CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00083793		2 Total pages f	iled: 63
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Shelby L.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025	
	MCRIVAINE	Slawson		30111X		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
MAILING ADDRESS	PO Box 286				Receipt #	Amount
Change of Address	Stephenville, TX 76401					
Change of Address	Stephenville, 17 70401				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	Gary				
	NICKNAME	LAST		SUFFIX		
		Sult				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	′; ST.	ATE; ZIP CODE
TREASURER ADDRESS	3020 NW Loop					
(Residence or Business)	Stephenville, TX 76401					
	4554 0055 BUOM					
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(254) 965-7321					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff		ımpaign treasurer
		⊣ -		L -	appointment (off	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	Month Day Year 01/01/2025	TH	IROUGH	Month Day 06/30/20		
	01/01/2025			00/30/20	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
			eneral	Special	<u>—</u>	
		"	crioral	Бреска		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)	
	State Representative Distr	rict 59			. ()	
	·					
	1			1		
		GOT	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 63

13 C / OH NAME	Slawson, Shelby L. (*	Γhe Honorable)		14 Filer ID 00083793	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures ma	ccepted or political expenditu ay have been made without t uired to report this information	the candidate's or offic	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRE	SS			
	SPECIFIC					
		COMMITTEE CAMPA	AIGN TREASURER NAME			
		COMMITTEE CAMPA	AIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			TRIBUTIONS (OTHER THAI DNTRIBUTIONS MADE ELEC		, \$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OF	R GUARANTEES OF LOANS	5)	\$	14,046.79
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPE	ENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES			\$	48,959.46
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE LA	AST DAY OF THE	\$	236,258.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	116,000.00
17 AFFIDAVIT		tru	wear, or affirm, under penalty e and correct and includes al der Title 15, Election Code.			
			The Honor:	able Shelby L. Slaw	(son	
				Candidate or Officeho		
AFFIX NO	TARY STAMP / SEAL AB	OVE	-			
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to ce	ertify which, witness my	/ hand and seal of office.			
Signature of offi	cer administering	Printed name of (officer administering	Title of office	er administer	ing oath

SUBTOTALS - C/OH

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

				3 of 63
18 FILER NAM	IE Shelby L. (The Honorable)	19 Filer ID 00083793	(Ethics Comm	ssion Filers)
20 SCHEDULE NAME OF S	SUBTOTALS	0000730	SUBTOT	AL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	13,875.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	171.79
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	29,012.01
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	18,812.19
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,135.26
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	411.22

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	CHEDULE A1	
	The Instru	ction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 1/2 Rpt: 4/63		
2	FILER NAME Slawson, Sh	elby L. (The Honorable)		3	Filer ID (Ethics Commission 00083793	on Filers)	
4			7	Amount of Contribution (\$)	\$1,000.00		
		Stephenville, TX 76401					
8	8 Principal occupation / Job title (See Instructions)9 Employer (See Instructions Retired)				
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Hodges, Linda & Bill Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00	
	Principal occu	Stephenville, TX 76401 pation / Job title (See Instructions)	Employer (See Instructions Retired)			
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Loewy, Adam Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00	
		Austin, TX 78731					
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Loewy Law Firm)			
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Moak Casey Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Sullivan, Debbie Contributor address; City; State; Zip Code Round Rock, TX 78665			Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Retired)			

MONE	TARY POLITICAL CONTRIBUTION	SCHEDULE A1	
The Instr	uction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/63
2 FILER NAM Slawson, S	E Shelby L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083793
4 Date 06/25/2025			7 Amount of Contribution (\$) \$5,000.00
	Austin, TX 78701		
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instructions	s)
Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: Weekley, Richard Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,500.00
	Houston, TX 77027		
Principal occ Real Estate	cupation / Job title (See Instructions)	Employer (See Instructions Self	5)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 6/63		
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 06/30/2025	 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description \$4.10 Winred swipe fee		
	Stephenville, TX 76401		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON Retired	I-JUDICIAL) (See instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			
Date 06/25/2025	Full name of contributor out-of-state PAC (ID#: Sullivan, Debbie Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$1.03 Winred swipe fee		
	Round Rock, TX 78665		I I Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Retired	I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 06/25/2025	Full name of contributor out-of-state PAC (ID#: TREPAC Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$83.33 Advertising		
	Austin, TX 78768		I I Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Contributor's	Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or'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 SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 7/63 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Slawson, Shelby L. (The Honorable) 00083793 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/25/2025 Texans for Lawsuit Reform \$83.33 Campaign fundraiser 7 Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 1/30 Rpt: 8/63	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	01/07/2025	Amazon.com
6	Amount (\$) \$72.43	7 Payee address; City; State; Zip Code online Austin, TX 78701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office Supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/10/2025	Amazon.com
	Amount (\$) \$14.06	Payee address; City; State; Zip Code online Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office supplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/06/2025	Payee name Amazon.com
	Amount (\$) \$52.64	Payee address; City; State; Zip Code online
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supplies
	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 -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
	Total pages Schedule F1: Sch: 2/30 Rpt: 9/63	2 FILER NAME Slawson, Shelby L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083793
4	Date	5 Payee name
	02/13/2025	Amazon.com
_		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.80	online
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	03/05/2025	Amazon.com
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	online
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		office supplies
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	01/28/2025	Capitol Caf
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.05	1001 Congress
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITURE	Check if Austin, TX, officeholder living expense
		coffee with staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 3/30 Rpt: 10/63	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
l	01/09/2025	Citibank
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$2,222.44	PO Box 78045
l		
		Phoenix, AZ 85062
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense cc payment
		ce payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
l	01/25/2025	Citibank
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$3,243.16	PO Box 78045
	7-,	
		Phoenix, AZ 85062
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Credit Card Payment Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		cc payment
L	Complete CNII V if direct	Condidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┝	D-1-	
l	Date 02/03/2025	Payee name Citibank
┡		
l	Amount (\$)	Payee address; City; State; Zip Code PO Box 78045
l	\$1,967.10	PO BUX 78045
l		Phoonix AZ 0F062
L		Phoenix, AZ 85062
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		cc payment
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/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: 4/30 Rpt: 11/63	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	02/09/2025	Citibank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$216.46	PO Box 78045
		Phoenix, AZ 85062
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense cc payment
		eo payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
	Date	Payee name
	03/02/2025	Citibank
	Amount (\$)	
	\$3,175.99	PO Box 78045
		Phoenix, AZ 85062
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense cc payment
		eo payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	03/10/2025	Payee name Citibank
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.86	PO Box 78045
		Phoenix, AZ 85062
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense cc payment
		co payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission F	ilers)
	Sch: 5/30 Rpt: 12/63	Slawson, Shelby L. (The Honorable) 00083793	
4	Date	5 Payee name	
	03/12/2025	Citibank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$90.04	PO Box 78045	
		Phoenix, AZ 85062	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense cc payment	
		ου ραγιτελία	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	03/31/2025	Citibank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,550.32	PO Box 78045	
	ψ3,330.32	1 O BOX 70045	
		Dhooniy A7 95062	
	DUDD 005	Phoenix, AZ 85062	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		cc payment	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	IT	
	Date	Payee name	
	04/02/2025	Citibank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$191.60	PO Box 78045	
		Phoenix, AZ 85062	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense cc payment	
		СС раупен	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/30 Rpt: 13/63	2 FILER NAME Slawson, Shelby L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083793
4	Date 04/27/2025	5 Payee name Citibank
6	Amount (\$) \$163.89	7 Payee address; City; State; Zip Code PO Box 78045
8	PURPOSE OF EXPENDITURE	Phoenix, AZ 85062 (a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CC payment
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/18/2025	Payee name Citibank
	Amount (\$) \$2,348.95	Payee address; City; State; Zip Code PO Box 78045 Phoenix, AZ 85062
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense cc payment
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/05/2025	Payee name Citibank
	Amount (\$) \$1,228.62	Payee address; City; State; Zip Code PO Box 78045
		Phoenix, AZ 85062
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense cc payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/30 Rpt: 14/63	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	06/27/2025	Citibank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$383.77	PO Box 78045
		PL A7 05000
		Phoenix, AZ 85062
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		cc payment
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialitate to benefit C/OI	
	Date	Payee name
L	06/24/2025	Cold Smoke Crafthouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.96	2810 W Washington
L		Stephenville, TX 76401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Categories Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		staff coffee meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialiture to benefit C/Oi	
	Date	Payee name
	01/13/2025	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.05	4301 William Cannon
		A
		Austin, TX 78749
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Office Overhead/Pental Expanse Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		supplies & snacks for Austin office
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit C/OI	·

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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/Wa	ense ges/Con			Travel in Distric Travel Out of D OTHER (enter a	
		The Instruction Guide explains how to com	plete t	his form.			
1	Total pages Schedule F1: Sch: 8/30 Rpt: 15/63	2 FILER NAME Slawson, Shelby L. (The Honorable)			3	Filer ID 00083793	(Ethics Commission Filers)
4	Date 02/23/2025	5 Payee name Costco					
_							
6	Amount (\$) \$261.41	7 Payee address; City; State; Zip Cod 4301 William Cannon	,				
		Austin, TX 78749					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Check if Austin,	, TX	ide of Texas. Con , officeholder livin ks for Austii	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	nt			Office h	eld
_	Date	Payee name					
	03/24/2025	Costco					
	Amount (\$)	Payee address; City; State; Zip Cod					
	\$217.89	4301 William Cannon					
		Austin, TX 78749					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Check if Austin,	, TX	ide of Texas. Con , officeholder livin ks for Austin	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	nt			Office h	eld
	Date	Payee name					
	05/29/2025	DoorDash					
	Amount (\$)	Payee address; City; State; Zip Cod					
	\$45.05	online					
		Austin, TX 78701					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense			, TX	, officeholder livin	nplete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt			Office h	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Ma

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: 9/30 Rpt: 16/63	Slawson, Shelby L. (The Honorable) 00083793		
4 Date	5 Payee name		
02/10/2025	Embassy Suites		
6 Amount (\$) \$270.75	7 Payee address; City; State; Zip Code 300 S Congress		
	Austin, TX 78704		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Austin hotel for staff		
	Additition of stail		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Date	Payee name		
05/15/2025	Enfield Nail		
Amount (\$)	Payee address; City; State; Zip Code		
\$50.00	916 W 12th		
	Austin, TX 78703		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	intern graduation gift		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payeo namo		
03/14/2025	Payee name Erath County Republican Party		
Amount (\$)	Payee address; City; State; Zip Code		
\$100.00	PO Box 1079		
	Stephenville, TX 76401		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee		
	donation - event		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/O			
	<u> </u>		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 10/30 Rpt: 17/63	Slawson, Shelby L. (The Honorable) 00083793	
4	Date	5 Payee name	
	01/31/2025	First Financial Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4.95	PO Box 998	
		Stephenville, TX 76401	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		bank fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/01/2025	Fraser, Meredith	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	5122 Largo	
		Granbury, TX 76049	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Staff salary	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/01/2025	Fraser, Meredith	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	5122 Largo	
		Granbury, TX 76049	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Staff salary	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 11/30 Rpt: 18/63	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
l	03/01/2025	Fraser, Meredith
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$200.00	5122 Largo
l		
		Granbury, TX 76049
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff salary
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	'	
	Date	Payee name
L	04/01/2025	Fraser, Meredith
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	5122 Largo
l		
		Granbury, TX 76049
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Staff salary
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/01/2025	Fraser, Meredith
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	5122 Largo
l		
		Granbury, TX 76049
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff salary
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefit 6/01	•

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

l	Credit Gard i dyment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 12/30 Rpt: 19/63	Slawson, Shelby L. (The Honorable)		00083793
4	Date	5 Payee name		·
	06/01/2025	Fraser, Meredith		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$200.00	5122 Largo		
l				
		Granbury, TX 76049		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE			Check if Austin, TX, officeholder living expense
				Staff salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
"	expenditure to benefit C/OI		H	Office field
⊨	Data			
	Date 02/04/2025	Payee name		
L		Freytag's Florist		
	Amount (\$)	Payee address; City; State; Zip Cod	ie	
	\$206.71	2211 W Anderson Ln		
		Aughin TV 70757		
		Austin, TX 78757		
	PURPOSE OF	, , ,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense		Check if Austin, TX, officeholder living expense
				condolence flowers
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/21/2025	GoDaddy.com		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$126.35	Online		
l				
		Stephenville, TX 76401		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense email renewal
				ona. ronowai
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
	expenditure to benefit C/OI			Since note
\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

	Credit Card Payment		The Instruction Guide explains how to co	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/30 Rpt: 20/63		Slawson, Shelby L. (The Honorable)		00083793
4	Date	5	Payee name		
	03/10/2025		HEB		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$28.48		1000 E 41st		
			Austin, TX 78751		
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.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense
					office supplies
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	ıaht	Office held
9	expenditure to benefit C/OI		Januluate/Oniceriolaer flame Onice Soc	agrit	Office field
_	Data	_			
	Date 01/03/2025		Payee name		
		_	Hill Country Springs		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$10.83		PO Box 2220		
			Manchaca, TX 78652		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					office water service
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	Н			
	Date	Π	Payee name		
	02/04/2025		Hill Country Springs		
	Amount (\$)	\vdash	Payee address; City; State; Zip Co	ode	
	\$45.82		PO Box 2220		
			Manchaca, TX 78652		
	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
					office water service
				<u> </u>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ught	Office held
	Orange to bonom of or	•			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 14/30 Rpt: 21/63	Slawson, Shelby L. (The Honorable)	00083793
4	Date	5 Payee name	·
	03/04/2025	Hill Country Springs	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$33.82	PO Box 2220	
		Manahaan TV 700F2	
Ļ	PURPOSE	Manchaca, TX 78652	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 God/Deverage Expense	Check if Austin, TX, officeholder living expense
			office water service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
H	Date	Payee name	
	04/02/2025	Hill Country Springs	
Н	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.82	PO Box 2220	
		Manchaca, TX 78652	
	PURPOSE OF	5 y (cor canagement at the top of the concentration)	Description
l	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			office water service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experiental to belief to 701	<u>'</u>	
	Date	Payee name	
_	05/02/2025	Hill Country Springs	
	Amount (\$) \$38.81	Payee address; City; State; Zip Code PO Box 2220	
	10.001	TO BOX ELLO	
		Manchaca, TX 78652	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense office water service
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/30 Rpt: 22/63	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	06/03/2025	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.82	PO Box 2220
		Manchaca, TX 78652
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office water service
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
F	Date	Payee name
	06/24/2025	Hilton Garden Inn
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$337.78	635 E Pearl
	Ψ331.10	000 E 1 Cui
		Granbury, TX 76048
	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 staff lodging
		Stati loughig
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Payee name
	01/01/2025	Hotze, Theresa
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1000 San Marcos St
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Staff salary
\vdash	Complete ONI V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
\vdash		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/30 Rpt: 23/63	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	02/01/2025	Hotze, Theresa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	1000 San Marcos St
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Staff salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/01/2025	Hotze, Theresa
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1000 San Marcos St
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Staff salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/01/2025	Hotze, Theresa
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1000 San Marcos St
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/30 Rpt: 24/63	Slawson, Shelby L. (The Honorable)	00083793
4	Date	5 Payee name	
	05/01/2025	Hotze, Theresa	
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 1000 San Marcos St Austin, TX 78702	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	utside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/01/2025	Hotze, Theresa	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	1000 San Marcos St	
		Austin, TX 78702	
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Eabor	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
Т	Date	Payee name	
	06/02/2025	Hotze, Theresa	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1000 San Marcos St	
		Austin, TX 78702	
	PURPOSE OF EXPENDITURE	Salaries/ Wages/Contract Eabor	utside of Texas. Complete Schedule T. TX, officeholder living expense ession bonus
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

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

Fees Office Over Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E Legal Services Salaries/V

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/30 Rpt: 25/63	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	06/30/2025	Hotze, Theresa
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$360.47	1000 San Marcos St
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense reimburse office supplies & office TV
		Telimburse office supplies & office 1 v
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	05/02/2025	Juiceland
H	Amount (\$)	Payee address; City; State; Zip Code
	\$55.91	120 E 4th
	Ψ00.01	120 2 701
		Austin, TX 78701
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		meal for staff & members
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantific to belieff G/OI	
	Date	Payee name
	05/02/2025	Juiceland
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.90	120 E 4th
		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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		meal for staff & members
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/30 Rpt: 26/63	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	05/27/2025	Juiceland
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.20	120 E 4th
		Austin, TX 78701
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 meal for staff & members
		medi for stall & members
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	01/30/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.11	Online
		Stephenville, TX 76401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense email service
		errai service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 02/28/2025	Payee name Mailahima
		Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.04	Online
		Stephenville, TX 76401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense email service
		Citiali Scivice
_	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 -

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: 20/30 Rpt: 27/63	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	03/31/2025	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.04	Online
		Stephenville, TX 76401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		email service
		Cital Scivide
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	05/01/2025	Mailchimp
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$49.04	Online
	Ф49.04	Offilite
L		Stephenville, TX 76401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		email service
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/02/2025	Mailchimp
L	Amount (\$)	
	\$49.04	Payee address; City; State; Zip Code Online
	φ49.04	Offilite
		Charles wills. TV 7C 404
		Stephenville, TX 76401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		email service
1		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor 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 F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 21/30 Rpt: 28/63 Slawson, Shelby L. (The Honorable) 00083793 4 Date Payee name 04/07/2025 Racetrac 6 Amount (\$) Payee address; City; State; Zip Code \$59.42 3711 US 377 Granbury, TX 76049 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff gas for event travel Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/24/2025 Randy's Amount (\$) Payee address; City; State; Zip Code \$44.16 1454 E US Hwy 377 Granbury, TX 76048 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense staff meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/17/2025 Ryan Data & Research Amount (\$) Payee address: City; State; Zip Code \$250.00 PO Box 202675 Austin, TX 78720 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Consulting Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense data Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		Legal Services The Instruction Guide	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 22/30 Rpt: 29/63	Slawson, S	shelby L. (The Hond	orable)				00083793	
4	Date	5 Payee name	!						
	06/02/2025	Saucedo, M	Лауа ———————————————————————————————————						
6	Amount (\$)	7 Payee addre		State; Zip C	ode				
	\$500.00	3233 Harm	on Ave #433						
		Ave							
		Austin, TX	78705						
8	PURPOSE OF		See Categories listed at the to		(b)	Description			
	EXPENDITURE	Salaries/W	ages/Contract Labo	or				de of Texas. Com officeholder living	plete Schedule T.
						Austin staff so			у схрепас
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ught			Office he	eld
	experientare to benefit G/OI								
	Date	Payee name	!						
	01/01/2025	Sellers, Ce	lia						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$200.00	173 PR 30	5 Ln						
		Gatesville,	TX 76528						
	PURPOSE OF		See Categories listed at the to		(b)	Description			
	EXPENDITURE	Salaries/W	ages/Contract Labo	or				de of Texas. Com officeholder living	plete Schedule T.
						Staff salary	, 17.,	omeendaer nving	у схропос
	Complete ONLY if direct		ïceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	-							
	Date	Payee name	,						
	02/01/2025	Sellers, Ce	lia						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$200.00	173 PR 30	5 Ln						
		Gatesville,	TX 76528						
	PURPOSE	(a) Category (S	See Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/W	ages/Contract Labo	or					plete Schedule T.
						Staff salary	, TX,	officeholder living	g expense
						Jian Salary			
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u>l</u> ught			Office he	eld
	expenditure to benefit C/OI				J ,				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 23/30 Rpt: 30/63	Slawson, Shelby L. (The Honorable)		00083793	
4	Date	Payee name	•		
	03/01/2025	Sellers, Celia			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$200.00	173 PR 305 Ln			
		Gatesville, TX 76528			
8	PURPOSE	(b) Category (See Categories listed at the top of this schedule)			
	OF EXPENDITURE	Salaries/Wages/Contract Labor	avel outs	ide of Texas. Com	
		☐ Check if Au Staff salar		, officeholder living	expense
		Stail Salai	у		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ald
	expenditure to benefit C/Ol	Candidate/Officerolder name Office Sought		Office file	au
_	Data	David david			
	Date 04/01/2025	Payee name Sellers, Celia			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$200.00	173 PR 305 Ln			
		O 1 1 7 70500			
		Gatesville, TX 76528			
	PURPOSE OF	(b) Description		:d4.T	whole Calcadida T
	EXPENDITURE	Salaries/ Wages/ Contract Eabor		ide of Texas. Com , officeholder living	
		Staff salar			
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
	Date	Payee name			
	05/01/2025	Sellers, Celia			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$200.00	173 PR 305 Ln			
		Gatesville, TX 76528			
	PURPOSE	(b) Description			
	OF			ide of Texas. Com	plete Schedule T.
	EXPENDITURE	Check if Au		, officeholder living	expense
		Staff salar	У		
	0 1, 2, 2, 2, 2, 2				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 24/30 Rpt: 31/63	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	06/01/2025	Sellers, Celia
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 173 PR 305 Ln Gatesville, TX 76528
8	PURPOSE	(a) Cotogony (b) Description
١	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff salary
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/24/2025	Staples
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.56	200 N Wolfe Nursery
		Stephenville, TX 76401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		legislative update handouts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/25/2025	Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.25	413 E US 377
		Granbury, TX 76048
	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
		staff meal
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 25/30 Rpt: 32/63	2 FILER NAME Slawson, Shelby L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083793
4	Date	5 Payee name
•	03/17/2025	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.09	5621 N I-35
		Austin, TX 78723
Ļ		1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office supplies
		office supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	1
	Date	Payee name
	04/22/2025	Target
_	Amount (\$)	Payee address; City; State; Zip Code
	\$82.31	5621 N I-35
	Φ02.31	3021 N I-33
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	05/08/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.47	5621 N I-35
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor 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: 26/30 Rpt: 33/63	2 FILER NAME Slawson, Shelby L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083793
4	Date	
4		,
	02/05/2025	Texas Federation of Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	13740 N Hwy 183, Ste J4
		Austin, TX 78750
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		donation to event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/05/2025	Texas House of Representatives
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	PO Box 2210
		Austin, TX 78701
_	DUDDOS-	<u> </u>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if traval outside of Taxas, Complete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		photo fee
		p.1333.133
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
-	Dato	Davisa nama
	Date	Payee name The Capital Crill
	04/11/2025	The Capital Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.50	1100 Congress
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITURE	Check if Austin, TX, officeholder living expense
		Staff meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

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

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

Fees Office (
Food/Beverage Expense Polling
Gift/Awards/Memorials Expense Printing
Legal Services Salarie

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/30 Rpt: 34/63	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	05/07/2025	The Capital Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.93	1100 Congress
		Austin, TX 78701
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 Staff meal
		Stati moai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/30/2025	The Capital Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.40	1100 Congress
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Staff meal
		Stati moai
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/15/2025	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.93	Online
		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 Staff meal
		Stati modi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 28/30 Rpt: 35/63	Slawson, Shelby L. (The Honorable) 00083793
4	Date	5 Payee name
	04/16/2025	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.50	Online
		Austin, TX 78701
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 Staff meal
		Star meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
H	Date	Payee name
	05/02/2025	Uber Eats
L		
	Amount (\$) \$68.24	Payee address; City; State; Zip Code
	\$08.24	Online
		Austin, TX 78701
	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 for staff & members
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	05/02/2025	Uber Eats
H	Amount (\$)	Payee address; City; State; Zip Code
	\$51.54	Online
	Ψ31.34	Offinite
		Aughin TV 70701
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Food/Reverage Expense 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 for staff & members
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\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

	Credit Card Payment	The Instruction Guide explains how to com	ıple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 29/30 Rpt: 36/63	Slawson, Shelby L. (The Honorable)		00083793
4	Date	5 Payee name		
	05/12/2025	Uber Eats		
6	Amount (\$)	7 Payee address; City; State; Zip Code	le	
	\$49.11	Online		
		Austin, TX 78701		
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.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				meal for staff & members
_	Complete ONLY if direct	Candidate/Officeholder name Office sougl	hŧ	Office held
9	expenditure to benefit C/OI		ΠL	Office field
_	Data			
	Date 05/27/2025	Payee name Uber Eats		
	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$41.89	Online		
		Austin, TX 78701		
	PURPOSE OF	,	(b)	Description Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				meal for staff & member
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	06/02/2025	Webb, Nicholla		
	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$250.00	1100 Congress		
		Austin, TX 78705		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				Austin intern session bonus
_	Complete ONLY if direct	Candidate/Officeholder name Office sougl	h+	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	•	111	Office held
l				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 30/30 Rpt: 37/63	2 FILER NAME Slawson, Shelby L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083793
4	Date 03/03/2025	5 Payee name Whole Foods
6	Amount (\$) \$126.17	7 Payee address; City; State; Zip Code 9607 Research
		Austin, TX 78759
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office flowers and snacks
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 06/25/2025	Payee name Winred
	Amount (\$) \$39.40	Payee address; City; State; Zip Code 4250 Fairfax Dr, Suite 600
		Arlington, VA 22203
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense cc swipe fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/27/2025	Payee name Winred
	Amount (\$) \$197.10	Payee address; City; State; Zip Code 4250 Fairfax Dr, Suite 600
		Arlington, VA 22203
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CC Swipe fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)		
	Sch: 1/23 Rpt: 38/63	Slawson, Shelby L.	(The Honorable)		00083793			
4	CREDIT CARD ISSUER		ncial institution bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6	PAYMENT	(a) Amount Charged \$1,967.10	(b) Date of Charge 01/01/2025	(c) Date(s) Credit Card Issuel 01/09/2025	r Paid			
7	PAYEE	(a) Payee name Campus Condos		(b) Payee address; 2906 San Gabriel St, Ste	City, State, B	Zip Code		
╠	PURPOSE OF	(a) Category		Austin, TX 78705 (b) Description				
8	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Reni		Officeholder Austin rental expense				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$191.61	(b) Date of Charge 01/01/2025	(c) Date(s) Credit Card Issuel 01/09/2025	r Paid			
	PAYEE (a) Payee name			(b) Payee address;	City, State,	Zip Code		
	CORT Furniture Rental		ental	2020 South AW Grimes S	ite 180			
				Round Rock, TX 78664				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description furniture rental officeholde	er Austin apt			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expense			
H	Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
6	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$63.73	(b) Date of Charge 01/01/2025	(c) Date(s) Credit Card Issuer 01/09/2025	r Paid			
	PAYEE	(a) Payee name Campus Condos		(b) Payee address; 2906 San Gabriel St, Ste	City, State, B	Zip Code		
L				Austin, TX 78705				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Officeholder Austin rental utilities				
1	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expense			
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officeholder/Politica	-			THER (enter a category	not listed at	oove)
		ruction Guide explains how	to complete this form.	1		
1 Total pages Schedule F4:				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 2/23 Rpt: 39/63	Slawson, Shelby L.	(The Honorable)		00083793		
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED			
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDIT	. \$		
			CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$1,041.98	01/17/2025	01/25/2025			
	\$1,041.90	01/11/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(a) i a) so name		PO Box 13305	J.,	Ototto,	p
	Texas House Repu	blican Caucus	1 O BOX 13303			
			Austin, TX 78711			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	caucus dues			
X Political	Fees		caucus aucs			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	_	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$2,000.00	01/22/2025	01/25/2025			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
		- ""	PO Box 2659			
	Texas Conservative Coalition					
			Austin, TX 78768			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	member dues			
X Political	1 1 6 6 3					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$9.99	01/14/2025	01/25/2025			
	Ψ0.00	01/1-//2020				
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code
	(1)		1455 Market St	- 5,	,	
	Uber		_ 100 ma.mot 0t			
			San Francisco, CA 94103	}		
PURPOSE OF	(a) Category		(b) Description	•		
EXPENDITURE	(See Categories listed at the top	of this schedule)	Austin Uber			
X Political	Travel Out of District					
I =	() [<u> </u>			
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
l						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 3/23 Rpt: 40/63	Slawson, Shelby L.	(The Honorable)		00083793		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$191.19	(b) Date of Charge 01/13/2025	(c) Date(s) Credit Card Issue 01/25/2025	r Paid		
7 PAYEE	(a) Payee name Hyatt		(b) Payee address; 721 Congress	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	Austin, TX 78701 (b) Description Austin hotel			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$1,967.10	(b) Date of Charge 01/30/2025	(c) Date(s) Credit Card Issue 02/03/2025	r Paid		
PAYEE	PAYEE (a) Payee name Campus Condos		(b) Payee address; 2906 San Gabriel St, Ste Austin, TX 78705	City, B	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Description Officeholder Austin rental	expense		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$191.60	(b) Date of Charge 02/03/2025	(c) Date(s) Credit Card Issue 02/09/2025	r Paid		
PAYEE	CORT Furniture Rental		(b) Payee address; City, State, Zip C 2020 South AW Grimes Ste 180 Round Rock, TX 78664			Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description furniture rental officeholds	er Austin apt		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete thi	s form.		,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)
Sch: 4/23 Rpt: 41/63	Slawson, Shelby L.	(The Honorable)			00083793		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$10.91	(b) Date of Charge 02/03/2025	(c) Date(s) C 02/09/2025	credit Card Issuer	r Paid		
7 PAYEE	(a) Payee name Uber		(b) Payee ac	et St	City,	State,	Zip Code
	() 5 .			sco, CA 94103			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Austin Ube				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct			e sought		Office held		
PAYMENT	(a) Amount Charged \$13.95	(b) Date of Charge 02/03/2025	(c) Date(s) C 02/09/2025	redit Card Issuei 5	Paid		
PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market St		City,	State,	Zip Code
				sco, CA 94103			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Austin Ube				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	' г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	•	Office held		
PAYMENT	(a) Amount Charged \$5.00	(b) Date of Charge 02/12/2025	(c) Date(s) C 03/02/2025	redit Card Issuei 5	r Paid		
PAYEE	(a) Payee name Lyft		(b) Payee ac 185 Berry S San Franci	•	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Austin Lyft	on			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)				
Sch: 5/23 Rpt: 42/63	Slawson, Shelby L.	(The Honorable)			00083793						
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$						
6 PAYMENT	(a) Amount Charged \$10.70	(b) Date of Charge 02/12/2025	(c) Date(s) C 03/02/2025	redit Card Issuer	r Paid						
7 PAYEE	(a) Payee name Uber		(b) Payee ad 1455 Marke	et St	City,	State,	Zip Code				
				sco, CA 94103							
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Austin Ube								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
9 Complete ONLY if direct	name Offic	e sought		Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$10.46	(b) Date of Charge 02/11/2025	(c) Date(s) C 03/02/2025	redit Card Issuer	r Paid						
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code				
	Lyft		185 Berry S	St							
			San Francisco, CA 94107								
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Austin Lyft	on							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX.	officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	1	Office held						
expenditure to benefit C/OH			Ü								
PAYMENT	(a) Amount Charged \$9.82	(b) Date of Charge 02/11/2025	(c) Date(s) C 03/02/2025	redit Card Issuer	Paid						
PAYEE	(a) Payee name Lyft		(b) Payee ad 185 Berry S San Francis		City,	State,	Zip Code				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Austin Lyft	on							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethic	s Commis	sion Filers)	
	Sch: 6/23 Rpt: 43/63	Slawson, Shelby L.	(The Honorable)				00083793			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	Dľ	UNITEMIZED TURES TO A CREDIT	\$			
L				CARD						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issuer	Paid			
		\$7.75	02/11/2025	03/02/20	25	1				
7	PAYEE	(a) Payee name		(b) Payee	ad	dress;	City,	State,	Zip Code	
		Lyft		185 Berry	y S	St				
				San Fran	cis	sco, CA 94107				
8	PURPOSE OF	(a) Category (See Categories listed at the top	-f.4b-i	(b) Descrip		on				
	EXPENDITURE X Political	Travel Out of District	or triis scriedule)	Austin Ly	/ft					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Γ	Check if Austin, TX,	officeholder living expe	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		•	Office held			
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issuer	Paid			
		\$7.94	02/27/2025	03/02/20	25	•				
	PAYEE (a) Payee name		l	(b) Payee	ad	dress;	City,	State,	Zip Code	
		Uber		1455 Market St						
				San Fran	cis	sco, CA 94103				
	PURPOSE OF	(a) Category		(b) Descrip	otic	on				
	X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Austin Uber						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		_	Check if Austin, TX.	officeholder living expe	ense		
┢	Complete ONLY if direct	Candidate/Officeholder	·	e sought	_	1	Office held			
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	С	redit Card Issuer	· Paid			
		\$20.76	02/27/2025	03/02/20	25	j				
\vdash	PAYEE	(a) Payee name	l	(b) Payee	ad	dress;	City,	State,	Zip Code	
				1455 Mai			<i>3.</i>	•	·	
		Uber								
				San Fran	cis	sco, CA 94103				
	PURPOSE OF	(a) Category		(b) Descrip	otic	on				
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Austin Ut	эе	r				
	X Political	Traver out or District								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•		Check if Austin, TX,	officeholder living expe	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		-	Office held			
e	xpenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 7/23 Rpt: 44/63	Slawson, Shelby L.	(The Honorable)		00083793		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$1,967.10	(b) Date of Charge 02/25/2025	(c) Date(s) Credit Card Issuel 03/02/2025	r Paid		
7 PAYEE	(a) Payee name Campus Condos		(b) Payee address; 2906 San Gabriel St, Ste	•	State,	Zip Code
	() 0 :		Austin, TX 78705			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Officeholder Austin rental	expense		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expens	se	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	expenditure to benefit C/OH			Office held		
PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 02/21/2025	(c) Date(s) Credit Card Issue 03/02/2025	r Paid		
PAYEE	Stephenville Chamber of		(b) Payee address; 187 W Washington	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top	of this schedule)	Stephenville, TX 76401 (b) Description Chamber banquet tickets			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$8.55	(b) Date of Charge 02/21/2025	(c) Date(s) Credit Card Issuel 03/02/2025	r Paid		
PAYEE	(a) Payee name Lyft		(b) Payee address; 185 Berry St San Francisco, CA 94107	•	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Austin Lyft			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 8/23 Rpt: 45/63	Slawson, Shelby L.	(The Honorable)		00083793			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$			
6 PAYMENT	(a) Amount Charged \$10.98	(b) Date of Charge 02/20/2025	(c) Date(s) Credit Card Issi 03/02/2025	uer Paid			
7 PAYEE	(a) Payee name Lyft		(b) Payee address; 185 Berry St	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	San Francisco, CA 941 (b) Description Austin Lyft	07			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	K, officeholder living expense		
expenditure to benefit C/OH			e sought	Office held			
PAYMENT	(a) Amount Charged \$10.59	(b) Date of Charge 02/20/2025	(c) Date(s) Credit Card Issi 03/02/2025	uer Paid			
PAYEE	Uber		(b) Payee address; 1455 Market St San Francisco, CA 941	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Austin Uber				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$600.00	(b) Date of Charge 02/19/2025	(c) Date(s) Credit Card Isso 03/02/2025	uer Paid			
PAYEE	Coryell County Republican Party PO Box 162		(b) Payee address; PO Box 162 Copperas Cove, TX 769	City, 522	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political Non-Political		ons Made By er/Political Committee	(b) Description Lincoln-Reagan table s				
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	TX, officeholder living ex Office held	pense		
expenditure to benefit C/OH	Canadate/Officeriolder	name Office	o sought	Office Held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officeholder/Politica				THER (enter a category	not listed at	oove)	
		ruction Guide explains how	to complete this form.	T			
1 Total pages Schedule F4:				3 Filer ID (Ethics	s Commiss	sion Filers)	
Sch: 9/23 Rpt: 46/63	Slawson, Shelby L.	(The Honorable)		00083793			
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDIT	\$			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$12.47	02/19/2025	03/02/2025				
	Ψ12.41	02/13/2023					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Lyft		185 Berry St				
			100 Berry St				
		San Francisco					
8 PURPOSE OF	(a) Category		San Francisco, CA 94107 (b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Austin Lyft				
X Political	Travel Out of District		7 tastiii Eyit				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			_	officeholder living exper	nse		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$40.96	02/19/2025	03/02/2025				
PAYEE	PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			1455 Market St				
	Uber						
			San Francisco, CA 94103				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Austin Uber				
X Political	Travel Out of District						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
Complete ONLY if direct	Candidate/Officeholder	name Office	fice sought Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$11.30	02/18/2025	03/02/2025				
	Ψ11.00	02/10/2020					
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
	(1)		701 Brazos St	- 3,	,		
	Next Level Valet						
			Austin, TX 78701				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Austin parking				
X Political	Travel Out of District		1 3				
Non-Political	() [<u> </u>				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
l							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 10/23 Rpt: 47/63	Slawson, Shelby L.	(The Honorable)			00083793		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$191.60	(b) Date of Charge 03/01/2025	(c) Date(s) 03/02/20) Credit Card Issuei 25	r Paid		
7	PAYEE	(a) Payee name CORT Furniture Re	ental		uth AW Grimes S	City, ste 180	State,	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	ock, TX 78664 otion rental officeholde	er Austin apt		
	X Political				_			
Ļ	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	X Check if Austin, TX,	officeholder living exp	ense	
9 ∈	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	manie Onice	e sougrit		Office field		
	PAYMENT	(a) Amount Charged \$11.91	(b) Date of Charge 03/04/2025	(c) Date(s) 03/10/20) Credit Card Issuer 25	r Paid		
	PAYEE	(a) Payee name Lyft		(b) Payee address; 185 Berry St		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	San Fran (b) Descrip Austin Ly				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$17.95	(b) Date of Charge 03/04/2025	(c) Date(s) 03/10/20) Credit Card Issuei 25	r Paid		
	PAYEE	(a) Payee name Uber		(b) Payee 1455 Ma San Frar	•	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip Austin Ul				
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ı								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)					
	Sch: 11/23 Rpt: 48/63	Slawson, Shelby L.	(The Honorable)			00083793							
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$							
6	PAYMENT	(a) Amount Charged \$80.32	(b) Date of Charge 03/08/2025	(c) Date(s) C 03/12/2029	Credit Card Issuer 5	r Paid							
7	PAYEE	(a) Payee name Campus Condos		(b) Payee ac 2906 San (Austin, TX	Gabriel St, Ste I	City, B	State,	Zip Code					
8	PURPOSE OF	(a) Category		(b) Descripti									
°	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Reni			er Austin rental	utilities							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Х	Check if Austin, TX,	officeholder living exp	ense						
9	Somplete Street and Street			e sought		Office held							
е	expenditure to benefit C/OH												
	PAYMENT	(a) Amount Charged \$9.72	(b) Date of Charge 03/07/2025	(c) Date(s) 0 03/12/2029	Credit Card Issuer 5	r Paid							
	PAYEE (a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code						
				185 Berry									
L				San Francisco, CA 94107									
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descripti Austin Lyft									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin TX	officeholder living exp	nense						
⊢	Complete ONLY if direct	Candidate/Officeholder	·	e sought	Check ii Addilli, 174,	Office held	Jense						
е	expenditure to benefit C/OH	Garialdato, Girisonolas.											
	PAYMENT	(a) Amount Charged \$10.84	(b) Date of Charge 03/11/2025	(c) Date(s) 0 03/31/202	Credit Card Issuer 5	Paid							
Г	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code					
		Lyft		185 Berry	St								
				San Franci	isco, CA 94107								
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descripti Austin Lyft									
1	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TV	officeholder living exp	nense						
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	J CHECK II AUSUII, TX,	Office held	JETISE						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 12/23 Rpt: 49/63	Slawson, Shelby L.	(The Honorable)			00083793		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$9.87	(b) Date of Charge 03/11/2025	(c) Date(s) 03/31/20	Credit Card Issue 25	r Paid		
7 PAYEE	(a) Payee name Uber		(b) Payee 1455 Ma		City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Descrip	•	,		
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Austin Ul				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$7.48	(b) Date of Charge 03/13/2025	(c) Date(s) 03/31/20	Credit Card Issue 25	r Paid		
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			185 Berry	y St			
			+	cisco, CA 94107	,		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip Austin Ly				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought		Office held		
PAYMENT	(a) Amount Charged \$29.82	(b) Date of Charge 03/17/2025	(c) Date(s) 03/31/20	Credit Card Issue 25	r Paid		
PAYEE	(a) Payee name Lyft		(b) Payee 185 Berry San Fran		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Descrip Austin Ly	otion			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin				officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

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:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 13/23 Rpt: 50/63	Slawson, Shelby L.	(The Honorable)		00083793			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$8.72	(b) Date of Charge 03/20/2025	(c) Date(s) Credit Card Issue 03/31/2025	r Paid			
7 PAYEE	(a) Payee name Lyft		(b) Payee address; 185 Berry St	City,	State,	Zip Code	
			San Francisco, CA 94107	7			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Austin Lyft				
X Political	X Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
9 Complete ONLY if direct Candidate/Officeholder name Off			e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$27.24	(b) Date of Charge 03/20/2025	(c) Date(s) Credit Card Issue 03/31/2025	r Paid			
PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Lyft		185 Berry St				
			San Francisco, CA 94107	,			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Austin Lyft				
X Political	Traver out or Bistrict						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$16.22	(b) Date of Charge 03/25/2025	(c) Date(s) Credit Card Issue 03/31/2025	r Paid			
PAYEE	(a) Payee name Lyft		(b) Payee address; 185 Berry St San Francisco, CA 94107	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Austin Lyft				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	dule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this for	orm.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 14/23 Rpt: 51/63	Slawson, Shelby L.	(The Honorable)			00083793			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF U EXPENDITU CHARGED T CARD		\$			
6 PAYMENT	(a) Amount Charged \$7.99	(b) Date of Charge 03/25/2025	(c) Date(s) Cred 03/31/2025	dit Card Issuer	Paid			
7 PAYEE	(a) Payee name Uber		(b) Payee addre 1455 Market San Francisco	St	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Austin Uber	5, 5, 10 1200				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	c	heck if Austin, TX,	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
PAYMENT	(a) Amount Charged \$199.48	(b) Date of Charge 03/26/2025	(c) Date(s) Cred 03/31/2025	dit Card Issuer	Paid			
PAYEE	(a) Layer hame		ess;	City,	State,	Zip Code		
	American Airlines		1 Skyview Dr	X 76155				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description member travel Austin to district political event					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Пс	heck if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
PAYMENT	(a) Amount Charged \$199.48	(b) Date of Charge 03/26/2025	(c) Date(s) Cred 03/31/2025	dit Card Issuer	Paid			
PAYEE	(a) Payee name American Airlines		(b) Payee addro 1 Skyview Dr Fort Worth, T		City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description		t political event	back to	Austin	
Non-Political					n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)		
	Sch: 15/23 Rpt: 52/63	Slawson, Shelby L.	(The Honorable)			00083793				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$223.48	(b) Date of Charge 03/26/2025	(c) Date(s 03/31/20) Credit Card Issue)25	er Paid				
7	PAYEE	(a) Payee name American Airlines		(b) Payee 1 Skyvie Fort Wor		City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri		ict political eve	nt			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$223.48	(b) Date of Charge 03/26/2025	(c) Date(s 03/31/20) Credit Card Issue 025	er Paid				
	PAYEE	American Airlines			address; w Dr th, TX 76155	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri		olitical event ba	ack to Aus	stin		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$1,967.10	(b) Date of Charge 02/25/2025	(c) Date(s 03/31/20) Credit Card Issue)25	er Paid				
	PAYEE	(a) Payee name Campus Condos		(b) Payee 2906 Sa Austin, T	n Gabriel St, Ste	City, B	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descri Officeho	lder Austin renta					
	Non-Political	`	of Texas. Complete Schedule T.		X Check if Austin, TX		pense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
1										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.		,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commi	ssion Filers)
Sch: 16/23 Rpt: 53/63	Slawson, Shelby L.	(The Honorable)		00083793	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged \$70.12	(b) Date of Charge 02/25/2025	(c) Date(s) Credit Card Issue 03/31/2025	er Paid	
7 PAYEE	(a) Payee name Campus Condos		(b) Payee address; 2906 San Gabriel St, Ste	City, State,	Zip Code
0 DUDDOCE OF	(a) Category		Austin, TX 78705 (b) Description		
8 PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top	See Categories listed at the top of this schedule) Office Overhead/Rental Expense Officeholder Austin rental to the control of this schedule of the control of this schedule of the control of this schedule of the control of the co			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX	, officeholder living expense	
9 Complete ONLY if direct Candidate/Officeholder name Office			e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged \$549.00	(b) Date of Charge 03/28/2025	(c) Date(s) Credit Card Issue 03/31/2025	er Paid	
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
	Photographic Design		235 Point Lick Dr		
			Charleston, WV 25306		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Panoramic chamber phot	0	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held	
expenditure to benefit C/OH			•		
PAYMENT	(a) Amount Charged \$191.60	(b) Date of Charge 04/02/2025	(c) Date(s) Credit Card Issue 04/06/2025	er Paid	
PAYEE	(a) Payee name CORT Furniture Rental		(b) Payee address; 2020 South AW Grimes S Round Rock, TX 78664	City, State, Ste 180	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description furniture rental officehold	er Austin apt	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX	, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,		
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)		
	Sch: 17/23 Rpt: 54/63	Slawson, Shelby L.	(The Honorable)			00083793				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$95.90	(b) Date of Charge 04/21/2025	(c) Date(s) 04/27/20) Credit Card Issue 125	r Paid				
7	PAYEE	(a) Payee name Whole Foods		(b) Payee 9607 Res	search	City,	State,	Zip Code		
8	PURPOSE OF	(a) Category		Austin, T						
ľ	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent			ff appreciation gi	fts				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	TX, officeholder living expense				
9	Complete ONLY if direct expenditure to benefit C/OH									
Ĕ	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid				
	TAIMENI	\$36.85	04/07/2025	04/27/20		i i did				
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Lyft		185 Berry St						
				San Fran	ncisco, CA 94107	•				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	ense			
٦	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	encoura / accass, 774,	Office held				
	PAYMENT	(a) Amount Charged \$31.14	(b) Date of Charge 04/07/2025	(c) Date(s) 04/27/20) Credit Card Issue 125	r Paid				
	PAYEE	(a) Payee name Uber		(b) Payee 1455 Ma San Frar	•	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category		(b) Descrip	otion					
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,				officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
Г										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete this form.	(,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)		
Sch: 18/23 Rpt: 55/63	Slawson, Shelby L.	(The Honorable)		00083793			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuel 05/18/2025	r Paid			
	\$63.87	04/24/2025					
7 PAYEE	(a) Payee name Amazon.com		(b) Payee address; online	City, State,	Zip Code		
			Austin, TX 78701				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		computer screen for cham	nber desk			
X Political	Office Overflead/Reff	iai Experise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$1,967.10	05/01/2025	05/18/2025				
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
	Campus Condos		2906 San Gabriel St, Ste	В			
			Austin, TX 78705				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Officeholder Austin rental expense				
X Political	Office Overhead/Rent	tai Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$80.13	05/01/2025	05/18/2025				
PAYEE	(a) Payee name	l	(b) Payee address;	City, State,	Zip Code		
			2906 San Gabriel St, Ste				
	Campus Condos			_			
			Austin, TX 78705				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Officeholder Austin rental	utilities			
X Political	Office Overhead/Rent	tal Expense					
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instr	ruction Guide explains how	to complete thi	s form.		,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)
Sch: 19/23 Rpt: 56/63	Slawson, Shelby L.	(The Honorable)			00083793		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$10.24	(b) Date of Charge 04/25/2025	(c) Date(s) C 05/18/2025	redit Card Issuei 5	r Paid		
7 PAYEE	(a) Payee name		(b) Payee ac	St	City,	State,	Zip Code
	() 2			sco, CA 94107			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top- Travel Out of District	of this schedule)	(b) Description Austin Lyft	on			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$10.93	(b) Date of Charge 04/26/2025	(c) Date(s) C 05/18/2025	credit Card Issuei	r Paid		
PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market St		City,	State,	Zip Code
				sco, CA 94103			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Austin Ube				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	-	Office held		
PAYMENT	(a) Amount Charged \$10.98	(b) Date of Charge 05/02/2025	(c) Date(s) C 05/18/2025	redit Card Issuer	r Paid		
PAYEE	(a) Payee name Uber		(b) Payee ac 1455 Mark San Franci	•	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (b) Des		(b) Description Austin Ube				
Non-Political					officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
			<u></u>				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)				
	Sch: 20/23 Rpt: 57/63	Slawson, Shelby L.	(The Honorable)		00083793						
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6	PAYMENT	(a) Amount Charged \$14.10	(b) Date of Charge 05/03/2025	(c) Date(s) Credit Card Issuel 05/18/2025	r Paid						
7	PAYEE	(a) Payee name Lyft		(b) Payee address; 185 Berry St	City,	State,	Zip Code				
Ļ		(-) O-t		San Francisco, CA 94107							
8	PURPOSE OF EXPENDITURE X Political	(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 T.	Check if Austin, TX,	officeholder living expe	ense					
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
е	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$191.60	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Card Issuel 05/18/2025	r Paid						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
		CORT Furniture Re	` ' '		te 180						
				Round Rock, TX 78664							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description furniture rental officeholde	er Austin apt						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expe	200					
⊢	Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held	iise					
l e	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$1,163.78	(b) Date of Charge 05/30/2025	(c) Date(s) Credit Card Issuer 06/05/2025	Paid						
	PAYEE	(a) Payee name Campus Condos		(b) Payee address; 2906 San Gabriel St, Ste Austin, TX 78705	City, B	State,	Zip Code				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Officeholder Austin rental expense							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expe	ense					
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

Candidate/Onicendiden/Folitica		ction Guide explains how		omplete this		TIEN (enter a categor	y not listed a	bove)
1 Total pages Schedule F4:		·		•		3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 21/23 Rpt: 58/63	Slawson, Shelby L. (The Honorable)				00083793		
4 CREDIT CARD ISSUER	Name of finance see pre	ial institution	5	EXPENDIT	UNITEMIZED FURES O TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$15.16	(b) Date of Charge 05/29/2025) Date(s) Ci 6/05/2025	redit Card Issuer	Paid		
7 PAYEE	(a) Payee name Uber		1) Payee add 455 Marke	et St	City,	State,	Zip Code
	() 0 :		_		sco, CA 94103			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Travel Out of District	this schedule)	1) Descriptio ustin Uber				
Non-Political	(c) Check if travel outside of	Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office so expenditure to benefit C/OH				ught		Office held		
PAYMENT	(a) Amount Charged \$8.99	(b) Date of Charge 05/30/2025	١,) Date(s) Ci 6/05/2025	redit Card Issuer	Paid		
PAYEE) Payee add 455 Marke	et St	City,	State,	Zip Code	
	() 2 :		_		sco, CA 94103			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Travel Out of District	this schedule)	1) Descriptio ustin Uber				
Non-Political	(c) Check if travel outside of	Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder n	ame Office	e so	ught		Office held		
PAYMENT	(a) Amount Charged \$7.29	(b) Date of Charge 05/30/2025) Date(s) Ci 6/05/2025	redit Card Issuer	Paid		
PAYEE	(a) Payee name Lyft		1) Payee add 85 Berry S an Francis		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Descriptio ustin Lyft				
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder n	ame Office	e so	ught		Office held		
i								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.	(* ** ** ******************************	,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
Sch: 22/23 Rpt: 59/63	Slawson, Shelby L.	(The Honorable)		00083793	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged \$10.71	(b) Date of Charge 05/28/2025	(c) Date(s) Credit Card Issuel 06/05/2025	r Paid	
7 PAYEE	(a) Payee name Lyft		(b) Payee address; 185 Berry St		tate, Zip Code
	() -		San Francisco, CA 94107		
8 PURPOSE OF EXPENDITURE X Political	(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 T.	Check if Austin, TX,	officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office			e sought	Office held	
PAYMENT	(a) Amount Charged \$22.69	(b) Date of Charge 05/21/2025	(c) Date(s) Credit Card Issue 06/05/2025	r Paid	
PAYEE	(a) Payee name	(b) Payee address;	City, S	tate, Zip Code	
	Lyft		185 Berry St		
			San Francisco, CA 94107		
PURPOSE OF EXPENDITURE X Political	(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 T.	Check if Austin, TX.	officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held	
expenditure to benefit C/OH			•		
PAYMENT	(a) Amount Charged \$113.00	(b) Date of Charge 06/16/2025	(c) Date(s) Credit Card Issuer 06/27/2025	r Paid	
PAYEE	(a) Payee name USPS		(b) Payee address; 431 N Graham St Stephenville, TX 76401	City, S	tate, Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description PO Box rental		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	ion Filers)
Sch: 23/23 Rpt: 60/63	Slawson, Shelby L.	(The Honorable)		00083793		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$188.50	(b) Date of Charge 06/22/2025	(c) Date(s) Credit Card Issue 06/27/2025	er Paid		
7 PAYEE	(a) Payee name Campus Condos		(b) Payee address; 2906 San Gabriel St, Ste Austin, TX 78705	City, B	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Officeholder Austin renta	l utilities		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX	, officeholder living expen	se	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$12.77	(b) Date of Charge 06/07/2025	(c) Date(s) Credit Card Issue 06/27/2025	er Paid		
PAYEE	CORT Furniture Rental		(b) Payee address; 2020 South AW Grimes S Round Rock, TX 78664	City, Ste 180	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description furniture rental officehold	er Austin apt		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX	, officeholder living expen	se	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$69.50	(b) Date of Charge 06/26/2025	(c) Date(s) Credit Card Issue 06/27/2025	er Paid		
PAYEE	(a) Payee name Quicken.com	,	(b) Payee address; Online Stephenville, TX 76401	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description campaign accounting sof			
Non-Political Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	ule T. Check if Austin, TX, officeholder living expense Office sought Office held			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Onicenolder	manie Onic	e sougiii	Onice field		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 1/1 Rpt: 61/63 Slawson, Shelby L. (The Honorable) 00083793 Date Payee name 06/30/2025 Slawson, Shelby Amount (\$) Payee address; City; State; Zip Code PO Box 286 \$944.23 Reimbursement from political contributions Х intended Stephenville, TX 76401 **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 Transportation Equipment And Related **EXPENDITURE** Expense Jan-June 1349 miles campaign Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/30/2025 Slawson, Shelby Amount (\$) Payee address; City; State; Zip Code \$191.03 PO Box 286 Reimbursement from political contributions Χ Stephenville, TX 76401 intended **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 Transportation Equipment And Related **EXPENDITURE** Expense Jan-June Austin area tolls Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

SCH	FD	ш	F	k
эсп	ᄆ	UL	. =	•

	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: L/2 Rpt: 62/63	
2	2 FILER NAME 3			;	Filer ID) (Ethics Commission F	ilers)
	Slawson, Sh	elby L. (The Honorable)			00083	3793	
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	01/31/2025	FIRST FINANCIAL BANK					\$78.98
		6 Address of person from whom amount is received; City; State; Zip Code	e			•	
		Address of person from whom amount is received, City, State, Zip Code					
		STEPHENVILLE, TX 76401					
		7 Purpose for which amount is received	Check if polit	tic	al cont	ribution returned to filer	
		_ ·					
-	Date	Name of person from whom amount is received				Amount (\$)	
	03/02/2025	Name of person from whom amount is received FIRST FINANCIAL BANK				Amount (\$)	\$65.06
	03/02/2023		-				Ψ03.00
		Address of person from whom amount is received; City; State; Zip Code	e				
		STEPHENVILLE, TX 76401					
		Purpose for which amount is received	Chook if polit	tio	al cont	ribution returned to filer	
		ruipose foi which amount is received	Check ii polii	liC	ai con	ribution returned to filer	
						T	
	Date	Name of person from whom amount is received				Amount (\$)	ተ ርር 00
	03/31/2025	FIRST FINANCIAL BANK					\$66.08
		Address of person from whom amount is received; City; State; Zip Code	e				
		STEPHENVILLE, TX 76401					
		Purpose for which amount is received	Check if polit	tic	al cont	l ribution returned to filer	
		Largose for which amount is received	Check ii poin	uc	ai com	indution returned to file	
	5 :					1 A (A)	
	Date	Name of person from whom amount is received				Amount (\$)	фC7 01
	04/30/2025	04/30/2025 FIRST FINANCIAL BANK					\$67.01
		Address of person from whom amount is received; City; State; Zip Code	e				
		STEPHENVILLE, TX 76401					
		_	7 001-1619	4:-	-1 4		
		Purpose for which amount is received	Check ii polii	uc	ai cont	ribution returned to filer	
						1	
	Date	Name of person from whom amount is received				Amount (\$)	470.70
	05/31/2025 FIRST FINANCIAL BANK						\$70.76
		Address of person from whom amount is received; City; State; Zip Code	e				
		STEDUENI/ILLE TV 75401					
		STEPHENVILLE, TX 76401	7 a			7	
		Purpose for which amount is received	Check if polit	tic	al cont	ribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 63/63 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Slawson, Shelby L. (The Honorable) 00083793 5 Name of person from whom amount is received 8 Amount (\$) 06/30/2025 FIRST FINANCIAL BANK \$63.33 6 Address of person from whom amount is received; City; State; Zip Code STEPHENVILLE, TX 76401 7 Purpose for which amount is received Check if political contribution returned to filer