

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID (Ethics Commission Filers) 00058502	2 Total pages filed: 21	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Gena N.	MI MI
	NICKNAME	LAST Slaughter	SUFFIX
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
	Date Received ELECTRONICALLY FILED 02/13/2026		
Date Hand-delivered or Date Postmarked			Receipt #
			Amount
			Date Processed
5 ORIGINAL PERIOD COVERED			Date Imaged
Month Day Year		Month Day Year	
	07/01/2025	THROUGH	12/31/2025

6 EXPLANATION OF CORRECTION

This correction is being filed to update information reported on the original filing. Certain details were provided after the initial submission and, upon subsequent review, we identified items that required adjustment for accuracy and completeness.

The amended report reflects the most current and accurate information available at this time. We respectfully submit this correction to ensure the filing is complete and properly stated.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Gena N. Slaughter

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00058502	2 Total pages filed: 21	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Gena N.	MI	OFFICE USE ONLY
	NICKNAME	LAST Slaughter	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked
	REDACTED PER 254.0313, GOV'T CODE			Receipt # _____ Amount _____
				Date Processed _____
				Date Imaged _____
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Charles	MI	
	NICKNAME	LAST Bennett	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	REDACTED PER 254.0313, GOV'T CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(972)	972-4969		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
	07/01/2025		12/31/2025	
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other	
	03/03/2026	<input type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
	District Judge District 191 Dallas		District Judge District 191	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Slaughter, Gena N. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00058502

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	67,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	58,086.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	7,914.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Gena N. Slaughter

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

4 of 21

18 FILER NAME Slaughter, Gena N. (The Honorable)		19 Filer ID 00058502	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	67,000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	58,086.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/8 Rpt: 5/21
2 FILER NAME Slaughter, Gena N. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00058502
4 Date 07/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew L. Payne, PC- Operating Acct.	7 Amount of Contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code Dallas, TX 75219		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baron & Budd, P.C.	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Dallas, TX 75219		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baron and Blue	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Dallas, TX 75205		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/8 Rpt: 6/21
2 FILER NAME Slaughter, Gena N. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00058502
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett Legal	7 Amount of Contribution (\$) \$4,000.00
6 Contributor address; City; State; Zip Code REDACTED PER 254.0313, GOV'T CODE		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Arant, Boulton, Cummings, Texas PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Dallas , TX 75270		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Branson, Frank	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Dallas, TX 75205		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Offices of Frank L. Branson		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/8 Rpt: 7/21
2 FILER NAME Slaughter, Gena N. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00058502
4 Date 08/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crain, Brogdon, LLP	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75206	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Thorne, and Carr, PLLC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75219	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frost, Brown, Todd, LLP	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code Louisville, KY 40202	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/8 Rpt: 8/21
2 FILER NAME Slaughter, Gena N. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00058502
4 Date 07/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godwin, Bowman, P.C. c/o Brian Lauten, Esq.	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75201	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Wingo, LLP	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75201	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes & Boone Political Action Committee	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75201	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/8 Rpt: 9/21
2 FILER NAME Slaughter, Gena N. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00058502
4 Date 07/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Walker LLP 6 Contributor address; City; State; Zip Code Dallas, TX 75201	7 Amount of Contribution (\$) \$1,500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judge Gena Slaughter Campaign Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall Law Group, PLLC Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/8 Rpt: 10/21
2 FILER NAME Slaughter, Gena N. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00058502
4 Date 09/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Pinker Hurst & Schwegmann, LLP <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201	7 Amount of Contribution (\$) \$5,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Weisbrod, Olesky, LLP <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munsch, Hardt, Kopf & Harr, P.C. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/8 Rpt: 11/21
2 FILER NAME Slaughter, Gena N. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00058502
4 Date 08/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norton, Rose, Fulbright US LLP TX Committee <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheef & Stone, LLP <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ted Lyon & Associates, P.C. <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75150	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/8 Rpt: 12/21
2 FILER NAME Slaughter, Gena N. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00058502
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillotson Johnson Patton <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75202	7 Amount of Contribution (\$) \$5,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 1/9 Rpt: 13/21	2	FILER NAME Slaughter, Gena N. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00058502
4	Date 08/20/2025	5	Payee name AFL-CIO		
6	Amount (\$) \$600.00	7	Payee address; City; State; Zip Code 1408 N. Washington Ave Dallas, TX 75207		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship table and slideshow recognition.		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/30/2025		Payee name Basit Piracha, Abdul		
	Amount (\$) \$1,010.00		Payee address; City; State; Zip Code 210 S. Greenville Avenue Suite 200 Minor, TX 75081		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Student Scholarship Disbursement		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/11/2025		Payee name ESPY Consulting Group, LLC		
	Amount (\$) \$5,000.00		Payee address; City; State; Zip Code 4206 Goodfellow Drive Dallas, TX 75229		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting and branding strategies.		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/9 Rpt: 14/21	2 FILER NAME Slaughter, Gena N. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00058502
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4 Date 08/25/2025	5 Payee name ESPY Consulting Group, LLC
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6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 4206 Goodfellow Drive Dallas, TX 75229
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense September Consulting Invoice
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 09/19/2025	Payee name ESPY Consulting Group, LLC
--------------------	--

Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 4206 Goodfellow Drive Dallas, TX 75229
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing of Contribution materials.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/31/2025	Payee name ESPY Consulting Group, LLC
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Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 4206 Goodfellow Drive Dallas, TX 75229
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense October campaign consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/9 Rpt: 15/21	2 FILER NAME Slaughter, Gena N. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00058502
4 Date 11/06/2025	5 Payee name ESPY Consulting Group, LLC	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 4206 Goodfellow Drive Dallas, TX 75229	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of campaign managers purchase of two scholarship gala sponsorships.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name ESPY Consulting Group, LLC	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 4206 Goodfellow Drive Dallas, TX 75229	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense December consulting services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2025	Payee name ESPY Consulting Group, LLC	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 4206 Goodfellow Drive Dallas, TX 75229	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consultant Retainer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/9 Rpt: 16/21	2 FILER NAME Slaughter, Gena N. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00058502
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4 Date 10/09/2025	5 Payee name ESPY Consulting Group, LLC
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6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 4206 Goodfellow Drive Dallas, TX 75229
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/26/2025	Payee name ESPY Consulting Group, LLC
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Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 4206 Goodfellow Drive Dallas, TX 75229
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/10/2025	Payee name Elite News
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Amount (\$) \$900.00	Payee address; City; State; Zip Code 3155 S. Lancaster Road Suite 210 Dalllas, TX 75216
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign advertising, articles, weekly content, email distribution.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/9 Rpt: 17/21	2 FILER NAME Slaughter, Gena N. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00058502
4 Date 12/10/2025	5 Payee name Jackson, Nethel	
6 Amount (\$) \$8,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Dallas, TX 75224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting.
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/06/2025	Payee name Jackson, Nethel	
Amount (\$) \$500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Dallas, TX 75224	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting work
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/29/2025	Payee name Jackson, Nethel	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Dallas, TX 75224	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting work
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/9 Rpt: 18/21	2 FILER NAME Slaughter, Gena N. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00058502
4 Date 10/06/2025	5 Payee name Jackson, Nethel	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Dallas, TX 75224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for candidate lunch.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2025	Payee name Jackson, Nethel	
Amount (\$) \$1,600.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Dallas, TX 75224	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2025	Payee name LABOR DAY FEST	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 6911 Lemmon Avenue Dallas, TX 75209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor Day Festival Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 7/9 Rpt: 19/21	2	FILER NAME Slaughter, Gena N. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00058502
4	Date 09/30/2025	5	Payee name Lambda Legal		
6	Amount (\$) \$600.00	7	Payee address; City; State; Zip Code 3500 Oak Lawn Ave Unit 500 Dallas, TX 75219		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Two event tickets		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/28/2025		Payee name Pappadeaux's		
	Amount (\$) \$2,100.00		Payee address; City; State; Zip Code 3520 Oak Lawn Dallas, TX 75219		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Lunch		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/18/2025		Payee name St. Phillips Church		
	Amount (\$) \$250.00		Payee address; City; State; Zip Code 6000 Singing Hills Drive Dallas, TX 75241		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Church contribution		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/9 Rpt: 20/21	2 FILER NAME Slaughter, Gena N. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00058502
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4 Date 10/30/2025	5 Payee name Sunna, Zaid
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6 Amount (\$) \$1,010.00	7 Payee address; City; State; Zip Code 210 S. Greenville Avenue Suite 200 Richardson, TX 75081
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Student Scholarship Disbursement
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/30/2025	Payee name Tebry, Beelal
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Amount (\$) \$1,010.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Richardson, TX 75081
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Student Scholarship Disbursement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/23/2025	Payee name Texas Metro News
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Amount (\$) \$4,680.00	Payee address; City; State; Zip Code 320 S R.L. Thornton Fwy Suite 100 Dallas, TX 75203
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Multi sized ads for campaign
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 21/21	2 FILER NAME Slaughter, Gena N. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00058502
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4 Date 08/22/2025	5 Payee name The Porch
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6 Amount (\$) \$316.00	7 Payee address; City; State; Zip Code 2912 North Henderson Avenue Dallas, TX 75206
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Lunch
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/30/2025	Payee name Umer Ahmed, Abdullah
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Amount (\$) \$1,010.00	Payee address; City; State; Zip Code 210 S. Greenville Avenue Suite 200 Richardson, TX 75081
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Student Scholarship Disbursement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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