

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 12																										
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:35%; font-size: 0.8em;">FIRST</td> <td style="width:15%; font-size: 0.8em;">MI</td> </tr> <tr> <td>Mr.</td> <td>Robert</td> <td></td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: 0.8em;">NICKNAME</td> <td style="border-top: 1px dotted black; font-size: 0.8em;">LAST</td> <td style="border-top: 1px dotted black; font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td></td> <td>Slattery</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Robert		NICKNAME	LAST	SUFFIX		Slattery		<div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold; color: blue;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="font-size: 0.8em;">Date Received</p> <div style="text-align: center; font-size: 2em; color: blue; font-weight: bold; border: 1px solid blue; padding: 5px;">RECEIVED</div> <p style="color: red; font-weight: bold; font-size: 1.2em;">APR 03 2024</p> <p style="font-size: 0.8em;">BY: [Signature]</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="font-size: 0.8em;">Date Hand-delivered or Date Postmarked</p> </div> <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; font-size: 0.8em;">Receipt #</td> <td style="width:50%; font-size: 0.8em;">Amount \$</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="font-size: 0.8em;">Date Processed</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="font-size: 0.8em;">Date Imaged</p> </div>	Receipt #	Amount \$													
MS / MRS / MR	FIRST	MI																											
Mr.	Robert																												
NICKNAME	LAST	SUFFIX																											
	Slattery																												
Receipt #	Amount \$																												
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:30%;">ADDRESS / PO BOX:</td> <td style="width:15%;">APT / SUITE #:</td> <td style="width:15%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:30%;">ZIP CODE</td> </tr> <tr> <td>812 Gallant Fox Trl</td> <td></td> <td>Keller, TX</td> <td></td> <td>76248</td> </tr> </table> <p style="font-size: 0.8em; margin-top: 5px;">Change of Address</p>	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	812 Gallant Fox Trl		Keller, TX		76248																		
ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE																									
812 Gallant Fox Trl		Keller, TX		76248																									
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:15%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:45%;">EXTENSION</td> </tr> <tr> <td>(817)</td> <td>913-6336</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(817)	913-6336																							
AREA CODE	PHONE NUMBER	EXTENSION																											
(817)	913-6336																												
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:35%; font-size: 0.8em;">FIRST</td> <td style="width:15%; font-size: 0.8em;">MI</td> </tr> <tr> <td>Mr.</td> <td>Robert</td> <td></td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: 0.8em;">NICKNAME</td> <td style="border-top: 1px dotted black; font-size: 0.8em;">LAST</td> <td style="border-top: 1px dotted black; font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td></td> <td>Slattery</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Robert		NICKNAME	LAST	SUFFIX		Slattery																	
MS / MRS / MR	FIRST	MI																											
Mr.	Robert																												
NICKNAME	LAST	SUFFIX																											
	Slattery																												
7 CAMPAIGN TREASURER ADDRESS	<table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:60%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%;">APT / SUITE #:</td> <td style="width:15%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:10%;">ZIP CODE</td> </tr> <tr> <td>812 Gallant Fox Trl</td> <td></td> <td>Keller, TX</td> <td></td> <td>76248</td> </tr> </table> <p style="font-size: 0.8em; margin-top: 5px;">(Residence or Business)</p>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #:	CITY:	STATE:	ZIP CODE	812 Gallant Fox Trl		Keller, TX		76248																		
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #:	CITY:	STATE:	ZIP CODE																									
812 Gallant Fox Trl		Keller, TX		76248																									
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:15%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:45%;">EXTENSION</td> </tr> <tr> <td>(817)</td> <td>913-6336</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(817)	913-6336																							
AREA CODE	PHONE NUMBER	EXTENSION																											
(817)	913-6336																												
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:15%;"><input type="checkbox"/> January 15</td> <td style="width:15%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:15%;"><input type="checkbox"/> Runoff</td> <td style="width:15%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>	<input type="checkbox"/> January 15	<input checked="" 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)																				
<input type="checkbox"/> January 15	<input checked="" 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)																										
10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:15%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:15%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td>2</td> <td>/</td> <td>1</td> <td></td> <td>4</td> <td>/</td> <td>3</td> </tr> <tr> <td></td> <td></td> <td>/</td> <td></td> <td></td> <td></td> <td>/</td> </tr> <tr> <td></td> <td></td> <td>24</td> <td></td> <td></td> <td></td> <td>24</td> </tr> </table>	Month	Day	Year	THROUGH	Month	Day	Year	2	/	1		4	/	3			/				/			24				24
Month	Day	Year	THROUGH	Month	Day	Year																							
2	/	1		4	/	3																							
		/				/																							
		24				24																							
11 ELECTION	<table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td style="width:70%;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 0.8em;">Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>Municipal</u> </td> </tr> <tr> <td>5 / 4 / 24</td> <td></td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>Municipal</u>	5 / 4 / 24																							
ELECTION DATE	ELECTION TYPE																												
Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>Municipal</u>																												
5 / 4 / 24																													
12 OFFICE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: 0.8em;">OFFICE HELD (if any)</td> <td style="width:50%; font-size: 0.8em;">13 OFFICE SOUGHT (if known)</td> </tr> <tr> <td> </td> <td style="font-size: 1.2em; font-weight: bold;">Keller City Council - Place 2</td> </tr> </table>	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		Keller City Council - Place 2																								
OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																												
	Keller City Council - Place 2																												
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 0.8em; margin-bottom: 5px;">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.</p> <table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:20%; border-right: 1px solid black;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> <p style="font-size: 0.8em; margin-top: 5px;">Additional Pages</p>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS																				
COMMITTEE TYPE	COMMITTEE NAME																												
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS																												
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME																												
	COMMITTEE CAMPAIGN TREASURER ADDRESS																												

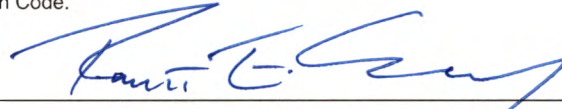
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Robert Slattery		16 Filer ID (Ethics Commission Filers)
17 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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 34,748.90
	4. TOTAL POLITICAL EXPENDITURES	\$ 34,748.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,751.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 42,500.00

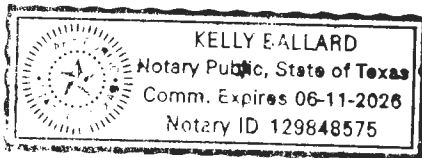
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Robert Slattery this the 3 day of April, 2024, to certify which, witness my hand and seal of office.
Kelly Ballard Kelly Ballard City Secretary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Robert Slattery, and my date of birth is 03/31/1979.
 My address is 812 Gallant Fox Trl, Keller, TX, 76248, USA.
 Executed in Tarrant County, State of Texas, on the 3rd day of April, 2024.
 (street) (city) (state) (zip code) (country)
 (month) (year)
Robert Slattery
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME Robert Slattery		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	■ SCHEDULE E: LOANS	\$ 42,500.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 34,748.90
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Robert Slattery		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 42,500.00
5 Date of loan 02/07/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Slattery	9 Loan Amount (\$) 2,500.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 812 Gallant Fox Trl, Keller, TX 76248	10 Interest rate 0.00
		11 Maturity date 12/31/2024
12 Principal occupation / Job title (See Instructions) Real Estate Investor		13 Employer (See Instructions) Self Employed
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 02/21/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Slattery	Loan Amount (\$) 5,000.00
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 812 Gallant Fox Trl, Keller, TX 76248	Interest rate 0.00
		Maturity date 12/31/2024
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) Self Employed
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Robert Slattery		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 42,500.00
5 Date of loan 02/29/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Slattery	9 Loan Amount (\$) 5,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 812 Gallant Fox Trl, Keller, TX 76248	10 Interest rate 0.00
		11 Maturity date 12/31/2024
12 Principal occupation / Job title (See Instructions) Real Estate Investor		13 Employer (See Instructions) Self Employed
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 03/28/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Slattery	Loan Amount (\$) 10,000.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code 812 Gallant Fox Trl, Keller, TX 76248	Interest rate 0.00
		Maturity date 12/31/2024
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) Self Employed
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Robert Slattery		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 42,500.00
5 Date of loan 04/02/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Slattery	9 Loan Amount (\$) 20,000.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 812 Gallant Fox Trl, Keller, TX 76248	10 Interest rate 0.00
		11 Maturity date 12/31/2024
12 Principal occupation / Job title (See Instructions) Real Estate Investor		13 Employer (See Instructions) Self Employed
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Slattery	3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2024	5 Payee name Neel & Partners	
6 Amount (\$) 3,000.00	7 Payee address; City; State; Zip Code 8601 Ice House Drive Unit 701, North Richland Hills, TX, 76180	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Advertising
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/08/2024	Payee name Neel & Partners	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 8601 Ice House Drive Unit 701, North Richland Hills, TX, 76180	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Print Advertising
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/08/2024	Payee name Neel & Partners	
Amount (\$) 250.00	Payee address; City; State; Zip Code 8601 Ice House Drive Unit 701, North Richland Hills, TX, 76180	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Consulting
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Slattery	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date 04/02/2024	5 Payee name Neel & Partners
-----------------------------	--

6 Amount (\$) 10,000.00	7 Payee address; City; State; Zip Code 8601 Ice House Drive Unit 701, North Richland Hills, TX, 76180
-----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 04/02/2024	Payee name Neel & Partners
---------------------------	--

Amount (\$) 3,755.70	Payee address; City; State; Zip Code 8601 Ice House Drive Unit 701, North Richland Hills, TX, 76180
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Print Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 03/29/2024	Payee name Neel & Partners
---------------------------	--

Amount (\$) 250.00	Payee address; City; State; Zip Code 8601 Ice House Drive Unit 701, North Richland Hills, TX, 76180
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Slattery	3 Filer ID (Ethics Commission Filers)
4 Date 03/25/2024	5 Payee name Neel & Partners	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 8601 Ice House Drive Unit 701, North Richland Hills, TX, 76180	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Advertising
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/28/2024	Payee name Neel & Partners	
Amount (\$) 650.22	Payee address; City; State; Zip Code 8601 Ice House Drive Unit 701, North Richland Hills, TX, 76180	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Print Advertising
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/29/2024	Payee name Neel & Partners	
Amount (\$) 5,000.00	Payee address; City; State; Zip Code 8601 Ice House Drive Unit 701, North Richland Hills, TX, 76180	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Door Knocking
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Slattery	3 Filer ID (Ethics Commission Filers)
4 Date 02/08/2024	5 Payee name GoDaddy.com	
6 Amount (\$) 402.56	7 Payee address; City; State; Zip Code www.GoDaddy.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description VoteRobert.com Web Site
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/08/2024	Payee name VistaPrint.com	
Amount (\$) 120.14	Payee address; City; State; Zip Code www.VistaPrint.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Business Cards
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/16/2024	Payee name VistaPrint.com	
Amount (\$) 233.81	Payee address; City; State; Zip Code www.VistaPrint.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Car Magnets
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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:	2 FILER NAME Robert Slattery	3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2024	5 Payee name Texas Trade Graphics	
6 Amount (\$) 3,502.10	7 Payee address; City; State; Zip Code 2935 Irving Blvd Ste 201, Dallas, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard Signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/29/2024	Payee name Goosehead Insurance	
Amount (\$) 257.04	Payee address; City; State; Zip Code 620 Stoneglenn Drive, Suite G/7, Building 4 Suite 4500, Keller, TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Event Insurance
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/02/2024	Payee name Crown Catering Texas	
Amount (\$) 463.27	Payee address; City; State; Zip Code crown cateringtexas@gmail.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Neighborhood Meet and Greet
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Robert Slattery	3 Filer ID (Ethics Commission Filers)
-----------------------------------	--	--

4 Date 03/29/2024	5 Payee name Neel & Partners
-----------------------------	--

6 Amount (\$) 5,364.06	7 Payee address; City; State; Zip Code 8601 Ice House Drive Unit 701, North Richland Hills, TX 76180
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Marketing
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, 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
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED