#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084926 3 COMMITTEE NAME **OFFICE USE ONLY** Judicial Fairness PAC Date Received **ELECTRONICALLY FILED** 02/26/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO 341027 Date Hand-delivered or Date Postmarked Change of Address AUSTIN, TX 78734 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Lee NAME NICKNAME LAST **SUFFIX** Parsley STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 14425 Falcon Head Blvd STREET **ADDRESS** Bldg E-100 Ste 226 (Residence or Business) Austin, TX 78738 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 341027 MAILING **ADDRESS** Austin, TX 78734 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 615-2353 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 02/24/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Judicial Fairness PAC			00084926	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sharon Keller Court of Crimina	al Appeals, Pr	esiding Judge
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	450,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	542,455.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	273,514.14
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Lee	e Parsley	
		Signature of Car	mpaign Treasui	rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said _	, tł	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of offic	er administering oath

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

# FORM GPAC ADDENDUM

Page 3 of 13

					Fage 3 01 13
				13 Filer ID	(Ethics Commission Filers)
				00084926	
Candidates (Identify by name or, if applicable, classify by party.)		Barbara Hervey Cour	rt Of Crimina	al Appeals, Ju	dge
	B. Opposed				
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
		Michelle Slaughter Co	ourt Of Crim	ninal Appeals.	Judae
(Identify by name or, if					
	B. Opposed				
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
Officeholders     Assisted     (Identify by name or, if					
applicable, classify by party.)					
	(Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	(Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders    Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  B. Opposed  3. Officeholders    Assisted  B. Opposed	(Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders    Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported Michelle Slaughter C  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  3. Officeholders    Assisted (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders    Assisted (Identify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  A. Supported Michelle Slaughter Court Of Crin  Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed	A. Supported Barbara Hervey Court Of Criminal Appeals, Judentify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  B. Opposed  A. Supported  B. Opposed  A. Supported  Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  Michelle Slaughter Court Of Criminal Appeals, deletify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  Describe by date and location of election and nature of issue.)  B. Opposed

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

					4 of 13
<b>17</b> CO	MMITTE	EE NAME	18 Filer ID	(Ethics	Commission Filers)
		airness PAC	00084926	`	
<b>19</b> SCH	HEDULE	E SUBTOTALS			
	ME OF	SU	JBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	450,000.00
				<del> </del>	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
				<u> </u>	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
				<u> </u>	
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R		
4.	Ш	ORGANIZATION		\$	
		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	TION OR		
5.	Ш	LABOR ORGANIZATION		\$	
				<del>                                     </del>	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
				<u> </u>	
7.	П	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		\$	
	Ш_	ORGANIZATION			
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O			
о.	Ш	SCHEDULE D. FLEDGED CONTRIBUTIONS FROM CONFORMATION ON LABOR C	JRGANIZATION	\$	
9. SCHEDULE E: LOANS				\$	
				-	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	542,455.60
				├──	
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	Ш_				
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONIC	<b> </b>	
14.	Ш	SCHEDULE FO. FUNCTIAGE OF HAVESTWILLINGS INCOME OF THE CONTINUES IN	JNG	\$	
	$\overline{}$				
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
				<del> </del>	
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
		TOTILLIX			

MOI	IETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
The Ir	struction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/13
2 FILER I	IAME I Fairness PAC	3	Filer ID (Ethics Commission Filers) 00084926
4 Date 02/23/2	6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$100,000.00
8 Principa	Austin, TX 78704  I occupation / Job title (See Instructions)  9 Employer (See Instructions)	ons)	
Date 02/14/2	Full name of contributor out-of-state PAC (ID#:) TRT Holdings Inc  Contributor address; City; State; Zip Code  Dallas, TX 75219		Amount of Contribution (\$) \$100,000.00
Principa	I occupation / Job title (See Instructions)  Employer (See Instructions)	ons)	
Date 02/21/2	Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250,000.00
Principa	Austin, TX 78701  I occupation / Job title (See Instructions)  Employer (See Instructions)	ons)	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/8 Rpt: 6/13	Judicial Fairness PAC 00084926
4 Date	5 Payee name
01/03/2024	IBC Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$77.85	PO Box 649507
Expenditure from corporate funds	San Antonio, TX 78265
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Bank Fees
	Banki ees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
01/03/2024	IBC Bank
Amount (\$)	Payee address; City; State; Zip Code
\$105.90	PO Box 649507
Expenditure from corporate funds	San Antonio, TX 78265
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/05/2024	IBC Bank
Amount (\$)	
\$105.90	Payee address; City; State; Zip Code PO Box 649507
Φ105.90	FO DOX 043301
Expenditure from	
corporate funds	San Antonio, TX 78265
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense  Bank Fees
	Dalik Fees
Complete CMI V if alian-	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/8 Rpt: 7/13	Judicial Fairness PAC 00084926
4 Date	5 Payee name
02/05/2024	IBC Bank
6 Amount (\$) \$77.85	7 Payee address; City; State; Zip Code PO Box 649507
Expenditure from corporate funds	San Antonio, TX 78265
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Bank Fees
	Dalik Fees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/23/2024	Lawson Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$173.10	PO Box 782
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Media Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/09/2024	Nebo Media Inc
Amount (\$)	Payee address; City; State; Zip Code
\$54,000.00	680 Murphy Ave SW
Expenditure from corporate funds	Atlanta, GA 30310
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	DCE Candidate Ads
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H Keller, Sharon Court of Criminal Appeals,
1	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/8 Rpt: 8/13	Judicial Fairness PAC	00084926
4 Date	5 Payee name	-
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
Expenditure from		
corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/OI	Hervey, Barbara Court C	Of Criminal Appeals,
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/OI		Of Criminal Appeals,
Date	Payee name	
02/14/2024	Nebo Media Inc	
Amount (\$)	Payee address; City; State; Zip	Code
\$175,855.00	680 Murphy Ave SW	
Expenditure from corporate funds	Atlanta, GA 30310	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense  DCE Candidate Ads
		DCE Calluldate Aus
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/OI	1	of Criminal Appeals,

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to	D complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/8 Rpt: 9/13	Judicial Fairness PAC	00084926
4 Date	5 Payee name (see previous)	<u>,</u>
6 Amount (\$)	7 Payee address; City; State; Zip	Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	I and the second	sought Office held
expenditure to benefit C/Or	<sup>1</sup> Hervey, Barbara Court	Of Criminal Appeals,
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from corporate funds  PURPOSE  OF  EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct		sought Office held
expenditure to benefit C/OF	Slaughter, Michelle Court	Of Criminal Appeals,
Date 02/16/2024	Payee name Nebo Media Inc	
Amount (\$) \$125,000.00	Payee address; City; State; Zip 680 Murphy Ave SW	Code
Expenditure from corporate funds	Atlanta, GA 30310	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  DCE Candidate Ads
Complete ONLY if direct expenditure to benefit C/OF	1	sought Office held of Criminal Appeals,

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/8 Rpt: 10/13	Judicial Fairness PAC 00084926
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
,	
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Hervey, Barbara Court Of Criminal Appeals,
Date	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
	(1) -
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxas, Complete Schedule T
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	·
-	Slaughter, Michelle Court Of Criminal Appeals,
Date	Payee name
02/21/2024	Nebo Media Inc
Amount (\$)	Payee address; City; State; Zip Code
\$20,000.00	680 Murphy Ave SW
+=5,555100	F )
Expenditure from	All QA 99949
corporate funds	Atlanta, GA 30310
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
D. LIBITORE	Check if Austin, TX, officeholder living expense
	DCE Candidate Ads
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H Keller, Sharon Court of Criminal Appeals,

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/8 Rpt: 11/13	Judicial Fairness PAC 00084926
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
— F P C	
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
O Consulate ONII V if align at	Open Field to 100% on health and a second to 100% on health
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Hervey, Barbara Court Of Criminal Appeals,
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
PURPOSE	(a) Cotogoni
OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Slaughter, Michelle Court Of Criminal Appeals,
Date	Payee name
02/21/2024	Nebo Media Inc
Amount (\$)	Payee address; City; State; Zip Code
	680 Murphy Ave SW
\$80,000.00	660 Mulphy Ave SW
Expenditure from corporate funds	Atlanta, GA 30310
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	DCE Candidate Ads
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains		R (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer I	D (Ethics Commission Filers)
Sch: 7/8 Rpt: 12/13	Judicial Fairness PAC	0008	4926
4 Date	5 Payee name	l	
	(see previous)		
6 Amount (\$)	7 Payee address; City; State	Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of this sch	· ' I —	
OF EXPENDITURE		Check if travel outside of Te:  Check if Austin, TX, officeho	
		Check if Additif, 1X, officerio	ider living expense
9 Complete ONLY if direct		Office sought C	Office held
expenditure to benefit C/O	<sup>H</sup> Hervey, Barbara (	Court Of Criminal Appeals,	
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State	Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
OF EXPENDITURE		Check if travel outside of Te	
		Check if Austin, TX, officeho	luci living expense
Complete ONLY if direct	Candidate/Officeholder name (	Office sought C	Office held
expenditure to benefit C/O	H Slaughter, Michelle	Court Of Criminal Appeals,	
Date	Payee name		
02/23/2024	Nebo Media Inc		
Amount (\$)	Payee address; City; State	Zip Code	
\$87,000.00	680 Murphy Ave SW		
— Foresediture from			
Expenditure from corporate funds	Atlanta, GA 30310		
PURPOSE	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
OF EXPENDITURE	Advertising Expense	Check if travel outside of Te	
		Check if Austin, TX, officeho  DCE Candidate Ads	ider living expense
Complete ONLY if direct	Candidate/Officeholder name (	Office sought C	Office held
expenditure to benefit C/O		Court of Criminal Appeals,	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to cor	ages/Contract Labor OTHER (enter a category not listed above)  nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/8 Rpt: 13/13	Judicial Fairness PAC	00084926
4 Date	5 Payee name	•
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
Expenditure from corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sout	ght Office held
expenditure to benefit C/O	Hervey, Barbara Court Of	Criminal Appeals,
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Coo	de
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	Slaughter, Michelle Court Of	Criminal Appeals,
Date	Payee name	
02/20/2024	RightSide Compliance	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$60.00	PO Box 341027	
Expenditure from corporate funds	Austin, TX 78734	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Compliance Consulting
		Compliance Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI		555 11014