CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

╙							
Th	e C/OH Instruction (Guide explains how to comp	plete this form.	1 Filer ID (Ethics Comm		2 Total pages f	iled: 12
L		_		00088079			
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
	NAME	Ms.	Caroline			Date Received	
						ELECTRONIC	ALLY FILED
						10/07/2024	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		NICKNAME	LAST		SUFFIX	10/01/2024	
			Fairly				
4	CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
	OFFICEHOLDER MAILING	1000 S. Tyler St.					
	ADDRESS	Apt. 10				Receipt #	Amount
	Change of Address	Amarillo, TX 79101					
		7111011110, 177 75101				Date Processed	
						Date Imaged	
L						ļ	
5	CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
	NAME	Mr.	Tom				
		NICKNAME	LAST		SUFFIX		
			Roller				
6	CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP	T / SUITE #; CITY	′; ST	ATE; ZIP CODE
	TREASURER	109 Chucker St.					
	ADDRESS						
	(Residence or Business)	Amarillo, TX 79124					
		Amamio, 1X 79124					
7	CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
	TREASURER	(806) 671-8174					
	PHONE						
8	REPORT						
	TYPE	January 15	X 30th day before	e election	Runoff		ampaign treasurer
			-			appointment (off	
		July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
L							
9	PERIOD COVERED	Month Day Year		10011011	Month Day		
	COVERED	07/01/2024	11	HROUGH	09/26/20	124	
10	ELECTION	ELECTION DATE			ELECTION TYPE	_	
		Month Day Year	L ^p	rimary	Runoff	Other	
		11/05/2024	X	Seneral	Special		
			-				
11	OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGH	T (if known)	
	352	(4)				ntative District 87	
$ldsymbol{ldsymbol{ldsymbol{eta}}}$							
			GO 1	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Fairly, Caroline (Ms.)	14 Filer ID (00088079	Ethics Com	mission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepte These expenditures may hav I officeholders are required to	ve been made without t	he candidate's or office	holder's kno	owledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
	SPECIFIC								
		COMMITTEE CAMPAIGN T	FREASURER NAME						
		COMMITTEE CAMPAIGN T	FREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBU ES OF LOANS, OR CONTRI			\$	100.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUA	ARANTEES OF LOANS	5)	\$	57,850.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDIT	TURES		\$	445.88			
	4. TOTAL POLITIC	AL EXPENDITURES			\$	11,286.41			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINT	TAINED AS OF THE LA	AST DAY OF THE	\$	63,990.94			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTS TING PERIOD	TANDING LOANS AS	OF THE LAST DAY	\$	0.00			
17 AFFIDAVIT									
		true and	or affirm, under penalty correct and includes al tle 15, Election Code.						
			Me	Caroline Fairly					
				Candidate or Officehole	der				
AFFIX NO	TARY STAMP / SEAL ABO	OVE							
Sworn to and subs	cribed before me, by the s	aid		, this the		day			
of	, 20, to co	ertify which, witness my hand	I and seal of office.						
Signature of offi	cer administering	Printed name of officer	administering	Title of officer	administeri	ng oath			

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 12 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00088079 Fairly, Caroline (Ms.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 57,850.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11,286.41 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/12		
2	FILER NAME Fairly, Caroli	ne (Ms.)		3	Filer ID (Ethics Commissi 00088079	on Filers)	
4	Date 08/23/2024	 Full name of contributor out-of-state PAC (I Benton, Matt Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$15,000.00	
8	Principal occu	Amarillo, TX 79106 pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
•	Vice Preside		Epic Insurance	-,			
	Date 09/19/2024	Full name of contributor out-of-state PAC (I Congress Avenue Partners Political Action C Contributor address; City; State; Zip Code Austin, TX 78701		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 09/11/2024	Full name of contributor out-of-state PAC (I Conservative Republicans of Texas Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	Houston, TX 77234 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	Date 09/19/2024	Full name of contributor out-of-state PAC (IDTH Strategies, LLC Contributor address; City; State; Zip Code Austin, TX 78701	D#:)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)			
	Date 07/26/2024	Full name of contributor out-of-state PAC (I Golden Spread Political Action Committee Contributor address; City; State; Zip Code Amarillo, TX 79101		•	Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
			1				

	MONET	ARY POLITICAL CONTRIBUT		SCHEDUI	E A1	
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/12	
2	FILER NAME Fairly, Caroli	ne (Ms.)		3	Filer ID (Ethics Commission 00088079	on Filers)
4	Date 07/26/2024	 Full name of contributor	7	Amount of Contribution (\$)	\$5,000.00	
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	s)			
	Date 09/19/2024	Full name of contributor		Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 08/09/2024	Full name of contributor ut-of-state PAC (Loneragan, Guy Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	Canyon, TX 79015 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (Love, Emily Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (NAIFA Texas IFAPAC Contributor address; City; State; Zip Code Austin, TX 78746	 ID#:)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	. Total pages Schedule A1: Sch: 3/5 Rpt: 6/12		
2	FILER NAME Fairly, Caroli	ne (Ms.)			3	Filer ID (Ethics Commission 00088079	on Filers)	
4	Date 09/11/2024	5 Full name of contributor ONE Gas, Inc. Political A6 Contributor address; City; S			7	Amount of Contribution (\$)	\$500.00	
		Tulsa, OK 74103						
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)			
	Date 09/19/2024	Full name of contributor Ron Lewis & Associates Contributor address; City; S		Amount of Contribution (\$)	\$500.00			
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	Employer (See Instructions	;) 				
	i illicipal occu	pation 7 oob title (Oce motivations	•)	Employer (See mondeners	"			
	Date 09/19/2024	Full name of contributor Shipton, Patricia Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$250.00	
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)			
	Date 09/03/2024	Full name of contributor Shirely, Joyce Contributor address; City; S Fritch, TX 79036)		Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>			
	Date 07/26/2024	Full name of contributor Southwestern Committee Contributor address; City; S Amarillo, TX 79101		•	Amount of Contribution (\$)	\$2,000.00		
	Principal occu	pation / Job title (See Instructions	5)	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: 4/5 Rpt: 7/12		
2	FILER NAME Fairly, Caroli	ne (Ms.)		3	Filer ID (Ethics Commission Filers) 00088079		
4	Date 08/21/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$10,000.00		
8	Principal occu	Victoria, TX 77901 pation / Job title (See Instructions)	Employer (See Instructions	:) 			
Ŭ	i illopai occa	pation, oob title (occ instructions)	2 Employer (See Manachoria	',			
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#: Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10,000.00			
	Principal occu	Houston, TX 77098-3007 pation / Job title (See Instructions)	Employer (See Instructions	:) 			
	i illicipal occu	pation, oob title (occ instructions)	Employer (See Manachoria	',			
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Apartment Assn. PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00		
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Automobile Dealers Assn. PAC Contributor address; City; State; Zip Code Austin, TX 78701-2172)		Amount of Contribution (\$) \$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Cornerstone Credit Union League PAC Contributor address; City; State; Zip Code Farmers Branch, TX 75244			Amount of Contribution (\$) \$1,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONTRIBI	UTION	IS 		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 8/12	
2	FILER NAME Fairly, Caroli	ne (Ms.)			3	Filer ID (Ethics Commission 00088079	on Filers)
4	Date 09/19/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701-1671	į				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor out-of-state PA Texas Leads PAC Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	Lake Jackson, TX 77566 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
		,			,		
	Date 09/19/2024	Full name of contributor ut-of-state PA Texas Lobby Strategies Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor x out-of-state PA The Beer Alliance of Texas Political Actio Contributor address; City; State; Zip Code Austin, TX 78701	n Commi	ttee		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor x out-of-state PA Wholesale Beer Distributors Of Texas PA Contributor address; City; State; Zip Code Austin, TX 78701	15672)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 9/12	Fairly, Caroline (Ms.)		00088079
4	Date	5 Payee name		
	07/24/2024	Brown, Connie		
6	Amount (\$)	7 Payee address; City; State; Zip Coc	de	
	\$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.
	EXPLINITIONS			Check if Austin, TX, officeholder living expense
				CONSULT - Campaign Manager
_	0 1: 0.11.7.7.1.			000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug H	ght	Office held
	·			
	Date	Payee name		
	08/01/2024	Brown, Connie		
	Amount (\$)	Payee address; City; State; Zip Coc	de	
	\$2,400.00	5040 South Coulter Drive		
		#1901		
		Bryan, TX 77803		
	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.
				CONSULT - Campaign Manager
				CONSOLT - Campaign Manager
	Complete ONLY if direct	Candidate/Officeholder name Office soug	thr	Office held
	expenditure to benefit C/OI		J. 1.C	Cilido Hela
	Date	Payee name		
	08/19/2024	Brown, Connie		
	Amount (\$)		40	
	\$470.86	Payee address; City; State; Zip Coc 5040 South Coulter Drive	ue	
	φ470.60			
		#1901		
		Bryan, TX 77803		
	PURPOSE OF		(b)	Description To the state of the
	EXPENDITURE	Reimbursement: Mileage and Civic Contribution		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contribution		OTHER - Reimbursement: Mileage and Civic
				Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal	wards/Memorials Exp Services Instruction Guide	Salai		ges/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 -	II FR NAMF					3	Filer ID	(Ethics Commission	Filers)
-	Sch: 2/4 Rpt: 10/12		Fairly, Caroline	(Me)				ľ	00088079	(
	·		-airiy, Caroline	(1013.)					00000079		
4	Date		Payee name								
	09/16/2024	E	Brown, Connie								
6	Amount (\$)	7 F	Payee address;	City;	State; Zip	Cod	e				
	\$1,090.88	Ę	5040 South Cou	ılter Drive							
		#	#1901								
		F	Bryan, TX 7780	3							
_	DUDDOCE					10	h) 5 ' ''				
8	PURPOSE OF		Category (See Cat		op of this schedule)	10	b) Description	Loutei	de of Texas. Com	nloto Schodulo T	
	EXPENDITURE		Consulting Expe	ense			=		officeholder living		
							CONSULT -				
9	Complete ONLY if direct	C:	andidate/Officeho	lder name	Office	sonal	ht		Office he	-jų	
	expenditure to benefit C/O				000	ooug.			000 1		
_	Data										
	Date		Payee name	Service Bullion							
	07/02/2024	ı	ntegrated Solut	ions: Political							
	Amount (\$)	F	Payee address;	City;	State; Zip	Cod	e				
	\$500.00	4	4142 Adams Av	enue							
		(Suite 103-550								
			San Diego, CA	92116							
	PURPOSE	(a) (Category (See Cat	egories listed at the to	op of this schedule)	(1	b) Description				
	OF EXPENDITURE		Office Overhead				Check if travel	l outsi	de of Texas. Com	plete Schedule T.	
	LAFENDITORE						ш		officeholder living	expense	
							OVERHEAD) - S	oftware		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeho	lder name	Office	sougl	ht		Office he	eld	
	experialitate to beliefit 6/01	'									
	Date	F	Payee name								
	08/02/2024	I	ntegrated Solut	ions: Political							
	Amount (\$)	F	Payee address;	City;	State; Zip	Cod	e				
	\$500.00	4	4142 Adams Av	enue							
		9	Suite 103-550								
			San Diego, CA	92116							
_	DUDDOCE					1,0	h) December				
	PURPOSE OF		Category (See Cat			(b) Description Check if travel	Loutei	de of Texas. Com	nlete Schedule T	
	EXPENDITURE		Office Overhead	ı/Rentai Expen	ise				officeholder living		
							OVERHEAD				
-	Complete ONLY if direct	C:	andidate/Officeho	lder name	Office	soual	ht		Office he	eld	
	expenditure to benefit C/O				200	- 9					

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodula F1:	1
1	Total pages Schedule F1: Sch: 3/4 Rpt: 11/12	Fairly, Caroline (Ms.) Graph of the state o
4	Date	5 Payee name
·	09/02/2024	Integrated Solutions: Political
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4142 Adams Avenue
		Suite 103-550
		San Diego, CA 92116
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		OVERHEAD - Software
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/20/2024	Pope Reproduction & Supply
	Amount (\$)	Payee address; City; State; Zip Code
	\$621.08	900 Jefferson Street
		PO Box 1377
		Amarillo, TX 79105
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		PRINTING - Printing
		· · · · · · · · · · · · · · · · · · ·
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/12/2024	Texas Ethics Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 12070
		Capitol Station
		Austin, TX 78711-2070
	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 OTHER -
		OTHER-
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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	/ - Il Cor	mmittee	Gift/Awards/Memoria Legal Services	ls Expense	Printing Exper Salaries/Wage	nse es/Contract Labor				
Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
Sch: 4/4 Rpt: 12/12		Fairly, Card	oline (Ms.)					00088079		
Date	5	Payee name	<u>,</u>							٦
09/17/2024		The KAL G	roup, Inc.							
Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code					٦
\$1,857.71		9460 Tegn	er Road							
		Hilmar, CA	95324							
PURPOSE	(a)	Category (S	See Categories listed at	the top of this sche	edule) (b	D escription				
						ш				
						ACCOUNT	ь	okkeeping a	na i ostage	
Complete ONLY if direct		Candidate/Off	ficeholder name	0	ffice sough	<u> </u>		Office he	eld	_
expenditure to benefit C/OI	Н									
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