held		
	expenditure to benefit C/OH	Cai	ididate/Onicerolder name		Office sought		Office Held		
	Date		Payee name						
	10/10/2024		WIX.com						
	Amount (\$)		Payee address; City; State;	Zip Co	ode				
	\$37.56		7095 Hollywood Blvd						
	Reimbursement from political contributions								
	X political contributions intended		Los Angeles, CA 90028						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	Description	_	heck if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE		Office Overhead/Rental Expense		L	_ 1 c	heck if Austin, TX, officeholder living expense		
					Website fees				
L	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought		Office held		
	expenditure to benefit C/OH	Jui	.s.s.s.s. omodiono namo		Omoo Sought		Sinds Hold		
\vdash	5.011								