CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Τŀ	e C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm 00083793		2 Total pages	filed: 37
3	CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
	OFFICEHOLDER	The Honorable	Shelby L.			OFFICE	
	NAME		Onelby E.			Date Received	
						ELECTRONIC	CALLY FILED
		NICKNAME	LAST		SUFFIX	01/15/2025	
			Slawson				
_							
4	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CI	ΓY;	ZIP CODE	Date Hand-delivered	or Date Postmarked
	MAILING	PO Box 286					
	ADDRESS					Receipt #	Amount
	Change of Address	Stephenville, TX 76401				Data Discoursed	
						Date Processed	
						Data las and	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
ľ	TREASURER				IVII		
	NAME	Mr.	Gary				
		NICKNAME	LAST		SUFFIX		
			Sult				
6	CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AF	T / SUITE #; CITY;	ST	ATE; ZIP CODE
	TREASURER ADDRESS	3020 NW Loop					
	(Residence or Business)	Stophonyillo TX 76401					
		Stephenville, TX 76401					
7	CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION			
	TREASURER	(254) 965-7321					
	PHONE	(204) 303 7321					
8	REPORT						
ľ	TYPE	X January 15	30th day befor	e election	Runoff	15th day after c	ampaign treasurer
					L	appointment (of	
		July 15	8th day before	election	Exceeded modified	Final Report (At	tach C/OH-FR)
9	PERIOD	Month Day Year			Month Day	Year	
	COVERED	10/27/2024	T	HROUGH	12/31/202	24	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Year		Primary	Runoff	Other	
				General	Special		
				Scheral	Opecial		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
		State Representative Distr	ict 59				
1							
Γ							
1							
1			GO [·]	TO PAGE 2			
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F0	rms provided by Te	xas Ethics Commission	www.e	thics.state.tx.u	JS	Vers	ion V4.1.0.5dd2ace2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 37

13 C / OH NAME	Slawson, Shelby L. (The Honorable) :	14 Filer ID (E 00083793	Ethics Comn	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditur These expenditures may have been made without th d officeholders are required to report this information	ne candidate's or officel	holder's know	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	Texas Alliance for Life PAC			
		COMMITTEE ADDRESS			
	X SPECIFIC	8000 Centre Park Dr			
		Suite 380			
		Austin, TX 78754			
		COMMITTEE CAMPAIGN TREASURER NAME			
		Shaw, James			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	S		
		4505 Corazon Cv			
	1. TOTAL UNITEM	Round Rock, TX 78681			
16 CONTRIBUTION TOTALS	I PLEDGES, LOANS, TRONICALLY)	\$	0.00		
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	64,840.60
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$	18,434.90
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THE LA ERIOD	ST DAY OF THE	\$	252,119.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS C RTING PERIOD	OF THE LAST DAY	\$	116,000.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.			
		The Honora	ble Shelby L. Slawso	on	
			Candidate or Officehold		
AFFIX NO	TARY STAMP / SEAL AB	OVE			
		aid ertify which, witness my hand and seal of office.	, this the		_day
01	, 20, 10 0	entry which, whiess my hand and sea of once.			
Signature of offic	er administering	Printed name of officer administering	Title of officer	administerin	g oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us	V	ersion V4	1.0.5dd2ace2

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 37 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Slawson, Shelby L. (The Honorable) 00083793 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 64,405.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 435.60 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 12,246.00 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. 4,535.87 \$ X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 1,653.03 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X \$ 285.08 TO FILER

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/37	
2	FILER NAME			12	Filer ID (Ethics Commissio	on Eilers)
-		nelby L. (The Honorable)		ľ	00083793	JITT IICI'S)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/14/2024	A&M PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
R	Princinal occu		9 Employer (See Instructions)	e)		
				<i>>)</i>		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/12/2024	Arnold, Kurt				\$5,000.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77007				
		upation / Job title (See Instructions)	Employer (See Instructions)	5)		_
	Attorney		Arnold Itkin			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/31/2024	Associated General Contractors of Texas				\$1,500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78768				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	s)		
			l			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/10/2024	Autry, Evan				\$500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78739				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	s)		
	Consultant		Autry Public Affairs			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/14/2024	Bittenbinder, David				\$500.00
		Contributor address; City; State; Zip Code		1		
		Stephenville, TX 76401				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
			Retired	-		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/37	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Slawson, Sh	elby L. (The Honorable)			00083793	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/05/2024	Charter Schools Now PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78704				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date	Full name of contributor X out-of-state PAC (ID#: <u>C</u>)		Amount of Contribution (\$)	
	11/01/2024	Chevron Employees PAC				\$1,500.00
		Contributor address; City; State; Zip Code				
		1				
┢	Dringingloppy	San Ramon, CA 94583		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
⊨	D-11-			_	1	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀደባብ በበ
	12/10/2024	Congress Avenue Partners				\$500.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
F	Date	Full name of contributor X out-of-state PAC (ID#: <u>C</u>	.00793711)		Amount of Contribution (\$)	
	12/10/2024	Constellation Energy				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		Washington, DC 20001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/14/2024	Easter, Roger				\$100.00
		Contributor address; City; State; Zip Code				
		1				
		Stanhanvilla TV 76401				
	Dringinal occu	Stephenville, TX 76401	Employer (Soo Instructions)			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions) Retired)		
⊢						

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	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/37	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		nelby L. (The Honorable)				00083793	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/14/2024	Flannery, Christina					\$100.00
		6 Contributor address; City; Sta	ate; Zip Code		1		
		Comanche, TX 76442					
8	Principal occu	pation / Job title (See Instructions))	9 Employer (See Instructions	5)		
				Retired			
╞	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Foley & Lardner					\$1,000.00
		Contributor address; City; Sta					
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	5)		
		 					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/30/2024	French, Larry					\$50.00
		Contributor address; City; Sta					
		Granbury, TX 76049					
⊢	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u> </u> 5)		
				retired			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/01/2024	Gilchrist, Stephen					\$3,500.00
		Contributor address; City; Sta					
		Fort Worth, TX 76109					
┝	Principal occu	Ipation / Job title (See Instructions)	<u></u>	Employer (See Instructions	<u> </u>		
	Auto dealer		,	Gilchrist Automotive	<i>)</i>		
╞		Full name of contributor			<u> </u>	Amount of Contribution (ft)	
	Date 11/16/2024	Griffin, Ryan	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$6,105.00
	11/10/2024	Contributor address; City; Sta	ata: Zin Cada				Φ0,10 <u>3</u> .00
		Contributor address, City, Sta	ale, Zip Code				
		Dallas, TX 75219					
⊢	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u>ا</u> ة)		
	Developer			Rockhill Capital & Invest	tme	ents	
							ſ

				1	Total pages Schedule A1:	
	The Instruc	ction Guide explains how to complete this fo	orm.	•	Sch: 4/11 Rpt: 7/37	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Slawson, Sh	elby L. (The Honorable)			00083793	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/05/2024	Halliburton Company PAC				\$1,000.00
	I	6 Contributor address; City; State; Zip Code				
		Houston, TX 77072				
8	Principal occu		9 Employer (See Instructions))		
-				, 		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/05/2024	Health Care Service Corp PAC				\$1,000.00
	I	Contributor address; City; State; Zip Code				
		Austin TV 70701				
	Dringing occu	Austin, TX 78701	Employer (Soo Instructions	<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/03/2024	Hochheim Prairie PAC				\$500.00
	I	Contributor address; City; State; Zip Code				
		Yoakum, TX 77995				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	HomePAC of Texas				\$1,500.00
	I	Contributor address; City; State; Zip Code				
		August TV 70701				
	Dringing occu	Austin, TX 78701	Employer (Soo Instructions	<u> </u>		
	Рппсіраї осси	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/03/2024	Houston Police Retired Officers Assoc				\$1,000.00
	I	Contributor address; City; State; Zip Code				
		Houston, TX 77219		Ļ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/37	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		nelby L. (The Honorable)				00083793	· ·
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/13/2024	Independent Insurance A	gents of Texas				\$250.00
	ł	6 Contributor address; City; St	tate; Zip Code		1		
		Austin, TX 78768					
8	Principal occu	pation / Job title (See Instructions	s) 	9 Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/12/2024	ltkin, Jason					\$5,000.00
	I	Contributor address; City; St			1		
		Houston, TX 77007	· · ·	<u> </u>	<u> </u>		
		pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Attorney			Arnold Itkin	-		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/10/2024	Jackson Walker					\$1,000.00
		Contributor address; City; St	tate; Zip Code				
		Dallas, TX 75201					
	Principal occu	Ipation / Job title (See Instructions	e)	Employer (See Instructions	<u> </u> :)		
	T moipui ooca		"		"		
F	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/01/2024	Kickapoo Traditional Tribe	e				\$5,000.00
	I	Contributor address; City; St	tate; Zip Code				
		Eagle Pass, TX 78852					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
╞	Date	Full name of contributor	out-of-state PAC (ID#:_	<u> </u>	<u> </u>	Amount of Contribution (\$)	
	12/13/2024	Lack, Gay		/		Allount of Contribution (+)	\$250.00
	12, 20, 20	Contributor address; City; St	tate [.] 7in Code				+======
		Copperas Cove, TX 7652	:2				
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)		
				Retired			

	The Instru	ction Guide explains how to complete	this fo	orm.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/37	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		elby L. (The Honorable)				00083793	
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	12/10/2024	Linebarger Goggan Blair & Sampson					\$500.00
		6 Contributor address; City; State; Zip Code					
		Austin, TX 78760					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Loewy, Adam					\$2,500.00
		Contributor address; City; State; Zip Code					. ,
		Austin, TX 78731					
			Employer (See Instructions	3 Filer ID (Ethics Commission Filers) 00083793 7 Amount of Contribution (\$) \$500.00 (a) Amount of Contribution (\$) \$2,500.00 (a) \$100.00 (b) \$100.00 (c) \$500.00 (c) \$100.00 (c) \$2,000.00			
4	Attorney Loewy Law		Loewy Law Firm				
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	12/14/2024	Mitchell, Norm		, , , , , , , , , , , , , , , , , , ,		()	\$100.00
		Contributor address; City; State; Zip Code					
		Copperas Cove, TX 76522					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Business ow	ner		Self			
	Date	Full name of contributor 🛛 out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Moak Casey					\$500.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701	r				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor 🛛 out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	North Texas Automobile Dealers					\$2,000.00
		Contributor address; City; State; Zip Code					
		Irving, TX 75062					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
				-			

				-		
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/37	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		elby L. (The Honorable)			00083793	
4	Date	5 Full name of contributor Out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	11/12/2024	Payne, Deborah				\$150.00
		6 Contributor address; City; State; Zip Code		1		
		Evant, TX 76525				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions) retired	5)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	12/10/2024	PharmPac				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78757				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	12/10/2024	Populus Financial Group				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Irving, TX 75062				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	12/10/2024	Riceland Consulting				\$250.00
		Contributor address; City; State; Zip Code		1		
		1				
		Eagle Lake, TX 77434				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date	Full name of contributor Out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	12/10/2024	Rural Friends of Electric Cooperatives				\$1,500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/37	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Slawson, Sh	nelby L. (The Honorable)			00083793	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/11/2024	Sampson, Chance				\$500.00
		6 Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78701				
8	Principal occu Consultant	ipation / Job title (See Instructions)	9 Employer (See Instructions) Self	;)		
	Date	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	12/13/2024	Sampson Public Affairs, Lucas			· · · · · · · · · · · · · · · · · · ·	\$250.00
		Contributor address; City; State; Zip Code				
		1				
		Austin, TX 78759				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)			
	consultant		Governmental Affairs LL	.C		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/13/2024	Sullivan, Debbie				\$25.00
		Contributor address; City; State; Zip Code				
		1				
		Round Rock, TX 78665	(D. Instructions	L		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
			Retired	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	: == 00
	12/13/2024	Taylor, Barbara	ļ			\$25.00
		Contributor address; City; State; Zip Code				
		1				
		Stephenville, TX 76401				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
		ļ	Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/10/2024	Texas Aggregates & Concrete Assoc				\$1,000.00
		Contributor address; City; State; Zip Code				
		1				
		1				
L		Round Rock, TX 78681				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	.)		
			I			

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	The Instru	ction Guide explains how to com	nplete this fc	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/37	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		nelby L. (The Honorable)				00083793	
4	Date	5 Full name of contributor out-of-	f-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/14/2024	Texas Alliance for Conservation PA					\$1,000.00
		6 Contributor address; City; State; Zip C					
		1					
		Austin, TX 78721					
8	Principal occu	upation / Job title (See Instructions)	-	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Date	Full name of contributor out-of-	-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/10/2024	Texas Apartment Association					\$1,000.00
		1					
		Austin, TX 78701					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	;)		
· _							
	Date	Full name of contributor out-of-	f-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Texas Assoc of Mutual Insurance (\$500.00
		Contributor address; City; State; Zip C					
		1					
		1					
		Yoakum, TX 77995					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date		f-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/10/2024	Texas Association of Crane Owner					\$500.00
		Contributor address; City; State; Zip C					
		1					
	Duin singly good	Austin, TX 78716			ŕ		
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	;)		
⊨					—		
	Date		f-state PAC (ID#:)		Amount of Contribution (\$)	<u>ቀ1 000 00</u>
	12/05/2024	Texas Association of Health Plans					\$1,000.00
		Contributor address; City; State; Zip C	;ode				
		1					
		Austin, TX 78701					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
		,		(
			L				

F			ſ	=		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/37	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		nelby L. (The Honorable)			00083793	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/10/2024	Texas Land Title Association				\$2,500.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78703				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))		
_				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2024	Texas Society of Anesthesiologists				\$1,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))		
	T moipar ooca			,		
—	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Texas Telephone Assoc			-	\$750.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701]			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))		
=				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	*1 500 00
	12/13/2024					\$1,500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	USAA Employee PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
⊢	Dringing ogg	San Antonio, TX 78288	Employer (See Instructions)	<u> </u>		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))		
┝──						
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	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 11/11 Rpt: 14/37		
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Slawson, Sh	elby L. (The Honorable)			00083793	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/10/2024	Valdez, Jerry	,			\$500.00
		6 Contributor address; City; State; Zip Code		ł		
		Austin, TX 78711				
8	Principal occu	1	9 Employer (See Instructions	<u>ا</u>		
ľ	Consultant		5)			
╘			Self			
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)		
	12/13/2024	Vistra Employee PAC			\$1,000.00	
		Contributor address; City; State; Zip Code				
		Irving, TX 75039				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)		
	11/16/2024	Zachry Corporation				\$500.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78265				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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1						

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/4 Rpt: 15/37					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
	helby L. (The Honorable)	00083793					
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution				
12/10/2024	Autry, Evan		contribution (\$) description \$20.51 Winred swipe fee				
	7 Contributor address; City; State; Zip Code		1				
	Austin, TX 78739	Check if travel outside of Texas. Complete Schedule T.					
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)				
Consultant		Autry Public Affairs					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of				
12/14/2024			contribution (\$) description				
	Contributor address; City; State; Zip Code		\$20.51 Winred swipe fee				
	Stephenville, TX 76401		Check if travel outside of Texas. Complete Schedule T.				
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON					
		Retired	, .				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)				
Contributor 3							
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution				
12/14/2024)	contribution (\$) description				
	Contributor address; City; State; Zip Code		\$4.10 Winred swipe fee				
	Contributor address, City, State, Zip Code						
	Stephenville, TX 76401						
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)				
i incipal occi		Retired					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributorit		Low firm of contribute					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)				
		Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)				
	employer/law firm (FOR JUDICIAL) is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

			1 Total pages Schodule A2:				
The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/4 Rpt: 16/37				
2 FILER NAME	1		3 Filer ID (Ethics Commission Filers)				
	helby L. (The Honorable)		00083793				
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution				
12/14/2024			contribution (\$) description \$4.10 I Winred swipe fee				
	7 Contributor address; City; State; Zip Code						
	Comanche, TX 76442						
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)					
		11 Employer (FOR NON Retired					
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)						
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of In-kind contribution				
10/30/2024	– • –		contribution (\$) description				
	Contributor address; City; State; Zip Code		\$2.05 I Winred swipe fee				
	Granbury, TX 76049	-	Check if travel outside of Texas. Complete Schedule T.				
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions) Retired					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description				
12/13/2024			\$10.25 Winred swipe fee				
	Contributor address; City; State; Zip Code						
	Copperas Cove, TX 76522						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)				
		Retired					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
1							

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 3/4 Rpt: 17/37				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	nelby L. (The Honorable)		00083793				
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date 12/11/2024	 Full name of contributor out-of-state PAC (ID#: Loewy, Adam Contributor address; City; State; Zip Code)	 8 Amount of 9 In-kind contribution contribution (\$) description \$102.54 Winred swipe fee 				
	Austin, TX 78731	Check if travel outside of Texas. Complete Schedule T.					
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	-JUDICIAL) (See instructions)					
Attorney		Loewy Law Firm					
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	r's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 12/10/2024	Full name of contributor out-of-state PAC (ID#: TREPAC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$250.00 Levent advertising				
	Austin, TX 78768		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 contributo	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 12/13/2024	Full name of contributor out-of-state PAC (ID#: Taylor, Barbara Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$1.03 I Winred swipe fee				
	Stephenville, TX 76401		Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Retired	-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 4/4 Rpt: 18/37					
2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Slawson, Sł	nelby L. (The Honorable)		00083793					
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$						
5	Date 12/10/2024	 6 Full name of contributor out-of-state PAC (ID#: Valdez, Jerry 7 Contributor address; City; State; Zip Code Austin, TX 78711)	8	Amount of ontribution (\$) Amount of description (\$) Second structure for the second structure of the s				
10	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Employer (FOR NON-JUDICIAL) (See instructions)					
	Consultant		Self						
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 contributor's spouse (if any) (FOR JUDICIAL)						
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

				EXPENDITU	JRE CATEGO	RIES FOR	во	X 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			nmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memoria Legal Services The Instruction	als Expense	Office Over Polling Exp Printing Ex Salaries/W	head ense pense ages/	e 'Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment strict	& Related Expense
1	Total pages Schedule F1:	2	· · · · · · · · · · · · · · · · · · ·							(Ethics	Commission Filers)	
1	Sch: 1/12 Rpt: 19/37			elby L. (The I	Honorable)					00083793	(Ethios	
4	Date	5	Payee name									
	12/16/2024		Amazon.cor	ı								
6	Amount (\$) \$13.52		Payee addres online Austin, TX 7		State	; Zip Coo	de					
8	PURPOSE	(a)	Category (Se	e Categories listed a	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			ead/Rental E					, TX,	de of Texas. Com officeholder living		edule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	eholder name	(Office soug	ght			Office he	eld	
	Date		Payee name									
	12/04/2024		Broder Bros									
	Amount (\$)		Payee addres	s; City;	State	; Zip Coo	de					
	\$976.66		Six Nesham Trevose, PA									
	PURPOSE OF EXPENDITURE			e Categories listed a Memorials Ex		iedule)			, TX,	de of Texas. Com officeholder living gifts		edule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	eholder name	(Office soug	ght			Office he	eld	
	Date		Payee name									
	12/09/2024		Campus Co	ndos								
	Amount (\$) \$62.25		Payee addres 2906 San G	s; City; abriel St, Ste		; Zip Coo	de					
			Austin, TX 7	8705								
	PURPOSE OF EXPENDITURE			e Categories listed a ead/Rental E		iedule)			, TX,	de of Texas. Com officeholder living rental exper	expense	edule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	eholder name	C	Office sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Me Inmittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense					ising Expense Lipment & Related Expense ict ategory not listed above)	
1	Total pages Schedule F1:	2								
1	Sch: 2/12 Rpt: 20/37		Slawson, Shelby L. (T	he Honorable)				00083793	(Ethics Commission Filers)	
4	Date	5	Payee name							
	12/09/2024		Capital Grill							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de				
	\$4.52		1100 Congress							
			Austin, TX 78701							
0	DUDDOCE	<u> </u>				(h) p · · ·				
8	PURPOSE OF		Category (See Categories lis		edule)	(b) Description		side of Texas. Compl	ata Sabadula T	
	EXPENDITURE		Food/Beverage Expen	se				(, officeholder living e		
milk fo								.,		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	me C) Office sou	ght		Office hel	d	
_	Date		Payee name							
	12/09/2024		Capital Grill							
		L	-			-				
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$6.77		1100 Congress							
			Austin, TX 78701							
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categories lis} Food/Beverage Expen		edule)		avel outs ustin, TX	side of Texas. Compl K, officeholder living e		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder na	me C	Dffice soug	ght		Office hel	d	
	Date		Payee name							
	10/30/2024		Citibank							
	Amount (\$)		Pavee address: City	State:	Zin Co	10				
	\$1,693.10	Payee address; City; State; Zip Code PO Box 78045								
	\$1,095.10		PU BUX 76045							
		Phoenix, AZ 85062								
	PURPOSE	(a)	Category (See Categories lis	sted at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Credit Card Payment		Check if travel outside of Texas. Complete Schedule T.					
	LAFENDIIUKE		-			Check if Austin, TX, officeholder living expense				
						cc payme	nt Oct	t		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	me C	Office sou	ght		Office hel	d	

				EXPENDITU	RE CATEGO	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Re Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Printing Expense					oense ages/Contract Labor	t	Travel in District Travel Out of Dist	quipment & Related Expense	!
1	Total pages Schedule F1:	2	-ILER NAME					3	Filer ID	(Ethics Commission File	ers)
	Sch: 3/12 Rpt: 21/37	I		elby L. (The H	onorable)				00083793		,
4	Date	5 F	Payee name								
	11/08/2024		Citibank								
6	Amount (\$) \$423.25	F	Payee addres PO Box 7804 Phoenix, AZ	45	State;	; Zip Coo	le				
8	PURPOSE	(a) (Catagon				(b) Decoription				
J	OF		Credit Card I	e Categories listed at Payment	the top of this sch	iedule)		tin, TX	ide of Texas. Comp , officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	eholder name	C	Office soug	ht		Office he	ld	
	Date	F	Payee name								
	12/03/2024	(Citibank								
	Amount (\$)	F	Payee addres	s; City;	State	; Zip Coo	le				
	\$2,170.55	F	PO Box 7804 Phoenix, AZ	45		, 1					
_	PURPOSE						(b) Description				
	OF		Category (See	e Categories listed at Payment	the top of this sch	iedule)		tin, TX	ide of Texas. Comp , officeholder living /		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Office sou	ht		Office he	ld	
	Date	F	Payee name								
	12/27/2024		Citibank								
	Amount (\$) \$239.97	I	Payee address PO Box 7804	-	State;	; Zip Coo	le				
		F	Phoenix, AZ	85062							
	PURPOSE OF EXPENDITURE		Category _{(See} Credit Card I	e Categories listed at Payment	the top of this sch	nedule)		tin, TX	ide of Texas. Comp , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Office sou	ht		Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
		Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Office Polling Printin Salarie	Overhea Expens g Expen es/Wage	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
				truction Guide exp	ains now to	compi	ete this form.	1_		(
1	Total pages Schedule F1: Sch: 4/12 Rpt: 22/37		ILER NAME ilawson, Shelby I	(The Honorabl	e)			3	Filer ID 00083793	(Ethics Commission Filers)
4	Date	5 P	ayee name							
	11/01/2024	F	raser, Meredith							
6	Amount (\$) \$200.00	5	Payee address; City; State; Zip Code 5122 Largo Granbury, TX 76049							
8	PURPOSE					(h)	Description			
J	OF	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description 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/O		ndidate/Officehold	er name	Office s	ought			Office he	ld
	Date	Р	ayee name							
	12/01/2024	F	raser, Meredith							
	Amount (\$)	P	ayee address;	City; S	State; Zip	Code				
	\$200.00		122 Largo Granbury, TX 760	49						
	PURPOSE OF EXPENDITURE		ategory _{(See Catego} alaries/Wages/C		nis schedule)	(b)			de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Officehold	er name	Office s	ought			Office he	ld
	Date	Р	ayee name							
	12/10/2024	F	raser, Meredith							
	Amount (\$) \$500.00		ayee address; 122 Largo	City; S	State; Zip	Code				
		G	Granbury, TX 760	49						
	PURPOSE OF EXPENDITURE		ategory _{(See Catego} alaries/Wages/C		nis schedule)	(b)		I, TX,	de of Texas. Comp officeholder living	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office sought Office sought						Office he	ld			

				EXPENDITUR	E CATEGOF	RIES FOR	вС)X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			ent Expense es od/Beverage Expens /Awards/Memorials al Services	Expense	Office Over Polling Exp Printing Ex Salaries/W	rheac iense pense ages	e /Contract Labor		Travel in District Travel Out of Dis	quipment strict	xpense & Related Expense not listed above)
_				e Instruction Gu	lide explains	now to cor	npie	te this form.	-			
1	Total pages Schedule F1:				poroblo)					Filer ID	(Ethics	Commission Filers)
_	Sch: 5/12 Rpt: 23/37		Slawson, Shel	by L. (The Ho	norable)					00083793		
4	Date 12/03/2024		Payee name GoDaddy.com									
6	Amount (\$) \$101.06	7 Payee address; City; State; Zip Code \$101.06 Online Stephenville, TX 76401										
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense							edule T.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officel	nolder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	11/01/2024		Hill Country S	orings								
	Amount (\$)		Payee address;	City;	State;	; Zip Co	de					
	\$30.82		PO Box 2220 Manchaca, TX	78652								
	PURPOSE OF EXPENDITURE		Category _{(See C} Food/Beverag		ne top of this sch	edule)	(b)		, TX,	le of Texas. Com officeholder living iCE		edule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officel	older name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	12/03/2024		Hill Country S	orings								
	Amount (\$) \$33.82		Payee address; PO Box 2220	City;	State;	; Zip Coo	de					
			Manchaca, TX	78652		i						
	PURPOSE OF EXPENDITURE		Category _{(See c} Food/Beverag		ne top of this sch	edule)	(b)		, TX,	le of Texas. Com officeholder living iCE		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officel	older name	C	Dffice sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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 F1:		3 Filer ID (Ethics Commission Filers)							
1	Sch: 6/12 Rpt: 24/37	Slawson, Shelby L. (The Honorable)	00083793							
4	Date	5 Payee name								
	11/01/2024	Hotze, Theresa								
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 1000 San Marcos St								
		Austin, TX 78702								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/01/2024	Hotze, Theresa								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$200.00	1000 San Marcos St Austin, TX 78702								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/10/2024	Hotze, Theresa								
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1000 San Marcos St #346								
		Austin, TX 78702								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mittee Legal Services	Expense morials Expense	Office Overhea Polling Expens Printing Exper Salaries/Wage	ise s/Contract Labor	Transportation E Travel in District Travel Out of Dis				
1	Total pages Sabadula E1:		on Guide explaine .	now to comp		3 Filer ID	(Ethics Commission Filers)			
1	Total pages Schedule F1: Sch: 7/12 Rpt: 25/37	-ILER NAME Slawson, Shelby L. (Th	ne Honorable)			3 Filer ID 00083793	(Ethics Commission Filers)			
4	Date	Payee name				•				
	12/05/2024	James Avery								
6	Amount (\$) \$424.34	Payee address; City; State; Zip Code 2675 W Washington								
		Stephenville, TX 7640	L							
8	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 staff Christmas gifts 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder nai	ne C	Office sought		Office he	eld			
	Date	Payee name								
	12/02/2024	Mailchimp								
	Amount (\$)	Payee address; City;	State;	Zip Code						
	\$42.11	Online Stephenville, TX 7640:								
	PURPOSE OF EXPENDITURE	Category (See Categories lis Office Overhead/Renta		edule) (b)		outside of Texas. Com n, TX, officeholder living				
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder nar	ne C	Office sought		Office h	eld			
	Date	Payee name								
	12/30/2024	Vailchimp								
	Amount (\$) \$42.11	^D ayee address; City; Dnline	State;	Zip Code						
		Stephenville, TX 7640	L							
	PURPOSE OF EXPENDITURE	Category (See Categories lis Office Overhead/Renta		edule) (b)		outside of Texas. Com n, TX, officeholder living				
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder nar	ne C	Office sought		Office h	eld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment Fees Office Overhead/ Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/ The Instruction Guide explains how to complet	Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 8/12 Rpt: 26/37	Slawson, Shelby L. (The Honorable) 00083793							
4	Date	Payee name							
	12/10/2024	Saucedo, Maya							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	3233 Harmon Ave #433							
		Ave							
		Austin, TX 78705							
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) I	Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.						
			Check if Austin, TX, officeholder living expense Staff year-end						
			Stall year-end						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/01/2024	Sellers, Celia							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$200.00 173 PR 305 Ln								
		Gatesville, TX 76528							
	PURPOSE	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						
			Stan Sulary						
	Complete ONLY if direct	andidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OF								
	Date	Payee name							
	12/01/2024	Sellers, Celia							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$200.00	173 PR 305 Ln							
	ψ200.00								
		Gatesville, TX 76528							
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) I	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								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
_		The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1: Sch: 9/12 Rpt: 27/37	FILER NAME Slawson, Shelby L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083793						
-	-		00003135						
4	Date 12/10/2024	Payee name Sellers, Celia							
6	Amount (\$) \$500.00	Payee address; City; State; Zip Code 173 PR 305 Gatesville, TX 76528							
8	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense nd						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/31/2024	Slawson, Shelby							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,653.03	PO Box 286 Stephenville, TX 76401							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense call 2024 campaign mileage & NTTA						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/16/2024	True Food Kitchen							
	Amount (\$) \$64.64	Payee address;City;State;Zip Code222 W Avenue Ste HR100							
		Austin, TX 78701							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			vent Expense ees bod/Beverage Expen ift/Awards/Memorials egal Services The Instruction G i	s Expense	Office Over Polling Exp Printing Exp Salaries/Wa	rhead/ pense pense ages/0	e Contract Labor		Solicitation/Fund Transportation Ed Travel in District Travel Out of Dis OTHER (enter a	quipment & F trict	Related Expense
_	T tal serves Oakadula E1.					now to con	uhier		<u> </u>	-1	(Ethiop C	Filoro)
1	Total pages Schedule F1: Sch: 10/12 Rpt: 28/37			elby L. (The He	onorable)					Filer ID 00083793	(Ethics C	ommission Filers)
4	Date		ayee name	-								
	12/05/2024	1	ISPS									
6	Amount (\$) \$10.45	43	ayee address 31 N Grahar tephenville,	m	State;	e; Zip Coc	le					
8	PURPOSE		atonory (Cae	C to read at	the stars of this ask		(h)	Description				
5	OF			Categories listed at t ead/Rental Ex		iedule)	[[Check if travel o		le of Texas. Comp officeholder living		JIE T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Office	holder name	C	Office soug	jht			Office he	ld	
	Date	Pa	ayee name									
	12/17/2024		SPS									
	Amount (\$)	Pa	ayee address	; City;	State	; Zip Coc	de					
	\$6.35	43	31 N Grahar	m								
		SI	tephenville,	TX 76401		r						
	PURPOSE OF EXPENDITURE			Categories listed at t ead/Rental Ex		iedule)	 			le of Texas. Comp officeholder living		JIE T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Office	holder name	C	Office soug	jht			Office he	ld	
	Date	Pa	ayee name									
	11/01/2024	w	/inred									
	Amount (\$)	Pi	ayee address	; City;	State	; Zip Coc	de					
	\$137.90			Dr, Suite 600								
		Ar	rlington, VA	22203								
	PURPOSE OF EXPENDITURE		ategory _{(See} ees	Categories listed at t	the top of this scho	iedule)	 			le of Texas. Comp officeholder living		ıle T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Office	holder name	C	Office soug	jht			Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment Fees Office Overheal/U Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/C The Instruction Guide explains how to complet	Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)							
1	Total pages Sabadula E1:	· · ·								
1	Total pages Schedule F1: Sch: 11/12 Rpt: 29/37	Slawson, Shelby L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083793							
4	Date	Payee name								
	12/12/2024	Winred								
6	Amount (\$) \$197.00	Payee address; City; State; Zip Code 4250 Fairfax Dr, Suite 600 Arlington, VA 22203								
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) [Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/12/2024	Winred								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$197.00	4250 Fairfax Dr, Suite 600 Arlington, VA 22203								
	PURPOSE OF EXPENDITURE	Fees [Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CC swipe fee							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/13/2024	Winred								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$9.85	4250 Fairfax Dr, Suite 600								
		Arlington, VA 22203								
	PURPOSE OF EXPENDITURE	Fees [Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CC swipe fee							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPENDITURE	CATEGORIES FO	OR BOX 8(a)			
Accounting Consulting Contributio Candid		y - al Committee	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense I Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	ges Schedule F1: /12 Rpt: 30/37		1E Shelby L. (The Hond	orable)		3	Filer ID 00083793	(Ethics Commission Filers)
4 Date								
4 Date 12/13/20	024	5 Payee nam Winred	e					
6 Amount (\$) \$0.99	 Payee addr 4250 Fairf Arlington, 	ax Dr, Suite 600	State; Zip (Code			
o	POSE DF DITURE	(a) Category Fees	See Categories listed at the t	op of this schedule)		if travel outs if Austin, TX	ide of Texas. Comp , officeholder living	
9 Complete expenditu	e <u>ONLY</u> if direct ure to benefit C/O		fficeholder name	Office so	bught		Office he	ld
Date		Payee nam	e					
12/14/20	024	Winred						
Amount (\$) \$3.94	Payee addr 4250 Fairf Arlington,	ax Dr, Suite 600	State; Zip (_			
0	POSE)F DITURE	(a) Category Fees	(See Categories listed at the t	op of this schedule)		if travel outs if Austin, TX	ide of Texas. Comp , officeholder living	
	e <u>ONLY</u> if direct ure to benefit C/O		fficeholder name	Office so	bught		Office he	ld

	ES MADE BY C		D	SCHEDULE F4				
	EXPE	INDITURE CATEGOR	IES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Awards	rage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel in District Fravel Out of District DTHER (enter a category not listed above)				
	The Inst	ruction Guide explains h	ow to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 1/5 Rpt: 31/37	Slawson, Shelby L.	(The Honorable)		00083793				
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED)				
ISSUER	Citil	bank	EXPENDITURES CHARGED TO A CREDI CARD	т \$				
6 PAYMENT	(a) Amount Charged \$980.89	(b) Date of Charge 10/30/2024	(c) Date(s) Credit Card Issu 10/30/2024	er Paid				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	Compus Condos		2906 San Gabriel St, Ste	B				
	Campus Condos							
			Austin, TX 78705					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Officeholder Austin renta	Officeholder Austin rental expense				
X Political	Office Overhead/Rent							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. X Check if Austin, T	K, officeholder living expense				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$712.21	10/30/2024	10/30/2024					
	Ψ112.21	10/30/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
			148 IH 20 Ste 100					
	HomeGoods							
			Weatherford, TX 76087					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Officeholder Austin rental supplies					
X Political	Office Overhead/Rent	ai Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. X Check if Austin. T	K, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid				
	\$179.82	11/02/2024	11/08/2024					
	φ179.02	11/02/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
			2020 South AW Grimes					
	CORT Furniture Re	ental						
			Round Rock, TX 78664					
PURPOSE OF	PURPOSE OF (a) Category							
EXPENDITURE	(See Categories listed at the top	(b) Description furniture rental officehold	ler Austin apt					
X Political	Office Overhead/Rent							
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	ffice sought	Office held				
expenditure to benefit C/OH								

			U	SCHEDULE F4	•					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve / - Gift/Award I Committee Legal Serv	rage Expense s/Memorials Expense ices	IES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor now to complete this form.	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 F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filer	s)					
Sch: 2/5 Rpt: 32/37	Slawson, Shelby L.	(The Honorable)		00083793						
4 CREDIT CARD	-	ncial institution	5 TOTAL OF UNITEM							
ISSUER		revious	EXPENDITURES CHARGED TO A CF CARD	\$						
6 PAYMENT	(a) Amount Charged \$144.19	(b) Date of Charge 11/05/2024	(c) Date(s) Credit Card 11/08/2024	Issuer Paid						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	ode					
	—		online							
Expedia.com										
				Stephenville, TX 76401						
8 PURPOSE OF EXPENDITURE	(a) Category	of this school (10)	(b) Description							
Travel Out of District			member travel electi	on night						
X Political										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	stin, TX, officeholder living expense						
9 Complete ONLY if direct	Candidate/Officeholder	ffice sought	Office held							
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$108.24	(b) Date of Charge 11/01/2024	(c) Date(s) Credit Card 11/08/2024	Issuer Paid						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	ode					
	Amozon 00m		online	online						
	Amazon.com									
			Austin, TX 78701							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
_	Office Overhead/Ren		office supplies							
X Political										
Non-Political		of Texas. Complete Schedule		stin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held						
expenditure to benefit C/OH	(a) Amount Charged	(h) Data of Charge	(a) Data(a) Credit Card	Januar Daid						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card 12/03/2024	Issuel Palu						
	\$1,967.10	10/30/2024								
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	ode					
			2906 San Gabriel St							
	Campus Condos			,						
			Austin, TX 78705							
PURPOSE OF (a) Category			(b) Description							
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	Officeholder Austin rental expense								
X Political		ui Lypense								
Non-Political	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		ffice sought	Office held						
expenditure to benefit C/OH										

			D	SCHEDULE F4				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve / - Gift/Award I Committee Legal Serv	arage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement S Office Overhead/Rental Expense 1 Polling Expense 1 Printing Expense 1	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District DTHER (enter a category not listed above)				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 3/5 Rpt: 33/37	Slawson, Shelby L.	(The Honorable)		00083793				
4 CREDIT CARD	-	ncial institution	5 TOTAL OF UNITEMIZED					
ISSUER		revious	EXPENDITURES CHARGED TO A CREDI CARD	\$				
6 PAYMENT	(a) Amount Charged \$203.45	(b) Date of Charge 11/30/2024	(c) Date(s) Credit Card Issue 12/03/2024	er Paid				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code				
			online					
	Amazon.com							
			Austin, TX 78701					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			office supplies Austin					
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	T. Check if Austin, T>	K, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	fice sought	Office held					
expenditure to benefit C/OH	expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$191.61	(b) Date of Charge 12/03/2024	(c) Date(s) Credit Card Issue 12/27/2024	er Paid				
PAYEE	(a) Payee name	I	(b) Payee address;	City, State, Zip Code				
			2020 South AW Grimes	Ste 180				
	CORT Furniture Re	ental	Round Rock, TX 78664					
PURPOSE OF	(a) Category		(b) Description					
	(See Categories listed at the top Office Overhead/Rent		furniture rental officeholder Austin apt					
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	T. X Check if Austin, T	K, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$17.00	12/03/2024	12/27/2024					
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code				
			431 N. Graham					
	USPS							
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			Stephenville, TX 76401 (b) Description					
	Office Overhead/Rent	PO box key						
X Political		F						
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Of	fice sought	Office held				
	1							

			U	SCHEDULE F4			
EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense	Event Exp Fees Ecod/Royc		Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District			
Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	 Gift/Awards/Memorials Expense Pri 		Travel In District Travel Out of District OTHER (enter a category not listed above)			
	Ũ		Salaries/Wages/Contract Labor				
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME 3						
Sch: 4/5 Rpt: 34/37	Slawson, Shelby L.	(The Honorable)		00083793			
4 CREDIT CARD	Name of fina	Name of financial institution					
ISSUER	see previous		EXPENDITURES CHARGED TO A CREDI	⊅			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu 12/27/2024	er Paid			
	\$7.23	12/02/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	(u) r uječ name		185 Berry St				
	Lyft						
			San Francisco, CA 9410	7			
8 PURPOSE OF EXPENDITURE			(b) Description				
	Travel Out of District		Austin Lyft				
X Political							
9 Complete <u>ONLY</u> if direct	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. 9 Complete ONLY if direct Candidate/Officeholder name Office			X, officeholder living expense			
expenditure to benefit C/OH			nice cought				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$9.56	12/02/2024	12/27/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Lyft		185 Berry St				
			San Francisco, CA 9410	7			
PURPOSE OF	PURPOSE OF (a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top of this schedule) Travel Out of District		Austin Lyft				
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		X, officeholder living expense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$9.37		12/27/2024				
	\$9.37	12/06/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	1.4		185 Berry St				
	Lyft						
			San Francisco, CA 9410 (b) Description	7			
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)		Austin Lyft					
X Political	Travel Out of District						
Non-Political							
Complete ONLY if direct	Candidate/Officeholder	•	ffice sought	Office held			
expenditure to benefit C/OH							

Advertising Expense Event Expe Accounting/Banking Fees Consulting Expense Food/Beve		ense erage Expense s/Memorials Expense rices	RIES FOR BOX 10(a) 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)						
	The Inst	ruction Guide explains	how to complete this form.							
1 Total pages Schedule F4: Sch: 5/5 Rpt: 35/37	2 FILER NAME Slawson, Shelby L.	(The Honorable)		3 Filer ID (Ethics Commission Filers) 00083793						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZI EXPENDITURES CHARGED TO A CRE CARD	\$						
6 PAYMENT	(a) Amount Charged \$5.20	(b) Date of Charge 12/06/2024	(c) Date(s) Credit Card Is: 12/27/2024	suer Paid						
7 PAYEE	(a) Payee name Lyft		(b) Payee address; 185 Berry St	City, State, Zip Code						
			San Francisco, CA 942	107						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Austin Lyft							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin	n, TX, officeholder living expense						
9 Complete <u>ONLY</u> if direct	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held									
expenditure to benefit C/OH										

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing E	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	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: Sch: 1/1 Rpt: 36/37	2 FILER NAME Slawson, Shelby L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083793			
4 Date 12/31/2024	5 Payee name Slawson, Shelby					
6 Amount (\$) \$1,578.74 Reimbursement from	7 Payee address; City; State; Zip Code PO Box 286					
X political contributions intended	Stephenville, TX 76401	1				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense iles campaign			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
Date 12/31/2024	Payee name Slawson, Shelby					
Amount (\$) \$74.29	Payee address; City; State; Zip C PO Box 286	ode				
X Reimbursement from political contributions intended	Stephenville, TX 76401					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense area NTTA tolls officeholder travel			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			

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

SCHEDULE K

I The Instruction Guide explains how to complete this form.				ages Schedule K: /1 Rpt: 37/37			
2	2 FILER NAME 3 File			Filer ID	(Ethics Commission F	-ilers)	
	Slawson, Shelby L. (The Honorable) 0008			00083	793		
4	Date 5 Name of person from whom amount is received				8 Amount (\$)		
	11/01/2024						\$68.03
		6	Address of person from whom amount is received; City; State; Zip Code				
		Ŀ	STEPHENVILLE, TX 76401				
		7		politi	cal conti	ibution returned to filer	
			Interest				
	Date		Name of person from whom amount is received			Amount (\$)	
	12/01/2024		FIRST FINANCIAL BANK				\$73.91
			Address of person from whom amount is received; City; State; Zip Code				
			STEPHENVILLE, TX 76401				
				politi	cal conti	ibution returned to filer	
			Interest				
	Date		Name of person from whom amount is received			Amount (\$)	
	12/31/2024		FIRST FINANCIAL BANK				\$74.14
			Address of person from whom amount is received; City; State; Zip Code				
			STEPHENVILLE, TX 76401				
		┝		noliti		ibution roturned to filer	
		Purpose for which amount is received Check if political contrit					
⊨							
	Date 12/31/2024		Name of person from whom amount is received Republican Party of Texas			Amount (\$)	\$69.00
	12/31/2024						<i>ф</i> 09.00
			Address of person from whom amount is received; City; State; Zip Code				
			Austin, TX 78768				
		⊢		politi	cal conti	I ibution returned to filer	
			Refund	1			
		<u> </u>					