FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 30 00088079 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Caroline NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Fairly CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 1000 S. Tyler St. MAILING Receipt # Amount **ADDRESS** Apt. 10 Amarillo, TX 79101 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Tom NAME NICKNAME LAST **SUFFIX** Roller STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 109 Chucker St. **ADDRESS** (Residence or Business) Amarillo, TX 79124

EXTENSION

THROUGH

Primary

General

Runoff

Exceeded modified

Month

ELECTION TYPE

Runoff

Special

Day

06/30/2024

12 OFFICE SOUGHT (if known)

Year

Other

reporting limit

30th day before election

8th day before election

CAMPAIGN

PHONE

REPORT TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

TREASURER

AREA CODE

(806) 671-8174

January 15

Day

Day

OFFICE HELD (if any)

ELECTION DATE

02/25/2024

Year

Year

July 15

Х

Month

Month

PHONE NUMBER

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 30

13 C / OH NAME	Fairly, Caroline (Ms.)		14 Filer ID (00088079	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 687.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 433,511.41
EXPENDITURE TOTALS		\$ 1,148.14		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 647,669.55
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 10,747.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Ms	. Caroline Fairly	
			Candidate or Officehole	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					3 01 30
_	ER NAM	ne (Ms.)	19 Filer ID 00088079	(Ethic	s Commission Filers)
		E SUBTOTALS SCHEDULE		S	SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	399,823.07
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	33,688.34
3.		\$			
4.		\$			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	\$	640,639.60	
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	7,000.00
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	29.95
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	form.	1 Total pages S Sch: 1/6 Rpt		
2	FILER NAME Fairly, Caroli	ine (Ms.)		3 Filer ID (Eth 00088079	nics Commission Filers)	
4	Date 03/09/2024	 Full name of contributor		7 Amount of Co	entribution (\$) \$500.00	
	Dringing agg	Stephenville, TX 76401	Employer (See Instruction	ne)		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)		
	Date 03/01/2024	Full name of contributor	::)	Amount of Co	entribution (\$) \$500.00	
		Amarillo, TX 79109				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions Austin & Tatum Dental		n, DDS & Delton T Tatu	
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID# Bernard, Tim Contributor address; City; State; Zip Code	:)	Amount of Co	ontribution (\$) \$5.00	
	Dringing agg	Zebulon, NC 27597	Employer (Coo Instructions	70)		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	ns)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID# Bhakta, Usha Contributor address; City; State; Zip Code Amarillo, TX 79102	:)	Amount of Co	ontribution (\$) \$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID# Chesapeake Partners PLLC Contributor address; City; State; Zip Code Amarillo, TX 79119	:)	Amount of Co	ontribution (\$) \$251.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/30	
2	FILER NAME Fairly, Carol			3	Filer ID (Ethics Commission Filers) 00088079	
4	Date 06/04/2024	5 Full name of contributor out-of-state PAC (ID#:_ DealOn LLC 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$248,802.07	
0	Dringing ogg	Amarillo, TX 79102 pation / Job title (See Instructions)	Employer (See Instructions)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)) 		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Desai, Bhadreshkumar Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$151.00	
	Principal occu	Amarillo, TX 79103 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID#:_ Duren D.D.S, Lynn Contributor address; City; State; Zip Code Amarillo, TX 79124			Amount of Contribution (\$) \$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions) Retired)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_Fairly, Alex Contributor address; City; State; Zip Code Amarillo, TX 79109			Amount of Contribution (\$) \$25,000.00	
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions) The Fairly Group)		
	Date 04/03/2024	Full name of contributor out-of-state PAC (ID#:_Fairly, Alex Contributor address; City; State; Zip Code Amarillo, TX 79109			Amount of Contribution (\$) \$100,000.00	
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions) The Fairly Group)		

	MONET	ARY POLITICAL CONTRIE		SCHEDULE A1			
	The Instru	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/30	
2	FILER NAME Fairly, Caroli	ine (Ms.)			3	Filer ID (Ethics Commission 00088079	on Filers)
4	Date 03/01/2024	 5 Full name of contributor out-of-state out-of-state Fairly, Sheila 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$200.00
	Dringing! goog	Hurst, TX 76054	lo.	Employer (See Instructions	<u></u>		
8	Owner -	pation / Job title (See Instructions)	9	Employer (See Instructions Fort Worth Cabinet Co I			
	Date 05/16/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Lawyer			Capitol Law Group			
	Date 02/28/2024	Full name of contributor out-of-state Horton, John Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76110					
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Tppf	5)		
	Date 03/04/2024	Full name of contributor out-of-state Howes, Jordan Contributor address; City; State; Zip Code Houston, TX 77006				Amount of Contribution (\$)	\$500.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Daniels & Tredennick P			
	Date 02/26/2024	Full name of contributor out-of-state Lockwood, Sean Contributor address; City; State; Zip Code Amarillo, TX 79109				Amount of Contribution (\$)	\$1,000.00
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions Occunet	s)		
			· ·				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/30		
2	FILER NAME Fairly, Caroli			3	Filer ID (Ethics Commission 00088079	on Filers)	
4	Date 02/26/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00	
8	Principal occu	Amarillo, TX 79109 pation / Job title (See Instructions)	9 Employer (See Instructions				
_	Physician	pation 7 000 title (Gee mondetions)	Self Employed				
	Date 02/26/2024	Full name of contributor			Amount of Contribution (\$)	\$1,001.00	
		Amarillo, TX 79124					
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Staybridge Suites)			
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Patel, Milan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00	
		Amarillo, TX 79124					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Patel, Rashmi Contributor address; City; State; Zip Code Amarillo, TX 79106			Amount of Contribution (\$)	\$201.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Patel, Tanay Contributor address; City; State; Zip Code Amarillo, TX 79119			Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL C		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/30	
2	FILER NAME Fairly, Caroli	ine (Ms.)			3	Filer ID (Ethics Commission 00088079	on Filers)
4	Date 05/20/2024	5 Full name of contributor Political Action Committee6 Contributor address; City; St		nsurance Agents Of	7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78701			<u></u>		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 04/15/2024	Full name of contributor Public Blueprint LLC Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Dringinal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	·)		
	r illicipai occu	pation / Job title (See instructions	,	Employer (See mstructions	P)		
	Date 05/01/2024	Full name of contributor Schatte, Andrew Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77005					
	Principal occu Vice Preside	pation / Job title (See Instructions ent)	Employer (See Instructions Stonehenge Companies			
	Date 03/05/2024	Full name of contributor Sims, Tina Contributor address; City; St Amarillo, TX 79106)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Logistics	pation / Job title (See Instructions)	Employer (See Instructions Thomas E Creek VA	5)		
	Date 05/13/2024	Full name of contributor Stallings, Larry Contributor address; City; St Amarillo, TX 79119				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/30
2	FILER NAME Fairly, Caroli	ne (Ms.)		3	Filer ID (Ethics Commission Filers) 00088079
4	Date 04/15/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$10,000.00
8	Principal occu	Houston, TX 77098-3007 pation / Job title (See Instructions)	9 Employer (See Instructions	.)	
_				'	
	Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Health Plans PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 06/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$1,000.00
	Principal occu	Austin, TX 78705 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Date 04/15/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Fire Fighters Political Education Fur Contributor address; City; State; Zip Code Austin, TX 78745			Amount of Contribution (\$) \$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Tidwell, Mark Contributor address; City; State; Zip Code Amarillo, TX 79124)		Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/3 Rpt: 10/30 3 Filer ID (Ethics Commission Filers) FILER NAME Fairly, Caroline (Ms.) 00088079 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 03/01/2024 Greg Abbott Campaign \$4,545.00 | Canvassing 7 Contributor address; City; State; Zip Code Austin, CA 78767 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)

Amount of

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Employer (FOR NON-JUDICIAL)

contribution (\$)

\$191.231

In-kind contribution

description

Check if travel outside of Texas. Complete Schedule T.

(See instructions)

out-of-state PAC (ID#:

Contributor's employer/law firm (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

04/11/2024

Full name of contributor

Austin, CA 78767

Greg Abbott Campaign

Contributor address; City; State; Zip Code

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 2/3 Rpt: 11/30				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Fairly, Caro	line (Ms.)		00088079				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor ut-of-state PAC (ID#:		8 Amount of 9 In-kind contribution contribution (\$) description				
03/12/2024	orog / 1000tt ourreasgr.		contribution (\$) description \$4,626.00 Canvassing				
	7 Contributor address; City; State; Zip Code						
	Austin, CA 78767		Check if travel outside of Texas. Complete Schedule T.				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON					
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 contribute	or'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 out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description				
06/11/2024	Greg Abbott Campaign		\$1,477.03 Texting				
	Contributor address; City; State; Zip Code		;				
			;				
	Austin, CA 78767		Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
0	and a collection (FOR TURISIAL)	Laure finance of a contribute	ode areas (fram.) (FOD JUDIOIAL)				
Contributors	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
ii contributor	is a clinia, law inition parent(s) (ii arry) (i civ cobion te)						
Date	Full name of contributor out-of-state PAC (ID#:	\ \	Amount of . In-kind contribution				
03/12/2024	Greg Abbott Campaign		contribution (\$) description				
	Contributor address; City; State; Zip Code		\$1,755.22 Travel				
			_ ;				
	Austin, CA 78767	T =	Check if travel outside of Texas. Complete Schedule T.				
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	N-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Continuence of the Continuence o							
Contributor's	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)	•					
		<u> </u>					

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 12/30 3 Filer ID (Ethics Commission Filers) FILER NAME Fairly, Caroline (Ms.) 00088079 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 05/29/2024 OccuNet LLC \$11,547.15 | Media Buy and Signs 7 Contributor address; City; State; Zip Code Amarillo, TX 79102 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) 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) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 03/18/2024 OccuNet LLC \$5,082.06 Banners, Buttons, and Contributor address; City; State; Zip Code Cards Amarillo, TX 79102 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) 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)

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			/ages	/Contract Labor		OTHER (enter a	a category not listed al	oove)
				The Instruction G	uide explains h	low to col	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 1/17 Rpt: 13/30		Fairly, Carol	line (Ms.)						00088079		
4	Date	5	Payee name									
	02/26/2024		A-G Adminis	strators LLC								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$25,000.00		1001 Old Ca	assatt Road		·						
			Suite 300									
			Berwyn, PA	19312								
8	PURPOSE	(0)				Ī	(h)	Description				
°	OF	(a) 	Category _{(Se} Refund	e Categories listed at t	he top of this sche	edule)	(D)	Description Check if travel of	nutsi	de of Texas, Con	nplete Schedule T.	
	EXPENDITURE		Reluliu					=		officeholder livin		
								OTHER - Ref	fun	d		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	+										
	Date		Payee name									
	04/04/2024		Baselice & A	Associates, Inc.								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$24,518.00		PO Box 502	38								
			Austin, TX 7	'8763								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he ton of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Polling Expe					Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE							_		officeholder livin	g expense	
								POLLING - P	Olli	ng		
		L			_							
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	ceholder name	0	ffice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	03/04/2024		Belmar Bak	ery & Catering								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$540.00		3325 Bell St	reet								
			Amarillo, TX	79106								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Event Exper	nse							nplete Schedule T.	
								EVENT - Elec		officeholder livin		
								EVEINT - EIEC	CliU	ii Nigiit Foc	Ju	
_	Complete ONLY if direct	Ц	Pandidato/Offic	ceholder name		ffice sou	aht			Office h	مام	
	expenditure to benefit C/O		zariuluale/OIII	Jenoluei Haille	U	ince sou	yııı			Office II	ciu	
_												

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	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: 2/17 Rpt: 14/30	Fairly, Caroline (Ms.) 00088079						
4	Date	5 Payee name						
	04/01/2024	Blakemore & Associates						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$4,000.00	1 East Greenway Plaza						
		Suite 225						
		Houston, TX 77046						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Media Consulting Check if travel outside of Texas. Complete Schedule T.						
	LAFENDITORE	Check if Austin, TX, officeholder living expense						
		OTHER - Media Consulting						
_	0 1 0 0 1 1 1 1							
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	04/01/2024	Blakemore & Associates						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$12,000.00	1 East Greenway Plaza						
		Suite 225						
		Houston, TX 77046						
	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 CONSULT - Media Consulting						
		CONSOLT - Media Consulting						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	05/21/2024	Blakemore & Associates						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$15,207.95	1 East Greenway Plaza						
	, — , — , · · · · ·	Suite 225						
		Houston, TX 77046						
	PURPOSE							
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Consulting Expense						
		CONSULT - Media Consulting						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/Ol	1						

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/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAMI	Ē				3	Filer ID	(Ethics Commission Filers)
	Sch: 3/17 Rpt: 15/30	Fairly, Card	oline (Ms.)					00088079	
4	Date	5 Payee name							
	02/29/2024	Brown, Cor	nnie						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode				
	\$4,800.00	5040 South	Coulter Drive						
		#1901							
		Bryan, TX	77803						
8	PURPOSE OF		ee Categories listed at the t	op of this schedule)	(b)	Description			
	EXPENDITURE	Consulting	Expense					de of Texas. Com officeholder living	
						CONSULT - (
						00110021	Ou.	npaign man	90.
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ught			Office he	eld
	experiditure to benefit C/Oi								
	Date	Payee name							
	03/21/2024	Brown, Cor	nnie						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$2,165.67	5040 South	Coulter Drive						
		#1901							
		Bryan, TX	77803						
	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel In D	istrict					de of Texas. Com officeholder living	
						—			ursement & Meals
						TTO CV LETT		eage remib	arsement a meas
	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	H 							
	Date	Payee name							
	04/01/2024	Brown, Cor	nnie						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$4,800.00	5040 South	Coulter Drive						
		#1901							
		Bryan, TX	77803						
	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Consulting	Expense					de of Texas. Com	
						_		officeholder living	
						CONSULT - (udl	npaign Man	ayeı
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u> </u>			Office he	eld
	expenditure to benefit C/OI	Н							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	rpense		xpense /ages/	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:							3	Filer ID	(Ethics Commission Filers)
L	Sch: 4/17 Rpt: 16/30	Fairly, 0	Caroline (Ms.)						00088079	
4	Date	5 Payee n	ame							
	04/12/2024	Brown,	Connie							
6	Amount (\$)	7 Payee a	ddress; City;	State;	Zip Co	de				
	\$175.60	5040 S	outh Coulter Drive							
		#1901								
		Bryan, ⁻	TX 77803							
8	PURPOSE	(a) Category	(See Categories listed at the	top of this sched	dule)	(b)	Description			
	OF EXPENDITURE		n District		,		느			plete Schedule T.
	LA LADITORL						—		officeholder living	
							TRAVELIN - I	iviile	eaye Reiiiib	uisemeni
_	Complete ONLY if direct	Candidate	/Officeholder name	<u> </u>	ffice car	ab+			Office	old.
9	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	Oi	ffice sou	ynı			Office he	alu
	Date	Payee n	ame							
	04/18/2024	Brown,	Connie							
	Amount (\$)	Payee a	ddress; City;	State;	Zip Co	de				
	\$2,400.00	5040 S	outh Coulter Drive							
		#1901								
		Bryan, ⁻	TX 77803							
	PURPOSE	(a) Category	(See Categories listed at the	top of this sched	dule)	(b)	Description			
	OF EXPENDITURE		ing Expense				—			plete Schedule T.
							CONSULT - (officeholder living	
							CONSULT - (Jai	npaign Mall	ugei
	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	Of	ffice sou	ght			Office he	eld
	Date	Payee n	ame							
	05/30/2024	Brown,								
	Amount (\$)	Payee a	ddress; City;	State;	Zip Co	de				
	\$2,400.00	5040 S	outh Coulter Drive							
		#1901								
			TX 77803							
	PURPOSE		(See Categories listed at the	ton of this school	dule)	(b)	Description			
	OF		ing Expense	tob or tillo 2016(uuic)	,		outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE		- •						officeholder living	
							CONSULT - (Car	npaign Man	ager
	Operation ONE V. C. F.	0 " ! : :	JO# b - ld -		re:				0‴ :	-1.1
	Complete ONLY if direct expenditure to benefit C/OH		e/Officeholder name	Of	ffice sou	gnt			Office he	eia

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/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: 5/17 Rpt: 17/30	Fairly, Caroline (Ms.) 00088079
4	Date	5 Payee name
	06/01/2024	Brown, Connie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,400.00	5040 South Coulter Drive
		#1901
		Bryan, TX 77803
8	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 CONSULT - Campaign Manager
		CONSOLT - Campaign Manager
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/12/2024	CVS
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,095.95	7301 Hillside Road
		Amarillo, TX 79119
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GIFTS - Volunteers Thank You Gifts
		Chi 10 Volunteoro Finanti Fod Onto
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/17/2024	CVS
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.32	7301 Hillside Road
		Amarillo, TX 79119
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		OTHER - Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	·s)
•	Sch: 6/17 Rpt: 18/30	Fairly, Caroline (Ms.)	<i></i>
4	Date	5 Payee name	
	03/01/2024	Case Hall & Co.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6,679.59	1 East Greenway Plaza	
		Suite 225	
		Houston, TX 77046	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		ADVERTISE - Text Messages	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/01/2024	Case Hall & Co.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12,978.93	1 East Greenway Plaza	
		Suite 225	
		Houston, TX 77046	
	DUDDO05		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		ADVERTISE - Advertising	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/01/2024	Case Hall & Co.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,110.82	1 East Greenway Plaza	
	40,110.02	Suite 225	
		Houston, TX 77046	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense ADVERTISE - Advertising	
		ADVERTISE - Advertising	
_	Complete ONLY if direct	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

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

Event Expense
Fees
Food/Beverage Expense
de By Gift/Awards/Memorials Expen
legal Services

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	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: 7/17 Rpt: 19/30	Fairly, Caroline (Ms.)	,
4	Date	5 Payee name	
	04/01/2024	Case Hall & Co.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4,947.98	1 East Greenway Plaza	
		Suite 225	
		Houston, TX 77046	
8	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	
		ADVERTISE - Advertising	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/04/2024	Citizens Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,801.07	4117 South Georgia Street	
	, -,		
		Amarillo, TX 79110	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Interest	
		Interest	
_	0 1: 01 1/4 1		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/04/2024	Citizens Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250,000.00	4117 South Georgia Street	
		Amarillo, TX 79110	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Loan Repayment	
		Loui repayment	
L	Complete ONLY if direct	Condidate/Officeholder name Office county Office	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)
L	Sch: 8/17 Rpt: 20/30	L	Fairly, Caro	line (Ms.)						00088079	
4	Date	5	Payee name								
	03/21/2024		Hooten, Jef	f							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$1,682.90		8212 Tejas	Trail							
			Amarillo, TX	79110							
8	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			tion and Mileag		,		=			plete Schedule T.
	EXI ENDITORE							—		officeholder living	
								OTHER - Sign	11 11	istaliation a	nu ivilleage
_	Complete ONLY if direct	<u> </u>	andidata/O#:	acholder name		Office co.	lap+			Office	old.
9	Complete ONLY if direct expenditure to benefit C/OI		anunate/Offi	ceholder name		Office sou	ugrit			Office he	eiu
	Date		Payee name								
	04/12/2024		Hooten, Jef	f							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$1,003.51		8212 Tejas	Trail							
			Amarillo, TX	79110							
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			tion and Mileag		,		—			plete Schedule T.
	LA LADITORL							_		officeholder living	
								OTHER - Sign	ıı If	istaliation al	nu willeage
	Complete ONLY if direct	<u> </u>	andidata/O#:	acholder name		Office co.	lap+			Office he	old.
	expenditure to benefit C/O		ai iuiuale/OTI	ceholder name	C	Office sou	agrit			Office ne	eiu
_	<u> </u>										
	Date	ı	Payee name	'alutione: Daliti-	o.l						
	03/05/2024	┡		Solutions: Politic							
	Amount (\$)	ı	Payee addres		State;	Zip Co	ode				
	\$500.00	1	4142 Adam:								
		ı	Suite 103-5								
L			San Diego,	CA 92116							
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Office Overl	nead/Rental Exp	oense			ш		de of Texas. Com officeholder living	plete Schedule T.
								OVERHEAD			y experise
								_		-	
	Complete ONLY if direct	C	andidate/Offi	ceholder name	C	Office sou	l ught			Office he	eld
	expenditure to benefit C/OI						J -				

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 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)

	Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 9/17 Rpt: 21/30	2 FILER NAME Fairly, Caroline (Ms.) 3 Filer ID (Ethics Commission Filers) 00088079				
4	Date 04/02/2024	5 Payee name Integrated Solutions: Political				
	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 4142 Adams Avenue Suite 103-550 San Diego, CA 92116				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OVERHEAD - Software				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date 05/02/2024	Payee name Integrated Solutions: Political				
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 4142 Adams Avenue Suite 103-550 San Diego, CA 92116				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OVERHEAD - Software				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date 06/03/2024	Payee name Integrated Solutions: Political				
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 4142 Adams Avenue Suite 103-550 San Diego, CA 92116				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OVERHEAD - Software				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 10/17 Rpt: 22/30	2 FILER NAME Fairly, Caroline (Ms.) 3 Filer ID (Ethics Commission Filers) 00088079
4	Date 04/03/2024	5 Payee name Madison McQueen LLC
6	Amount (\$) \$17,000.00	7 Payee address; City; State; Zip Code 133 Sheldon Street
8	PURPOSE OF EXPENDITURE	El Segundo, CA 90245 (a) Category (See Categories listed at the top of this schedule) Media Production (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OTHER - Media Production
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/01/2024	Payee name NoBox Creative LLC
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 4211 Interstate 40 West Suite 201 Amarillo, TX 79106
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Strategic Consulting (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OTHER - Strategic Consulting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/01/2024	Payee name NoBox Creative LLC
	Amount (\$) \$18,744.09	Payee address; City; State; Zip Code 4211 Interstate 40 West Suite 201 Amarillo, TX 79106
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Direct Mail (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OTHER - Direct Mail
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 51:	
1	Total pages Schedule F1: Sch: 11/17 Rpt: 23/30	2 FILER NAME Fairly, Caroline (Ms.) 3 Filer ID (Ethics Commission Filers) 00088079
4	Date	5 Payee name
	03/01/2024	NoBox Creative LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65,383.30	4211 Interstate 40 West
		Suite 201
		Amarillo, TX 79106
_	DUDDOOF	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ADVERTISE - Direct Mail Production and Postage
		7.DVERTISE Bliest Wall Floatenor and Fostage
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2024	NoBox Creative LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	4211 Interstate 40 West
	Ψ+,000.00	
		Suite 201
		Amarillo, TX 79106
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Media Buy Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		OTHER - Media Buy
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2024	NoBox Creative LLC
-	Amount (\$)	Payee address; City; State; Zip Code
	\$1,540.00	4211 Interstate 40 West
	Φ1,040.00	10 10 10 10 10 10 10 10 10 10 10 10 10 1
		Suite 201
		Amarillo, TX 79106
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Media Buy Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		OTHER - Media Buy
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made E
Candidate/Officeholder/Politic

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				ages	/Contract Labor	Travel Out of Dist OTHER (enter a	trict category not listed above)
_	Total manage Calcadada 54	<u> </u>	<u> </u>	5011	.,0		Files ID	(Ethica Commission Filess)
1	Total pages Schedule F1:	2				1	Filer ID	(Ethics Commission Filers)
L	Sch: 12/17 Rpt: 24/30		Fairly, Caroline (Ms.)				00088079	
4	Date	5	Payee name					
L	04/04/2024	L	NoBox Creative LLC					
6	Amount (\$)	7	Payee address; City; State; Zi	ip Coc	de			
	\$2,423.52		4211 Interstate 40 West					
			Suite 201					
			Amarillo, TX 79106					
8	PURPOSE	⊢	Category (See Categories listed at the top of this schedule	a) ((b)	Description		
	OF	<u> </u> `´	Solicitation/Fundraising Expense		` '	Check if travel outside	de of Texas. Comp	olete Schedule T.
	EXPENDITURE					Check if Austin, TX,	officeholder living	expense
						FUNDRAISE - M	lailer for Eve	ent
9	Complete ONLY if direct		Candidate/Officeholder name Office	e soug	ght		Office he	ld
	expenditure to benefit C/OI	H						
	Date		Payee name					
	04/04/2024		NoBox Creative LLC					
	Amount (\$)		Payee address; City; State; Zi	ip Coc	de			
	\$30,090.95		4211 Interstate 40 West					
			Suite 201					
			Amarillo, TX 79106					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule	e) ((b)	Description		
	EXPENDITURE		Mailer Printing, Buttons and Shirts for Wat	tch		Check if travel outside		
			Party			Check if Austin, TX,		ttons and Shirts for
						Watch Party	r mining, bu	and Shirts for
	Complete ONLY if direct		Candidate/Officeholder name Office	e soug	ght		Office he	ld
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	04/04/2024	L	NoBox Creative LLC					
	Amount (\$)		Payee address; City; State; Zi	ip Coc	de			
	\$29,402.00		4211 Interstate 40 West					
			Suite 201					
			Amarillo, TX 79106					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule	e) ((b)	Description		
	OF EXPENDITURE		Advertising Expense	·		Check if travel outsid		
	LAFENDITURE					Check if Austin, TX,		
						ADVERTISE - Te	elevision and	d Cable Advertising
	Complete ONLY if direct	Ļ	Candidate/Officeholder name Office	e soug	ıh+		Office he	Id
	Complete ONLY if direct expenditure to benefit C/OH		Zandidate/Onicendider name Office	e soug	jiil		Office ne	iu

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/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: 13/17 Rpt: 25/30	Fairly, Caroline (Ms.) 00088079
4	Date	5 Payee name
	04/04/2024	NoBox Creative LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7,645.00	4211 Interstate 40 West
		Suite 201
		Amarillo, TX 79106
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting, Security for Election Party, and Check if travel outside of Texas. Complete Schedule T.
		Video Boost Check if Austin, TX, officeholder living expense OTHER - Consulting, Security for Election Party, and
		Video Boost
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2024	NoBox Creative LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$17,349.75	4211 Interstate 40 West
		Suite 201
		Amarillo, TX 79106
	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.
		Check if Austin, TX, officeholder living expense ADVERTISE - Media Buy
		ADVERTISE - Wedia Buy
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	04/04/2024	NoBox Creative LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$646.61	4211 Interstate 40 West
		Suite 201
		Amarillo, TX 79106
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
		Check if Austin, TX, officeholder living expense
		PRINTING - Letter Printing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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: 14/17 Rpt: 26/30	Fairly, Caroline (Ms.) 00088079
4	Date	5 Payee name
	04/04/2024	NoBox Creative LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,261.90	4211 Interstate 40 West
		Suite 201
		Amarillo, TX 79106
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ADVERTISE - Media buy
		, le ve i i i i i i i i i i i i i i i i i i
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-1
	Date	Payee name
	04/04/2024	NoBox Creative LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	4211 Interstate 40 West
		Suite 201
		Amarillo, TX 79106
	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 CONSULT - General Consulting
		CONSOLT - General Consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/02/2024	Ryan Data & Research
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 202675
		Austin, TX 78720-2675
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Early Voting Data Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense OTHER - Early Voting Data
		OTTIER - Larly Volling Data
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card F dyment	The Instruction Guide explains how to co	mpl	elete this form.
1	Total pages Schedule F1: Sch: 15/17 Rpt: 27/30	2 FILER NAME Fairly, Caroline (Ms.)		3 Filer ID (Ethics Commission Filers) 00088079
Ļ				00000079
4	Date 03/04/2024	5 Payee name Sparebox Storage		
6	Amount (\$) \$68.00	7 Payee address; City; State; Zip Co 601 Lawrence Boulevard	ode	
		Amarillo, TX 79101		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OTHER - Office Supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	t Office held
Г	Date	Payee name		
	04/02/2024	Sparebox Storage		
	Amount (\$) \$68.00	Payee address; City; State; Zip Co 601 Lawrence Boulevard	ode	
		Amarillo, TX 79101		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OTHER - Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	t Office held
	Date	Payee name		
	05/02/2024	Sparebox Storage		
	Amount (\$) \$68.00	Payee address; City; State; Zip Co 601 Lawrence Boulevard	ode	
		Amarillo, TX 79101		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OTHER - Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	t Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

nt Solicitation/Fundraising Expense
e Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guid	de explains how to c	ompl	lete this form.		
1	Total pages Schedule F1:					3		(Ethics Commission Filers)
	Sch: 16/17 Rpt: 28/30	Fairly, Caroli	ne (Ms.)				00088079	
4	Date 06/03/2024	Payee name	orogo					
•		Sparebox St		State: 7in C	odo			
6	Amount (\$) \$68.00	Payee address	•	State; Zip C	oae			
	φου.σσ	oor Lawrence	oc Bodievara					
		Amarillo, TX	79101					
8	PURPOSE	Category (See	e Categories listed at the	top of this schedule)	(b)	Description		
	OF EXPENDITURE	Office Suppli					side of Texas. Com	
		Check if Austin, TX, officeholder living expense OTHER - Office Supplies						g expense
9	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	ught		Office he	eld
	expenditure to benefit C/OI							
	Date	Payee name						
	03/01/2024	Weeks & Co						
	Amount (\$)	Payee address	•	State; Zip C	ode			
	\$5,050.00		Slaughter Lane					
		Suite A-130-						
	DUDD 005	Austin, TX 78			10.			
	PURPOSE OF		e Categories listed at the nd Radio Produc		(a)	Description Check if travel out:	side of Texas. Com	plete Schedule T.
	EXPENDITURE	i cicvision ai	ia radio i rodac	don			K, officeholder livinç	
						OTHER - Telev	ision and Ra	dio Production
_	Complete ONLY if direct	Candidate/Offic	oholdor namo	Office so	ught		Office he	
	expenditure to benefit C/OI	Carididate/Offic	enoluei name	Office So	ugnt		Office fit	alu
-	Date	Payee name						
	03/01/2024	Weeks & Co						
	Amount (\$)	Payee address	s; City;	State; Zip C	ode			
	\$18,000.00	5701 West S	laughter Lane					
		Suite A-130-	500					
		Austin, TX 7	8749		_			
	PURPOSE OF		e Categories listed at the		(b)	Description	-idf.T O	whate Calcadida T
	EXPENDITURE	Television ar	nd Radio Produc	tion		<u> </u>	side of Texas. Com K, officeholder living	
						OTHER - Telev		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office so	ught		Office he	eld
	experientare to benefit G/OI							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	norials Expense Printing E	xpense Vages/Contract Labor	Travel in District Travel Out of Di OTHER (enter a				
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)			
	Sch: 17/17 Rpt: 29/30	Fairly, Caroline (Ms.)			00088079				
4	Date	Payee name							
	04/03/2024	Weeks & Co.							
6	Amount (\$) 7 Payee address; City; State; Zip Code								
	\$17,500.00	5701 West Slaughter L	ane						
		Suite A-130-500							
		Austin, TX 78749							
8	PURPOSE	(a) Category (See Categories list	ed at the top of this schedule)	(b) Description					
	OF EXPENDITURE	Consulting Expense		_	outside of Texas. Con TX, officeholder living				
				CONSULT - N					
						9			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder nan	ne Office sou	<u>l</u> ight	Office h	eld			

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 30/30 Fairly, Caroline (Ms.) 00088079 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Date 5 Payee name 02/29/2024 Axiom Amount (\$) Payee address; State; Zip Code City; \$2,000.00 800 West 47th Street Suite 200 Kansas City, MO 64112 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **CONSULT - Strategic Consulting** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/31/2024 Axiom Payee address: Amount (\$) City; State; Zip Code \$5,000.00 800 West 47th Street Suite 200 Kansas City, MO 64112 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **CONSULT - Strategic Consulting** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH