**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Stand With Slater 507 N Sam Houston Parkway East ADDRESS (number and street) Suite 600D (Check if address is changed) Houston 77060 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@standwithslater.com is changed) Optional Second E-Mail Address mr.robslate@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.standwithslater.com (Check if address is changed) DATE 2025 C00854372 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Ross, Tereva,, Date 09 04 2025 Signature of Treasurer Ross, Tereva, . . NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| EC Form 1 (Revised 03/2022)  | Page 2   |  |  |  |  |
|--|--|--|--|--|--|
| TYPE OF COMMITTEE:   |  |  |  |  |  |
| Candidate Committee:   |  |  |  |  |  |
| a) X This committee is a principal campaign committee. (Complete the candidate information below.)   |  |  |  |  |  |
| This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  |  |  |  |  |  |
| Name of Candidate Slater, Robert, , ,  |  |  |  |  |  |
| Candidate Office Sought: X House Senate President  | State TX District 29   |  |  |  |  |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  | District 25  |  |  |  |  |
| Name of Candidate  |  |  |  |  |  |
| Party Committee:   |  |  |  |  |  |
| (d) This committee is a (National, State (Democration or subordinate) committee of the Republication   | tic,<br>n, etc.) Party   |  |  |  |  |
| Political Action Committee (PAC):  |  |  |  |  |  |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.   | ted organization is a:   |  |  |  |  |
| Corporation Corporation w/o Capital Stock Labor  | Organization   |  |  |  |  |
| Membership Organization Trade Association Coope  | rative   |  |  |  |  |
| In addition, this committee is a Lobbyist/Registrant PAC.  |  |  |  |  |  |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)  |  |  |  |  |  |
| In addition, this committee is a Lobbyist/Registrant PAC.  |  |  |  |  |  |
| In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |  |  |  |  |  |
| (g) This committee is an independent expenditure-only political committee (Super PAC).   |  |  |  |  |  |
| In addition, this committee is a Lobbyist/Registrant PAC.  |  |  |  |  |  |
| (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid F   | PAC).  |  |  |  |  |
| In addition, this committee is a Lobbyist/Registrant PAC.  |  |  |  |  |  |
| Joint Fundraising Representative:  |  |  |  |  |  |
| (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. |  |  |  |  |
| This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. |  |  |  |  |  |
| Committees Participating in Joint Fundraiser   |  |  |  |  |  |
| 1C   |  |  |  |  |  |
| C  |  |  |  |  |  |

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|------------|---|--|-----------------------------|-------------------------------|--|--|
| ٧          | Vrite or Type Committee Name                    | _  |                             |                               |  |  |
|            | Stand With Slate                                | rganization, Affiliated Committee, Joir  | nt Fundraising Representati | ive or Leadership PAC Sponsor |  |  |
| <i>,</i> . | NONE  | gamzation, Anniated Committee, Com   | it rundraising hepresentati | ve, or reducising the oponsor |  |  |
|            |   |  |                             |                               |  |  |
|            |   |  |                             |                               |  |  |
|            | Mailing Address                                 |  |                             |                               |  |  |
|            |   |  |                             |                               |  |  |
|            |   | I  |                             |                               |  |  |
|            |   | CITY ▲   | STATE                       | ▲ ZIP CODE ▲                  |  |  |
|            | Relationship: Connected                         | Organization Affiliated Organization   | Joint Fundraising Repres    |                               |  |  |
|            | nelationship.                                   | Allillated Organization  | John Fundraising Repres     | Leadership FAC Sponso         |  |  |
| <u>.</u>   | Custodian of Records: Identi books and records. | Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.                         |                             |                               |  |  |
|            | Ross, Tere                                      | va   |                             |                               |  |  |
|            | Full Name                                       | , , , <u> </u>   |                             |                               |  |  |
|            | Mailing Address                                 | 507 N Sam Houston Parkway East   |                             |                               |  |  |
|            | Ü   | Suite 600D   |                             |                               |  |  |
|            |   | Houston  | , ,TX                       | 1 177060 1 1                  |  |  |
|            |   |  |                             |                               |  |  |
|            | <b>- -</b>                                      | CITY ▲   | STATE                       | ▲ ZIP CODE ▲                  |  |  |
|            | Title or Position ▼                             |  |                             | 242                           |  |  |
|            | Campaign Treasurer                              |  | Telephone number            | 281 - 919 - 6864              |  |  |
| 3.         |   | reasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address by designated agent (e.g., assistant treasurer). |                             |                               |  |  |
|            | Full Name Ross, Tere                            | va, , ,  |                             |                               |  |  |
|            |   | <sub>1</sub> 507 N Sam Houston Parkway East  |                             |                               |  |  |
|            | Mailing Address                                 |  |                             |                               |  |  |
|            |   | Suite 600D   |                             |                               |  |  |
|            |   | Houston  |                             | 77060                         |  |  |
|            |   | CITY ▲   | STATE                       | ▲ ZIP CODE ▲                  |  |  |
|            | Title or Position ▼                             |  |                             |                               |  |  |
|            | Campaign Treasurer                              |  | Telephone number            | 281 - 919 - 6864              |  |  |

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|--------------------------------|---|-------------------|------------------------------|--|--|--|
| Full Name of Designated        |   |                   |                              |  |  |  |
| Agent                          |   |                   |                              |  |  |  |
| Mailing Address                |   |                   |                              |  |  |  |
|                                |   |                   |                              |  |  |  |
|                                |   |                   |                              |  |  |  |
| Title or Position              | CITY ▲  | STATE ▲           | ZIP CODE ▲                   |  |  |  |
|                                | Telephone r   | number            |                              |  |  |  |
|                                | <b>Depositories:</b> List all banks or other depositories in which the commones or maintains funds. | nittee deposits t | funds, holds accounts, rents |  |  |  |
| Name of Bank,                  | Name of Bank, Depository, etc.  |                   |                              |  |  |  |
|                                | Woodforest National Bank  |                   |                              |  |  |  |
| Mailing Address                | 8195 Barker Cypress Road  |                   |                              |  |  |  |
|                                |   |                   |                              |  |  |  |
|                                | Cypress   | TX                | 77433                        |  |  |  |
|                                | CITY ▲  | STATE ▲           | ZIP CODE ▲                   |  |  |  |
| Name of Bank, Depository, etc. |   |                   |                              |  |  |  |
|                                |   |                   |                              |  |  |  |
| Mailing Address                |   |                   |                              |  |  |  |
|                                |   |                   |                              |  |  |  |
|                                |   |                   |                              |  |  |  |
|                                | CITY A  | STATE ▲           | ZIP CODE ▲                   |  |  |  |