

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: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. DAVID J			OFFICE USE ONLY	
	NICKNAME LAST SUFFIX SLATTERY				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10511 RARITAN DR. HOUSTON TX 77043				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 252-7324			Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. GLENN			Receipt # Amount \$	
	NICKNAME LAST SUFFIX GRIMES			Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12423 BROKEN ARROW ST. HOUSTON TX 77024				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 826-6429				
9 REPORT TYPE	<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	Month Day Year THROUGH Month Day Year 01 / 19 / 2022 04 / 07 / 2022				
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 07 / 2022 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (If known) SBISD TRUSTEE POS. 7		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.				
	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

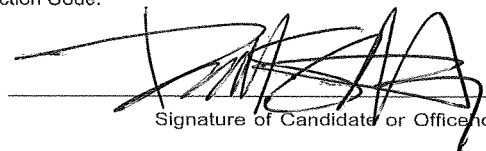
RECEIVED
APR 7 2022
BY: *Deane Dickens*

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

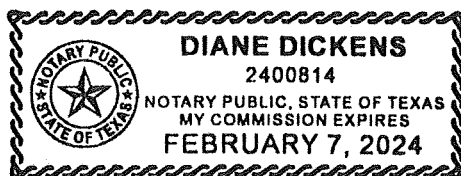
15 C/OH NAME DAVID J. SLATTERY		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,205.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 137.55
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,450.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,617.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 David J. Slattery this the 7 day of April, 2022, to certify which, witness my hand and seal of office.
Diane Dickens Diane Dickens notary public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

DAVID SLATTERY

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,205.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 600.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4450.31
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 8
2 FILER NAME DAVID SLATTERY		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID SLATTERY	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 10511 RARITAN DR. HOUSTON TX 77043		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHY GOSS	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 13511 SAINT MARYS LN HOUSTON TX 77079		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EMMA KNOWLES	Amount of contribution (\$) \$5.00
Contributor address; City; State; Zip Code 12847 WESTELLA HOUSTON TX 77077		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLENN GRIMES	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 12423 BROKEN ARROW ST HOUSTON, TX 77024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 8
2 FILER NAME DAVID SCATTERY		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONATHAN KATZEN	7 Amount of contribution (\$) \$ 750.00
6 Contributor address; City; State; Zip Code 5402 KINGS RANSOM HOUSTON TX 77041		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/14/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAMMY GREEN	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 3120 SOUTHWEST FWY #400 HOUSTON TX 77098		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/14/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS GISSEL	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 12423 COBBLESTONE HOUSTON TX 77024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/14/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSSELL SIMMONS	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 9817 SHADOW WOOD HOUSTON TX 77080		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 8
2 FILER NAME DAVID SCATTERY		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HELEN MAC HAC <hr/> 6 Contributor address; City; State; Zip Code 10510 RARITAN DR. HOUSTON TX 77043	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELANIE BASH <hr/> Contributor address; City; State; Zip Code 12306 PERTHSHIRE HOUSTON TX 77024	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON GASKIN <hr/> Contributor address; City; State; Zip Code 401 BAY ST. BROOKHAVEN MS 39601	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVE ROSENCRANZ <hr/> Contributor address; City; State; Zip Code 6 SLEEPY OAKS HOUSTON TX 77024	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME DAVID SLATTERY		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABIGAIL NEUMAN	7 Amount of contribution (\$) \$ 50.00
6 Contributor address; City; State; Zip Code 902 FROSTWOOD #311 HOUSTON TX 77024		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBORAH ENG	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code HOUSTON TX -		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAMELA COLEMAN	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 1245 FRIES RD. HOUSTON TX 77055		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIRANDA CAMETA	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 9927 VOGUE HOUSTON TX 77080		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME DAVID SLATTERY		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL MARSHALL	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 1142 SHADOWDALE HOUSTON TX 77043		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LESLIE PINE	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code HOUSTON TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK SHIM	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEGAN MILLER	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME DAVID SLATTERY		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BONNIE SLATTERY	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 10511 RARITAN DR. HOUSTON TX 77043		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/31/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELEANE HUTTON	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 10155 HAZELHURST HOUSTON TX 77043		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONNA COLLUM	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 10210 OAKPOINT HOUSTON TX 77043		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAURA HORN	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 5 OAKLAWN DR HOUSTON TX 77024		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 8
2 FILER NAME DAVID SLATTERY		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/22	5 Full name of contributor CYNOL HALL <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 9810 VOGUE Houston TX 77080		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 04/04/22	Full name of contributor EMMA KNOWLES <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 12847 WESTELLA Houston TX 77077		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/06/22	Full name of contributor CHARLES ZABST <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1707 SHADOW BEND Houston TX 77043		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/03/22	Full name of contributor THEODORE JONES <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1203 MUIRFIELD PL Houston TX 77055		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 8
2 FILER NAME DAVID SCATTERY		3 Filer ID (Ethics Commission Filers)
4 Date 04/04/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EMMA KNOWLES	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 12847 WEBSTELLA HOUSTON TX 77077		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/04/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHELLY SEKALY	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 9116 CAMPBELL CT. HOUSTON TX 77055		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIRLEY KOSS	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 1402 SPILLERS LN AUSTON TX 77043		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRENDA STARDIS	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 10615 BRINWOOD HOUSTON TX 77043		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>DAVID SLATTERY</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>EMMA KNOWLES</u>	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code <u>12847 WESTELLA HOUSTON TX 77077</u>	<u>\$600.00</u>	<u>PHOTOGRAPHY</u>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor 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	2 FILER NAME DAVID SLATTERY	3 Filer ID (Ethics Commission Filers)
4 Date 02/04/22	5 Payee name VIRTUOSO GRAPHICS	
6 Amount (\$) \$ 717.16	7 Payee address; City; State; Zip Code 4703 RICHMOND AVE HOUSTON TX 77027	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description SIGNS	
	(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 02/11/22	Payee name OFFICE MAX	
Amount (\$) \$ 21.64	Payee address; City; State; Zip Code 9429 KATY FWY HEDWIG VILLAGE TX 77024	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description PAPER	
	<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 02/25/22	Payee name SPRINT 2 PRINT	
Amount (\$) \$ 700.00	Payee address; City; State; Zip Code 8748 CLAY RD. #300 HOUSTON TX 77080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description SIGNS	
	<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
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	2 FILER NAME DAVID SLATTERY	3 Filer ID (Ethics Commission Filers)
4 Date 03/23/22	5 Payee name SPRINT 2 PRINT	
6 Amount (\$) \$987.78	7 Payee address; City; State; Zip Code 8748 CLAY RD. HOUSTON TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description SIGNS
	(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 03/29/22	Payee name SPRINT 2 PRINT	
Amount (\$) \$2,023.73	Payee address; City; State; Zip Code 8748 CLAY RD HOUSTON TX 77080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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