

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8446

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 28
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Randall MI: W NICKNAME: LAST: Slagle SUFFIX: Jr.	<div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p>Date Received</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">2014 OCT 7 11:25 AM</p> <p>Date Hand-delivered or Postmarked</p> <p>Receipt # Amount</p> <p>Date Processed</p> <p>Date Imaged</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 27607 Austin, Texas 78755 <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 851-0753		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Ms. FIRST: Betty MI: NICKNAME: LAST: Blackwell SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1306 Nueces St. Austin, Texas 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 479-0149		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 09 / 26 / 14 THROUGH 10 / 25 / 14		
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Travis County Justice of the Peace, Precinct 2	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
Randall W. Slagle, Jr.

15 ACCOUNT # (Ethics Commission Filers)

16 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.

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 57,011.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 27,870.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 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.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Randall Wayne Slagle Jr., this the 27 day of October, 20 14, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Lisa Ann Faz
 Printed name of officer administering oath

Admin Associate
 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/3/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) American Federation of State, County & Municipal Employees AFL-CIO 6 Contributor address; City; State; Zip Code 1625 L Street N.W., Washington, DC 20036	7 Amount of contribution (\$) \$3,000.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Apt Contributor address; City; State; Zip Code 812 San Antonio St, Ste 401, Austin, TX 78701	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Berkowitz Contributor address; City; State; Zip Code 200 Congress Ave. Unit 31V, Austin TX 78701	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn Betts Contributor address; City; State; Zip Code 1106 San Antonio St Austin TX 78701	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Conejo Contributor address; City; State; Zip Code 4646 Mueller Blvd #4040 Austin TX 78723	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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.			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/18/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa De La Garza 6 Contributor address; City; State; Zip Code 1400 W. 6th St Austin TX 78703	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Escamilla Contributor address; City; State; Zip Code 5703 Spurflower Dr., Austin, TX 78759	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Ann Espiritu Contributor address; City; State; Zip Code 206 E. 9th St. Ste 1511 Austin TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andy Forsythe Contributor address; City; State; Zip Code 3200 Crosswind Dr., Spicewood, TX 78669	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Fox Contributor address; City; State; Zip Code 404 W 13th St, Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/23/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Fuchs 6 Contributor address; City; State; Zip Code 10905 Sierra Verde Trail Austin TX 78759	7 Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raman Gill Contributor address; City; State; Zip Code 4308 Bellvue Avenue, Austin , TX 78756	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Gottfried Contributor address; City; State; Zip Code 1629 Palma Plaza, Austin, TX 78703	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Hamre Contributor address; City; State; Zip Code 1620 E Riverside Dr, 1003, Austin, TX 78741	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad Heilman Contributor address; City; State; Zip Code 130 Copperleaf rd, Austin, TX 78734	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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.			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/23/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noelia Huerta 6 Contributor address; City; State; Zip Code 2606 Channel Isle Dr., Garland, TX 75043	7 Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Nowlin Contributor address; City; State; Zip Code 4007 Eck Ln., Austin, TX 78734	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlie Roadman Contributor address; City; State; Zip Code 603 W 12th St, Austin, TX 78701	Amount of contribution (\$) \$1,300.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Office Space
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josh Saegert Contributor address; City; State; Zip Code 8156 Ceberry Austin TX 78759	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snell Law Firm Contributor address; City; State; Zip Code 106 E. 6th St. Ste 330, Austin TX 78701	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/3/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Stolle 6 Contributor address; City; State; Zip Code 14156 Short Hill Ct., Saratoga, CA 95070	7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Strama Contributor address; City; State; Zip Code 200 Congress Ave. Unit 30A, Austin, TX 78701	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/8/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Working Families PAC Contributor address; City; State; Zip Code 4580 Bluebonnet Blvd. Ste A, Baton Rouge, LA 70809	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene Vargas Contributor address; City; State; Zip Code 1900 W. 33rd St Austin TX 78703	Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byron Wilkenfeld Contributor address; City; State; Zip Code 200 Congress Ave. Unit 11F, Austin TX 78701	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/10/14	5 Payee name American Printing
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6 Amount (\$) \$14,773.45	7 Payee address; City; State; Zip Code 1606 Headway Circle, Austin TX 78754
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Printing
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/17/14	Payee name Chism Strategies
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Amount (\$) \$6,856.10	Payee address; City; State; Zip Code PO Box 15870 Washington, DC 20003
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Phone Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/26/14	Payee name Nathan Armentrout
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Amount (\$) \$750.00	Payee address; City; State; Zip Code 3625 S 1st St. #115 Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/3/14	Payee name Nathan Armentrout
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Amount (\$) \$750.00	Payee address; City; State; Zip Code 3625 S 1st St. #115 Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/10/14	5 Payee name Nathan Armentrout
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6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 3625 S 1st St. #115 Austin, TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor
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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 10/17/14	Payee name Nathan Armentrout
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Amount (\$) \$750.00	Payee address; City; State; Zip Code 3625 S 1st St. #115 Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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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 10/24/14	Payee name Nathan Armentrout
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Amount (\$) \$750.00	Payee address; City; State; Zip Code 3625 S 1st St. #115 Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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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 10/13/14	Payee name Colin Dearwater
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Amount (\$) \$130.00	Payee address; City; State; Zip Code 2609 Salado St, Austin TX 78705
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/24/14	5 Payee name Colin Dearwater
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6 Amount (\$) \$195.00	7 Payee address; City; State; Zip Code 2609 Salado St, Austin TX 78705
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor
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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 9/26/14	Payee name Kolby Duhon
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Amount (\$) \$220.00	Payee address; City; State; Zip Code 12707 Pond Woods Rd Apt. 1707, Austin TX 78729
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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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 10/3/14	Payee name Kolby Duhon
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Amount (\$) \$165.00	Payee address; City; State; Zip Code 12707 Pond Woods Rd Apt. 1707, Austin TX 78729
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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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 10/10/14	Payee name Kolby Duhon
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Amount (\$) \$220.00	Payee address; City; State; Zip Code 12707 Pond Woods Rd Apt. 1707, Austin TX 78729
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/17/14	5 Payee name Kolby Duhon	
6 Amount (\$) \$220.00	7 Payee address; City; State; Zip Code 12707 Pond Woods Rd Apt. 1707, Austin TX 78729	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/24/14	Payee name Kolby Duhon	
Amount (\$) \$220.00	Payee address; City; State; Zip Code 12707 Pond Woods Rd Apt. 1707, Austin TX 78729	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/26/14	Payee name Craig Garrison	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 4404 Travis Country Circle, Austin, TX 78735	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/3/14	Payee name Craig Garrison	
Amount (\$) \$240.00	Payee address; City; State; Zip Code 4404 Travis Country Circle, Austin, TX 78735	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/10/14	5 Payee name Craig Garrison
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6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 4404 Travis Country Circle, Austin, TX 78735
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/17/14	Payee name Craig Garrison
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Amount (\$) \$360.00	Payee address; City; State; Zip Code 4404 Travis Country Circle, Austin, TX 78735
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24/14	Payee name Craig Garrison
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Amount (\$) \$360.00	Payee address; City; State; Zip Code 4404 Travis Country Circle, Austin, TX 78735
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/26/14	Payee name Forrest Gearheard
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Amount (\$) \$330.00	Payee address; City; State; Zip Code 3625 S. 1st St. #115, Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/3/14	5 Payee name Forrest Gearheard
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6 Amount (\$) \$220.00	7 Payee address; City; State; Zip Code 3625 S. 1st St. #115, Austin, TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/10/14	Payee name Forrest Gearheard
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Amount (\$) \$330.00	Payee address; City; State; Zip Code 3625 S. 1st St. #115, Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/17/14	Payee name Forrest Gearheard
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Amount (\$) \$275.00	Payee address; City; State; Zip Code 3625 S. 1st St. #115, Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24/14	Payee name Forrest Gearheard
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Amount (\$) \$420.00	Payee address; City; State; Zip Code 3625 S. 1st St. #115, Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/15/14	5 Payee name Home Depot		
6 Amount (\$) \$117.30	7 Payee address; City; State; Zip Code 7900 N FM 620, Austin, TX 78726		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising expense	(b) Description (If travel outside of Texas, complete Schedule T) sign materials	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9/26/14	Payee name Austin Jacobs		
Amount (\$) \$220.00	Payee address; City; State; Zip Code 115 Sandra Muraida Way #222 Austin, TX 78703		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/3/14	Payee name Austin Jacobs		
Amount (\$) \$330.00	Payee address; City; State; Zip Code 115 Sandra Muraida Way #222 Austin, TX 78703		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/10/14	Payee name Austin Jacobs		
Amount (\$) \$220.00	Payee address; City; State; Zip Code 115 Sandra Muraida Way #222 Austin, TX 78703		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/17/14	5 Payee name Austin Jacobs	
6 Amount (\$) \$110.00	7 Payee address; City; State; Zip Code 115 Sandra Muraida Way #222 Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/24/14	Payee name Austin Jacobs	
Amount (\$) \$247.50	Payee address; City; State; Zip Code 115 Sandra Muraida Way #222 Austin, TX 78703	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/26/14	Payee name Alice Kreiger	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 2308 Rio Grande St. Apt. 322, Austin, TX 78705	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/3/14	Payee name Alice Kreiger	
Amount (\$) \$180.00	Payee address; City; State; Zip Code 2308 Rio Grande St. Apt. 322, Austin, TX 78705	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/10/14	5 Payee name Alice Kreiger
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6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 2308 Rio Grande St. Apt. 322, Austin, TX 78705
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor
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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 9/26/14	Payee name Rachel Martin
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Amount (\$) \$220.00	Payee address; City; State; Zip Code 4500 Steiner Ranch Blvd. Apt. 2321, Austin, TX 78732
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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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 10/3/14	Payee name Rachel Martin
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Amount (\$) \$220.00	Payee address; City; State; Zip Code 4500 Steiner Ranch Blvd. Apt. 2321, Austin, TX 78732
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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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 10/10/14	Payee name Rachel Martin
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Amount (\$) \$165.00	Payee address; City; State; Zip Code 4500 Steiner Ranch Blvd. Apt. 2321, Austin, TX 78732
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/17/14	5 Payee name Rachel Martin
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6 Amount (\$) \$275.00	7 Payee address; City; State; Zip Code 4500 Steiner Ranch Blvd. Apt. 2321, Austin, TX 78732
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24/14	Payee name Rachel Martin
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Amount (\$) \$220.00	Payee address; City; State; Zip Code 4500 Steiner Ranch Blvd. Apt. 2321, Austin, TX 78732
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/26/14	Payee name Jennifer Mendoza
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Amount (\$) \$120.00	Payee address; City; State; Zip Code 1609 Poppy Seed Ln., Austin, TX 78741
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/3/14	Payee name Jennifer Mendoza
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Amount (\$) \$240.00	Payee address; City; State; Zip Code 1609 Poppy Seed Ln., Austin, TX 78741
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/10/14	5 Payee name Jennifer Mendoza	
6 Amount (\$) \$240.00	7 Payee address; City; State; Zip Code 1609 Poppy Seed Ln., Austin, TX 78741	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/17/14	Payee name Jennifer Mendoza	
Amount (\$) \$262.00	Payee address; City; State; Zip Code 1609 Poppy Seed Ln., Austin, TX 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/24/14	Payee name Jennifer Mendoza	
Amount (\$) \$180.00	Payee address; City; State; Zip Code 1609 Poppy Seed Ln., Austin, TX 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/26/14	Payee name Tim Meyer	
Amount (\$) \$120.00	Payee address; City; State; Zip Code 1301 Crossing Place Apt. 731 B, Austin, TX 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/3/14	5 Payee name Tim Meyer	
6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 1301 Crossing Place Apt. 731 B, Austin, TX 78741	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/10/14	Payee name Tim Meyer	
Amount (\$) \$180.00	Payee address; City; State; Zip Code 1301 Crossing Place Apt. 731 B, Austin, TX 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/17/14	Payee name Tim Meyer	
Amount (\$) \$180.00	Payee address; City; State; Zip Code 1301 Crossing Place Apt. 731 B, Austin, TX 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/24/14	Payee name Tim Meyer	
Amount (\$) \$180.00	Payee address; City; State; Zip Code 1301 Crossing Place Apt. 731 B, Austin, TX 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/26/14	5 Payee name William Neilson
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6 Amount (\$) \$360.00	7 Payee address; City; State; Zip Code 4615 Summerhill Rd. #2305, Texarkana, TX 75503
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor
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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 10/3/14	Payee name William Neilson
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Amount (\$) \$180.00	Payee address; City; State; Zip Code 4615 Summerhill Rd. #2305, Texarkana, TX 75503
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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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 10/10/14	Payee name William Neilson
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Amount (\$) \$360.00	Payee address; City; State; Zip Code 4615 Summerhill Rd. #2305, Texarkana, TX 75503
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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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 10/17/14	Payee name William Neilson
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Amount (\$) \$360.00	Payee address; City; State; Zip Code 4615 Summerhill Rd. #2305, Texarkana, TX 75503
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Randall W. Slagle, Jr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/24/14		5 Payee name William Neilson			
6 Amount (\$) \$282.00		7 Payee address; City; State; Zip Code 4615 Summerhill Rd. #2305, Texarkana, TX 75503			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/26/14		Payee name Celeste Orta			
Amount (\$) \$275.00		Payee address; City; State; Zip Code 1500 Crossing Place, Austin, Texas 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) Contract Labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/3/14		Payee name Celeste Orta			
Amount (\$) \$165.00		Payee address; City; State; Zip Code 1500 Crossing Place, Austin, Texas 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) Contract Labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/10/14		Payee name Celeste Orta			
Amount (\$) \$220.00		Payee address; City; State; Zip Code 1500 Crossing Place, Austin, Texas 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) Contract Labor	
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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/17/14	5 Payee name Celeste Orta	
6 Amount (\$) \$165.00	7 Payee address; City; State; Zip Code 1500 Crossing Place, Austin, Texas 78741	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/24/14	Payee name Celeste Orta	
Amount (\$) \$220.00	Payee address; City; State; Zip Code 1500 Crossing Place, Austin, Texas 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/28/14	Payee name Piryx	
Amount (\$) \$2.25	Payee address; City; State; Zip Code 185 2nd St, San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/16/14	Payee name Piryx	
Amount (\$) \$2.25	Payee address; City; State; Zip Code 185 2nd St, San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/22/14	5 Payee name Piryx	
6 Amount (\$) \$11.25	7 Payee address; City; State; Zip Code 185 2nd St, San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/22/14	Payee name Piryx	
Amount (\$) \$4.50	Payee address; City; State; Zip Code 185 2nd St, San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/23/14	Payee name Piryx	
Amount (\$) \$11.25	Payee address; City; State; Zip Code 185 2nd St, San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/23/14	Payee name Piryx	
Amount (\$) \$4.50	Payee address; City; State; Zip Code 185 2nd St, San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fees for online contributions
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/26/14	5 Payee name Gerald Poblete	
6 Amount (\$) \$240.00	7 Payee address; City; State; Zip Code 605 Masterson Pass Apt 1028, Austin, TX 78753	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/3/14	Payee name Gerald Poblete	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 605 Masterson Pass Apt 1028, Austin, TX 78753	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/10/14	Payee name Gerald Poblete	
Amount (\$) \$330.00	Payee address; City; State; Zip Code 605 Masterson Pass Apt 1028, Austin, TX 78753	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/17/14	Payee name Gerald Poblete	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 605 Masterson Pass Apt 1028, Austin, TX 78753	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/24/14	5 Payee name Gerald Poblete
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6 Amount (\$) \$324.00	7 Payee address; City; State; Zip Code 605 Masterson Pass Apt 1028, Austin, TX 78753
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/26/14	Payee name Drew Roche
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Amount (\$) \$220.00	Payee address; City; State; Zip Code 2510 Leon St. Apt. #613, Austin, TX 78705
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/3/14	Payee name Drew Roche
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Amount (\$) \$165.00	Payee address; City; State; Zip Code 2510 Leon St. Apt. #613, Austin, TX 78705
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/10/14	Payee name Drew Roche
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Amount (\$) \$55.00	Payee address; City; State; Zip Code 2510 Leon St. Apt. #613, Austin, TX 78705
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/17/14	5 Payee name Drew Roche		
6 Amount (\$) \$275.00	7 Payee address; City; State; Zip Code 2510 Leon St. Apt. #613, Austin, TX 78705		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/24/14	Payee name Drew Roche		
Amount (\$) \$55.00	Payee address; City; State; Zip Code 2510 Leon St. Apt. #613, Austin, TX 78705		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/1/14	Payee name Sonic Print		
Amount (\$) \$1,097.00	Payee address; City; State; Zip Code 5018 Tampa West Blvd., Tampa FL 33634		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Printing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/17/14	Payee name United States Postal Service		
Amount (\$) \$5,064.88	Payee address; City; State; Zip Code 823 Congress Ave, Ste 150, Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/23/14	5 Payee name United States Postal Service	
6 Amount (\$) \$10,237.62	7 Payee address; City; State; Zip Code 823 Congress Ave, Ste 150, Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) Postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/26/14	Payee name Verizon Wireless	
Amount (\$) \$54.51	Payee address; City; State; Zip Code P.O. Box 660108, Dallas, TX 75266	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Data Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/25/14	Payee name Verizon Wireless	
Amount (\$) \$117.71	Payee address; City; State; Zip Code P.O. Box 660108, Dallas, TX 75266	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Data Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/18/14	Payee name Austin Recovery - Family House	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4201 S. Congress Ave. Ste 202, Austin, TX 78745	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution made by candidate	Description (If travel outside of Texas, complete Schedule T) Contribution to Family House program
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Randall W. Slagle, Jr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/23/14	5 Payee name The Dogwood
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6 Amount (\$) \$410.40	7 Payee address; City; State; Zip Code 715 W. 6th St., Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Event food
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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 10/25/14	Payee name Facebook
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Amount (\$) \$49.99	Payee address; City; State; Zip Code 1601 Willow Rd., Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Advertising
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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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