

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) 9177		2 Total pages filed: 23			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Randall	MI W	OFFICE USE ONLY Date Received JUN 17 PM 4:18 FILED FOR RECORD			
	NICKNAME	LAST Slagle	SUFFIX Jr.				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;		CITY;			STATE;	ZIP CODE
P.O. Box 27607 Austin, Texas 78755							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 851-0753	EXTENSION				
	Date Hand-delivered or Date Postmarked		Receipt #				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Betty	MI	Amount \$			
	NICKNAME	LAST Blackwell	SUFFIX	Date Processed			
					Date Imaged		
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 (512)	PHONE NUMBER 479-0149	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
07 / 01 / 2017		THROUGH		12 / 31 / 2017			
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
03 / 06 / 2018			<input type="checkbox"/> General	<input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
Travis County Justice of the Peace, Pct 2							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

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

15 Filer ID (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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**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)

\$ 26,070.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,668.63

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

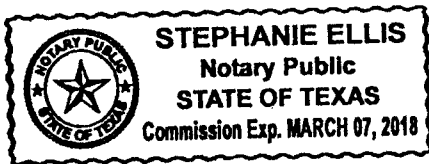
\$ 23,499.25

**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.

Randall W. Slagle, Jr.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Randall Slagle, this the 17th day of January, 2018, to certify which, witness my hand and seal of office.

Stephanie Ellis

Signature of officer administering oath

Stephanie Ellis

Printed name of officer administering oath

Paralegal

Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME Randall W. Slagle, Jr.		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 24,570.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,500.00
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		\$ 1,132.00
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Randall W. Slagle, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
9/13/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Dana Bartholomew

7 Amount of contribution (\$)
\$20.00

6 Contributor address; City; State; Zip Code
P.O. Box 252 Pflugerville, TX 78691

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
8/29/17

Full name of contributor out-of-state PAC (ID#: _____)
Paul Batrice

Amount of contribution (\$)
\$1,000.00

Contributor address; City; State; Zip Code
1114 Lost Creek Blvd # 440 Austin, TX 78746

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/13/17

Full name of contributor out-of-state PAC (ID#: _____)
Jessica Bernstein

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
404 W. 13th St. Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/13/17

Full name of contributor out-of-state PAC (ID#: _____)
Blackburn Betts PLLC

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
1106 San Antonio St. Austin, TX 78701

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Randall W. Slagle, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/13/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Blackwell Contributor address; City; State; Zip Code 1306 Nueces St. Austin, TX 78701	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Blackwell Contributor address; City; State; Zip Code 1306 Nueces St. Austin, TX 78701	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andy Brown Contributor address; City; State; Zip Code PO Box 6061, Austin, TX 78762	Amount of contribution (\$) \$250.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Randall W. Slagle, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 9/13/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair Carroll 6 Contributor address; City; State; Zip Code 1400 W. 6th St. Austin, TX 78703	7 Amount of contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/13/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Chambers Contributor address; City; State; Zip Code 1104 Nueces St. Austin, TX 78701	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/13/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Chen Kercher Contributor address; City; State; Zip Code 1301 Nueces St. Ste. 101 Austin, TX 78701	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/13/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Dworin Contributor address; City; State; Zip Code 1304 Nueces St. Austin, TX 78701	Amount of contribution (\$) \$200.00
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Randall W. Slagle, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
9/13/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Mary Ann Espiritu

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
1307 Nueces St. Austin, TX 78701

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/13/17

Full name of contributor out-of-state PAC (ID#: _____)
Patrick Fagerberg

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
4307 Avenue C Austin, TX 78751

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/13/17

Full name of contributor out-of-state PAC (ID#: _____)
James Foley

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
4116 W. Vickery Blvd. Ste. 103 Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/5/17

Full name of contributor out-of-state PAC (ID#: _____)
Bruce Fox

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
404 W 13th St. Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Randall W. Slagle, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
8/24/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Ken Gibson

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
812 San Antonio St. Austin, TX 78701

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/5/17

Full name of contributor out-of-state PAC (ID#: _____)
James Gill

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
1201 Rio Grande Ste. 200 Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/14/17

Full name of contributor out-of-state PAC (ID#: _____)
Dan Graham

Amount of contribution (\$)
\$5,000.00

Contributor address; City; State; Zip Code
9309 Leaning Rock Circle Austin, TX 78730

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/13/17

Full name of contributor out-of-state PAC (ID#: _____)
Granger and Mueller

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
605 W. 10th St. Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Randall W. Slagle, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
9/13/17

5 Full name of contributor out-of-state PAC (ID#: _____)
Lisa Harding

6 Contributor address; City; State; Zip Code
4800 Fern Hollow Austin, TX 78731

7 Amount of contribution (\$)
\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
12/12/17

Full name of contributor out-of-state PAC (ID#: _____)
Ginger Hill

Contributor address; City; State; Zip Code
1101 Huntridge Dr. Austin, TX 78758

Amount of contribution (\$)
\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/13/17

Full name of contributor out-of-state PAC (ID#: _____)
Gregory P. Hitt

Contributor address; City; State; Zip Code
8709 Ridgehill Dr. Austin, TX 78759

Amount of contribution (\$)
\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/13/17

Full name of contributor out-of-state PAC (ID#: _____)
Sarah Jaffery

Contributor address; City; State; Zip Code
801 W. 5th St. Apt 2904 austin, TX 78703

Amount of contribution (\$)
\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Randall W. Slagle, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/13/17

5 Full name of contributor

Jason Katims

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

1302 Spyglass Dr. Apt. 180 Austin, TX 78746

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/13/17

Full name of contributor

Pamela Lancaster

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

PO Box 29835 Austin, TX 78755

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/17

Full name of contributor

Libby Lawson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$75.00

Contributor address;

City; State; Zip Code

1802 E. 21st St. Austin, TX 78722

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/17

Full name of contributor

Randy Leavitt

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

1301 Rio Grande St. Austin, TX 78701

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Randall W. Slagle, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 9/13/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George C. Lobb 6 Contributor address; City; State; Zip Code 1108 Lavaca St. #110-242 Austin, TX 78701	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Loewy Contributor address; City; State; Zip Code 6812 Valburn Dr. Austin, TX 78731	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/13/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Lopez Contributor address; City; State; Zip Code 1502 West Ave. Austin, TX 78701	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/13/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jo A. Meyerson Contributor address; City; State; Zip Code 306 E. 35th St. Austin, TX 78705	Amount of contribution (\$) \$200.00
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Randall W. Slagle, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

10/13/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

Minton Burton Bassett and Collins

7 Amount of contribution (\$)

\$5,000.00

6 Contributor address;

City; State; Zip Code

1100 Guadalupe St. Austin, TX 78701

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/13/17

Full name of contributor

out-of-state PAC (ID#: _____)

Tonya Y. Nixon

Amount of contribution (\$)

\$125.00

Contributor address;

City; State; Zip Code

153 Oak River Dr. Cedar Creek, TX 78612

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/17

Full name of contributor

out-of-state PAC (ID#: _____)

Tonya Y. Nixon

Amount of contribution (\$)

\$25.00

Contributor address;

City; State; Zip Code

153 Oak River Dr. Cedar Creek, TX 78612

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/17

Full name of contributor

out-of-state PAC (ID#: _____)

Sandra Ritz

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

902 Rio Grande St. Austin, TX 78701

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Randall W. Slagle, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

9/13/17

5 Full name of contributor

Brian Roark

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

1307 West Ave. Austin, TX 78701

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/31/17

Full name of contributor

Florencia Rueda

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

1301 Nueces St. #101 Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/17

Full name of contributor

Geoff Shreve

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$300.00

Contributor address;

City; State; Zip Code

4505 River Wood Ct. Austin, TX 78731

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/17

Full name of contributor

James Sustaita

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

1301 Nueces St. Austin, TX 78701

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Randall W. Slagle, Jr.

3 Filer ID (Ethics Commission Filers)

4 Date
9/13/17

5 Full name of contributor out-of-state PAC (ID#: _____)

Jolsna John Thomas

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

2712 Kingsland Way Austin, TX 78725

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/11/17

Full name of contributor out-of-state PAC (ID#: _____)

Jason Trumpler

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

902 E. 5th St. Ste. 108 Austin, TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/13/17

Full name of contributor out-of-state PAC (ID#: _____)

Stephen Turro

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

404 W. 13th St. Austin, TX 78701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/13/17

Full name of contributor out-of-state PAC (ID#: _____)

Amber Vazquez Bode

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

608 West 12th St. Austin, TX 78701

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Randall W. Slagle, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 9/13/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonio Wehnes <hr/> 6 Contributor address; City; State; Zip Code 1607 E. 7th St. Austin, TX 78702	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Randall W. Slagle Jr.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,500.00	
5 Date 9/13/17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Hull 7 Contributor address; City; State; Zip Code 1101 Navasota Ste. 1 Austin, TX, 78702	8 Amount of Contribution \$ \$1,500.00	9 In-kind contribution description food & event space for fundraiser <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
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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Randall W. Slagle Jr.	3 Filer ID (Ethics Commission Filers)			
4 Date 11/11/17	5 Payee name Travis County Democratic Party				
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1311 E. 6th St. Austin, Texas 78702				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 12/19/17	Payee name United States Postal Service				
Amount (\$) \$132.00	Payee address; City; State; Zip Code 3575 Far West Blvd. Austin, Texas 78731				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. P.O. Box			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 8/29/17	Payee name Piryx				
Amount (\$) 45.00	Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Randall W. Slagle Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 12/18/17	5 Payee name Piryx
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6 Amount (\$) \$4.50	7 Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee
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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 9/7/17	Payee name Piryx
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Amount (\$) \$11.25	Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee
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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 9/13/17	Payee name Piryx
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Amount (\$) \$13.50	Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee
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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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Randall W. Slagle Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 9/13/17	5 Payee name Piryx
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6 Amount (\$) \$4.50	7 Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee
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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 8/24/17	Payee name Piryx
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Amount (\$) \$11.25	Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee
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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 9/5/17	Payee name Piryx
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Amount (\$) \$22.50	Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee
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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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Randall W. Slagle Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 9/14/17	5 Payee name Piryx	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 9/13/17	Payee name Piryx	
Amount (\$) \$4.50	Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 9/13/17	Payee name Piryx	
Amount (\$) \$11.25	Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Randall W. Slagle Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 9/13/17	5 Payee name Piryx
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6 Amount (\$) \$4.50	7 Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee
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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 9/5/17	Payee name Piryx
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Amount (\$) \$3.38	Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee
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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 10/23/17	Payee name Piryx
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Amount (\$) \$112.50	Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee
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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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Randall W. Slagle Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 9/13/17	5 Payee name Piryx
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6 Amount (\$) \$22.50	7 Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee
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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 8/31/17	Payee name Piryx
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Amount (\$) \$11.25	Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee
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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 9/7/17	Payee name Piryx
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Amount (\$) \$13.50	Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee
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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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Randall W. Slagle Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 9/13/17	5 Payee name Piryx
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6 Amount (\$) \$4.50	7 Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---------------------------------------------------------------------	-------------------------------	---------------	-------------

Date 9/11/17	Payee name Piryx
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Amount (\$) \$11.25	Payee address; City; State; Zip Code 995 Market Street 2nd Floor San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card donation processing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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