CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed 26 The C/OH Instruction Guide explains how to complete this form. MS LIRS MR FIRST 3 CANDIDATE/ 141 OFFICE USE ONLY **OFFICEHOLDER** C MR **James** NAME NICKNAME LAST SUFFIX **ELECTIONS** Sain 4 CANDIDATE / ADDRESS PO BOX APT / SUITE #. STATE ZIP CODE JAN 1 6 2024 OFFICEHOLDER 2930 Clark Ln Paris, Tx 75460 MAILING **ADDRESS** RECEIVED Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (903 272-7844 PHONE Amount S Receipt # MS MRS MR FIRST 6 CAMPAIGN **TREASURER** Dede Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Fasken STATE ZIP CODE STREET ADDRESS (NO PO BOX PLEASE). APT SUITE #: CAMPAIGN CITY: **TREASURER ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED 15 24 1 10 15 23 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runof* Other Month Day Year Description 5 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Lamar County Tax Assessor THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE : OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME James Cole Sain	16 F	iler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,110.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,018.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,091.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
	Signature of Candidar Please complete either option below:	te or Officeholder
	Please complete either option below:	
(1) Affidavit	TANEESHA R. EDWARDS Notary Public, State of Texas Comm. Expires 02-15-2027 Notary ID 130117639	
NOTARY STAMP/SEA		
	before me by James Cole Sain this the 14	_ day of January
	which, witness my hand and seal of office. Tancesha Edwards	Notary Public
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	and my date of birth is	
My address is	(street) (city) (state)	(zip code) (country)
Executed in	(street) (city) (state) County, State of, on theday of(month)	
	Signature of Candidate/O	fficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

-	nes Cole Sain	Filer ID (Ethics Commis	ssion Filers)		
	CHEDULE SUBTOTALS AME OF SCHEDULE		SUBTOTAL AMOUNT		
1,	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00		
4.	4. SCHEDULE E: LOANS				
5.	RIBUTIONS \$	10,018.65			
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
В.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s \$	0.00		
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED \$	0.00		

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how t	a complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Jame Col	e Sain			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Dede Fasken	out-of-state PAC	0 dD#:	7 Amount of contribution (S)
10/15/2023	6 Contributor address:	city: Paris	State: Zip Code Tx 75460	1,000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAG	5 (ID#:)	Amount of contribution (\$)
4.0.10.0.10.0.00	Andy Fasken			4 000 00
10/26/2023	Contributor address:	City:	State; Zip Code	1,000.00
		Paris	Tx 75460,	
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	cut-of-state PAI	C (ID#	Amount of contribution (S)
10/26/2023	Helen Fasken			1 000 00
10/20/2023	Contributor address:	City:	State: Zip Code	1,000.00
		Pans	, Tx 75460	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	■ out-of-state PAI	C (ID#:	Amount of contribution (\$)
44/04/0000	April Lockey			05.00
11/04/2023	Contributor address:	City;	State; Zip Code	25.00
	La Jolla, CA			
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)
			1	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how	v to complete thi	s form.	1 Total pages Schedule A1
2 FILER NAME James Co	le Sain			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Janis Allman	out-of-state PA	C (ID#:)	7 Amount of contribution (S)
11/28/2023	6 Contributor address:	City: Plano,	State: Zip Code	150.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)
12/01/2023	Jay Hodge Contributor address: Paris, Tx	City;	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions))	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state P/	AC (ID#:	Amount of contribution (S)
12/04/2023	Jason Exum Contributor address:	city:	State: Zip Code S, Tx 75460	500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	gut-of-state Pr	AC (ID#:	Amount of contribution (S)
12/08/2023	Josh Bray Contributor address: Paris, Tx	City;	State: Zip Code	400.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	and the second s			
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME James Co	le Sain			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Jill and Andy Cobb	out-of-state PA	C (ID#:;	7 Amount of contribution (S)
11/14/2023	6 Contributor address:	City:	State: Zip Code	50.00
8 Principal occu	pation / Job title (Seé Instructions)		9 Employer (See Instruc	ctions)
Date	Full name of contributor		C (IĐ#)	Amount of contribution (\$)
11/14/2023	Clement Family Tru	City;	State; Zip Code	100.00
Principal occur	pation / Job title (See Instructions)	Reno, i	x 75462 Employer (See Instruc	ctions)
r micipal occu	AND THE COST PROPERTY.			
Date	Full name of contributor	out-of-state PA	C (ID4:)	Amount of contribution (S)
11/21/2023	Donald G Wilson Contributor address:	Paris,	State: Zip Code	500.00
Principal occu	oation / Job title (See Instructions)		Employer (See Instruc	otions)
Date	Full name of contributor Bret Ables	out-of-state PA	C (ID#:	Amount of contribution (\$)
11/27/2023	Contributor address;	Paris,	State; Zip Code	500.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	otions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

			4 Tatal mana Cabadala A4.
The	Instruction Guide explains how to complete	e this form.	1 Total pages Schedule A1:
2 FILER NAME James Co	ole Sain		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-stal	ite PAC (ID#:	7 Amount of contribution (S)
11/10/2023	6 Contributor address: City:	State: Zip Code , Tx 74561	100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instru	uctions)
Date		ite PAC (ID#:	Amount of contribution (\$)
11/14/2023	Lindsey and Jordan Harper		250.00
11/14/2023	Contributor address: City:	State; Zip Code Tx 75462	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	uctions)
Date		ite PAC riDiff	Amount of contribution (S)
11/14/2023	Larry Cope		100.00
	Contributor address: City:	s, Tx 75460	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	uctions)
Date		ito PAC (ID#:	Amount of contribution (5)
11/14/2023	Jean Gant	.,,	50.00
7117172020	Contributor address; City;	State; Zip Code	50.00
	Par	is, Tx 75460	
Principal occup	oation / Job title (See Instructions)	Employer (See Instr	uctions)
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS	NEEDED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME James Co	le Sain			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Advanced Alarm	out-of-state PA	.C (10#:)	7 Amount of contribution (S)
12/08/2023	6 Contributor address:	aris, Tx	State: Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PA	.C (ID#)	Amount of contribution (\$)
12/08/2023	AKB Contracting			100 00
12/00/2020	Contributor address:	Paris, Tx	State; Zip Code 75461	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor		C (IDr)	Amount of contribution (S)
12/16/2023	Arc Metal Fab and C	Construction	n 	500 00
12/10/2020	Contributor address:	Paris, 7	State: Zip Code X 75461	500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor		ic (ID#:	Amount of contribution (\$)
12/18/2023	Casey and Leah Foster Contributor address;	City;	State; Zip Code	1,000.00
	Arthu	ur City, Tx	75411	•
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
				ALECCED.
	ATTACH ADDIT		OF THIS SCHEDULE AS truction guide for additional	

Revised 8/17/2020

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how	to complete thi	is form.	1 Total pages Schedule A1
2 FILER NAME James Co	le Sain			3 Filer ID (Ethics Commission Filers)
4 Date 11/14/2023	5 Full name of contributor Campaign Kickoff Mone 6 Contributor address: Paris, Tx		ONS State: Zip Code	7 Amount of contribution (S) 885.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru	ictions)
Date 01/13/2024	Full name of contributor Campaign Meet and Gre Contributor address: Arthur City,Tx	eet Moneta	ry Donations State; Zip Code	Amount of contribution (\$) \$1400.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instru	uctions)
Date 11/14/2023	Full name of contributor Tim Dewitt Contributor address: Paris, Tx 7546	City:	AC (ID#:	1,000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	uctions)
Date 01/13/2024	Full name of contributor Brad Drake Contributor address: Paris, Tx	out-of-state Po	AC (ID#:	1,400.00
Principal occup	pation / Job title (See Instructions)		Emplayer (See Instr	uctions)
			S OF THIS SCHEDULE AS	ANTEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME James Co	le Sain			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Braden Gatz Michael		C (ID#:)	7 Amount of contribution (S)
01/13/2024		city:	State; Zip Code	335.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PA	C (ID≢:	Amount of contribution (\$)
01/13/2024	Shane Howard Contributor address:	Paris,	State; Zip Code Tx 75462	115.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	tions)
Date	Full name of contributor Charles and Margar		C (IDF)	Amount of contribution (\$)
01/13/2024	Contributor address:	city: Paris,	State: Zip Code Tx 75460	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ictions)
Date	Full name of contributor	out-of-state PA	ic iiD#:	Amount of contribution (S)
01/13/2024	James A Kain Contributor address:	City:	State: Zip Code	20.00
Principal occu	pation / Job title (See Instructions)	,	Employer (See Instru	! cctions)
	ATTACH ADDII	IONAL COPIES	OF THIS SCHEDULE AS	NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how	to complete th	s form.	1 Total pages Schedule A1:
2 FILER NAME James Co	le Sain			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Cornerston Counseling		NG (ND#:;	7 Amount of contribution (S)
)1/13/2024	6 Contributor address:	city:	State: Zip Code 74743	285.00
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	otions)
Date	Full name of contributor	out-of-state PA	.t. (ID#:	Amount of contribution (\$)
01/13/2024	Annette Gratny Contributor address:	City;	State; Zip Code	585.00
	Arth	our, City Tx	(75411	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)
Date	Full name of contributor		iC (ID#:	Amount of contribution (S)
01/13/2024	Jimmy and Ruth Sis	son		45.00
	Contributor address:	owderly	y, Tx 75473	45.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	gut-of-state PA	iC (ID#)	Amount of contribution (S)
01/13/2024	Payden Michael Contributor address:	City;	State; Zip Code	170.00
		Arthut C	ity,Tx 75460	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
			OF THIS SCHEDULE AS I	

Revised 8/17/2020

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

James Cole Sain 1 Date		Instruction Guide explains ho			
David Mark Buster 6 Contributor address: City: State: Zip Code Paris, Tx 75461 Date Full name of contributor Stephen Holmes and Jonel Eads Contributor address: City: State: Zip Code Paris, Tx 75462 Principal occupation / Job title (See Instructions) Date Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Paris, Tx 75462 Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor Date Full name of contributor Dede Fasken Contributor address: City: State: Zip Code Paris, Tx 75462 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Contributor address: City: State: Zip Code Paris, Tx 75462 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) City: State: Zip Code Paris, Tx 75462 Contributor address: City: State: Zip Code Amount of contribution (\$) Clay Purcella Contributor address: City: State: Zip Code Arthur City, Tx 75411		le Sain			3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (IDM Amount of contribution (\$)		1	out-of-state PAG	O (ID# :	
Date Stephen Holmes and Jonel Eads Contributor Stephen Holmes and Jonel Eads Contributor address: City: State: Zip Code Paris, Tx 75462 Contributor address: City: State: Zip Code Paris, Tx 75462 Contributor Contributor City: State: Zip Code City: State: Zip Code Contributor City: City: State: Zip Code City: C	1/13/2024	6 Contributor address:	•		2,000.00
Stephen Holmes and Jonel Eads Contributor address: City: State: Zip Code Paris, Tx 75462 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 11/13/2024 Full name of contributor Dede Fasken Contributor address: City: State: Zip Code Paris, Tx 75462 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) State: Zip Code Paris, Tx 75462 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S) Clay Purcella Contributor address: City: State: Zip Code Arthur City, Tx 75411	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instruc	tions)
Contributor address: City: State: Zip Code Paris, Tx 75462 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (S)	Date			1	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S) Dede Fasken Contributor address: City: State: Zip Code Paris, Tx 75462 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S) Clay Purcella Contributor address: City: State: Zip Code Amount of contribution (S) Clay Purcella Contributor address: City: State: Zip Code Arthur City, Tx 75411	1/13/2024	Stephen Holmes a	nd Jonel Ea	ds	215 00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pale Full name of contributor Dede Fasken Contributor address: City: State: Zip Code Paris, Tx 75462 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S) Employer (See Instructions) Clay Purcella Contributor address: City: State: Zip Code Amount of contribution (S) Clay Purcella Contributor address: City: State: Zip Code Arthur City, Tx 75411	171372024	Contributor address;			215.00
Dede Fasken Contributor address: City; State: Zip Code Paris, Tx 75462 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Pull name of contributor Clay Purcella Contributor address: City; State: Zip Code Arthur City, Tx 75411 150.00 Amount of contribution (S) State: Zip Code Arthur City, Tx 75411	Principal occup	pation / Job title (See Instructions		i	rions)
Contributor address: City: State: Zip Code Paris, Tx 75462 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor	out-of-state PAG	C (fD#:	Amount of contribution (S)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S) Clay Purcella Contributor address; City; State: Zip Code Arthur City, Tx 75411		Dede Fasken			450.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S) Clay Purcella Contributor address; City; State: Zip Code Arthur City, Tx 75411	1/13/2024	Contributor address:			150.00
Clay Purcella Contributor address; City; State: Zip Code Arthur City, Tx 75411	Principal occup	pation / Job title (See Instructions			tions)
1/13/2024 Contributor address: City; State: Zip Code 55.00 Arthur City, Tx 75411	Date	Full name of contributor	out-of-state PA	C (ID4:	Amount of contribution (S)
Contributor address: City: State: Zip Code 55.00 Arthur City, Tx 75411		Clay Purcella			FF 00
Arthur City, Tx 75411	1/13/2024	Contributor address;	2	1	55.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Arthur City	y, Tx 75411	
	Principal occup	pation / Job title (See Instructions	;)	Employer (See Instruc	tions)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

				A T L L Colondulo A4:
The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME James Co	le Sain			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Carol Sain		C (ID#;;	7 Amount of contribution (S)
01/13/2024	6 Contributor address:	city:	State: Zip Code	20.00
8 Principal occu	pation / Job title (See Instructions)		9 Emptoyer (See Instruc	tions)
Date	Full name of contributor Larry Cope	out-o*-stale PAC	C (ID#	Amount of contribution (\$)
01/13/2024	Contributor address:	Paris,	State; Zip Code Tx 75460	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Claude and Pearl H		C (ID#:	Amount of contribution (\$)
01/13/2024	Contributor address:	City:	State; Zip Code	20.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor John Caleb Sain	■ out-of-state PA	C (ID#)	Amount of contribution (S)
01/13/2024	Contributor address:	city; thur City, T	State; Zip Code	390.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME James Co	ole Sain			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Renee Harvey		(HD#:)	7 Amount of contribution (S)	
12/23/2023	6 Contributor address: Paris, Tx	City: State: Zip Code			
B Principal occu	j pation / Job title (See Instructions)		9 Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PAC	(ID#	Amount of contribution (\$)	
12/23/2023	Cody Head Contributor address:	City;	State; Zip Code	100.00	
	Paris, Tx			•	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PAC rID#:		Amount of contribution (\$)	
01/03/2024	C4 Construction LLC Contributor address:	City;	State: Zip Code	500.00	
Principal occu	pation / Job title (See Instructions)	Paris,	Tx 75462 Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	(ID#	Amount of contribution (S)	
01/09/2023	1		Clate Zin Code	400 00	
01,00/2020	Contributor address:	St Paris	s, Tx 75460	400.00	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME James Co	le Sain			3 Filer ID (Ethics Commission Filers)	
4 Date	Tonie and Patricia Moore		C (ID#:	7 Amount of contribution (S)	
01/13/2024		city: ut City, Tx	State: Zip Code 75460	50.00	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	itions)	
Date	Full name of contributor	out-of-state PAG	: (ID#	Amount of contribution (\$)	
01/13/2024	Nancy Moore Contributor address:	City;	State; Zip Code	125.00	
		vderly, 7	x 75473		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)	
Date	Full name of contributor eut-ef-state PAC (ID#)		(ID#	Amount of contribution (S)	
01/15/2023	Wayne Brown Contributor address: Paris, Tx	City:	State: Zip Code	100.00	
Principal occup	: pation / Job title (See Instructions)		Employer (See Instruc	ctions)	
Date	Full name of contributor Matthew Coyle	out-of-state PAG	(IDa;	Amount of contribution (\$)	
01/14/2024	Contributor address:	City;	State; Zip Code	180.00	
Principal occup	Paris, Tx 7546	<u> </u>	Employer (See Instruc	etions)	
	ATTACH ADDITK	ONAL COPIES	OF THIS SCHEDULE AS	NEEDED	

SCHEDULE A1

The	Instruction Guide explains how t	o complete th	is form.	1 Total pages Schedule A1:	
2 FILER NAME James Co	le Sain			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:/ Justin Allen		7 Amount of contribution (S)		
01/14/2024	6 Contributor address: Paris, Tx 7546	City:	State; Zip Code	50.00	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)	
Date	Full name of contributor Shane Phifer	out-of-state P/	AC (ID#)	Amount of contribution (\$)	
01/15/2024	Paris, Tx 7546	City;	State; Zip Code	300.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor Joey Copeland	out-of-state P/	AC (ID#:)	Amount of contribution (S)	
01/15/2024	Contributor address: Paris, Tx 7546	City;	State; Zip Code	715.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC (ID#		Amount of contribution (\$)	
	Contributor address;	City;	State: Zip Code		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
	ATTACH ADDITI	ONAL COPIES	OF THIS SCHEDULE AS Natruction guide for additional	NEEDED reporting requirements.	

SCHEDULE A1

				1 Total pages Schedule A1:		
The	Instruction Guide explains how t	o complete thi	s form.			
James Co	le Sain			3 Filer ID (Ethics Commission Filers)		
4 Date	Clark Sain			7 Amount of contribution (S)		
01/13/2024	6 Contributor address: Arthur City,Tx	City:	State: Zip Code	290.00		
8 Principal occu	pation / Job title (See Instructions)	ž.	9 Employer (See Instruc	itions)		
Date	Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$)		
01/13/2024	Joe Williams			80.00		
01/13/2024	Powderly, Tx	City:	State; Zip Code	00.00		
Principal occupation / Job title (See Instructions)			Employer (See Instruc	Employer (See Instructions)		
Date	Full name of contributor	out-of-state PAC (ID#		Amount of contribution (S)		
	Contributor address:	City:	State; Zip Code			
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)		
Date	Full name of contributor	aut-of-state P	AC (ID#:	Amount of contribution (S)		
	Contributor address:	City;	State; Zip Code			
Principal occu	upation / Job title (See Instructions)		Employer (See Instru	ections)		
	ATTACH ADDIT	TIONAL COPIE	S OF THIS SCHEDULE AS	NEEDED Il reporting requirements.		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

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

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME James Cole Sain		3 Filer ID (Ethics	Commission Filers)
4 Date 11/04/2023	5 Payee name Build a Sign			
6 Amount (S)	7 Payee address;	City;	State:	Zip Code
2,430.69	11525 Stone Hollow Dr Ste 100A Au	stin, Tx 78758		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Political Signs		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin.	TX: officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H James Cole Sain	Office sought Lamar County Tax Asses	nose	Office held
Date	Payee name			
11/27/2023	Build a Sign			
Amount (\$)	Payee address;	City:	State;	Zip Code
2,207.22	11525 Stone Hollow Dt Ste 100 A A	ustin, Tx 78758		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Political Signs		
	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
expenditure to benefit C/O	James Cole Sain	Lamar County Tax Asses	ssor	
Date	Payee name		A STATE OF THE STA	
12/04/2023	Build a Sign			
Amount (\$)	Payee address:	City:	State;	Zip Code
1,406.97	11525 Stone Hollow Dr Ste 100 A Au	ISUN, 1X 70730		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Political Signs		
	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
expenditure to benefit C/O	James Cole Sain	amar County Tax Assess	sor	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEL	DED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Baverage Expense Gill/Awards/Memonals Expense Legat Services Loan Repayment/Reimbursement Office Overhend/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (anter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	<u>-</u>	Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to		O File Comment Files
1 Total pages Schedule F1:	James Cole Sain		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/18/2023	Build a Sign		
6 Amount (S)	7 Payee address;	City:	State: Zip Code
1,745.54	11525 Stone Hollow Dr Ste 100 A	Austin, Tx 78758	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense	Political Signs	
OF EXPENDITURE			
_	(c) 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 sought	Office held
expenditure to benefit C/OF	James Cole Sain	Lamar County Tax Asses	ssor
Date	Payee name		
11/06/2023	Pickle Printing		
Amount (\$)	Payee address;	City:	State: Zip Code
140.73	2330 Lamar Ave Paris, Tx 75460		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising	Campaign Care	ds
OF			
EXPENDITURE	The second secon		
	Check if travel outside of Texas, Complete Schedule T,		. TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	¹ James Cole Sain	Lamar Acounty Tax Asse	essor
Date	Payee name		
11/12/2023	Home Depot		
1177272020	Home Depot		7:- 0-1-
Amount (\$)	Payee address;	City:	State; Zip Code
46.50	3120 NE Loop 286 Paris, Tx		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Event Expenses	Christmas Para	de
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 sought	Office held
expenditure to benefit C/O	¹ James Cole Sain	Lamar County Tax Assess	sor
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED
1			0 1 4 0/47/00

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made 8y
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME James Cole Sain 5 Payee name 4 Date 11/13/2023 Home Depot Zip Code State: City: 6 Amount (S) 7 Payee address. 3120 NE LOOP 286 Paris, Tx 75460 92.11 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Christmas Parade PURPOSE Event Expenses OF EXPENDITURE Check If Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to penefit C/OH Lamar County Tax Assessor James Cole Sain Payee name **Brookshires** 11/16/2023 State; Zip Code City: Payee address: Amount (\$) Paris, Tx 23.97 Description Category (See Categories listed at the top of this schedule) Pies for Republican Women Event Event Expense PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel culside of Texas, Complete Schedule T, Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Lamar Acounty Tax Assessor James Cole Sain Payee name 11/18/2023 Home Depot Zip Code City: State: Pavee address: Amount (\$) 3120 NE Loop 286 Paris, Tx 75460 332.80 Description Category (See Categories fisted at the top of this schedule) Christmas Parade Event Expense **PURPOSE** OF EXPENDITURE Check if Austin TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Lamar County Tax Assessor James Cole Sain ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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/Memonals Expense
Lenat Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Pollting 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.		
Total pages Schedule F1:	2 FILER NAME James Cole Sain		3 Filer ID (Ethics	Commission Filers)
Date 11/30/2023	5 Payee name Facebook			
Amount (S)	7 Payee address:	City;	State;	Zip Code
125.00	California			
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Face Book Ads	S	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	i, TX officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OI	H James Cole Sain	Lamar County Tax Asse	ssor	
Date	Payee name			
12/01/2023	QUick Track			
Amount (\$)	Payee address;	City;	State;	Zip Code
43.09	Powderly, Tx			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense Category (See Categories listed at the top of this schedule) Gas for Christmas Parade Bus			Bus
——— —————————————————————————————————	Check if travel culside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	(Office held
Date	Payee name			
2/02/2023	Home Depot			
Amount (\$)	Payee address:	City;	State;	Zip Code
170.55	3120 NE Loop 286 Paris,Tx 75460			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Christmas Para	ade Supplies	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin TX, officeholder living expense		expense
	11			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals 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
Travet In Distinct
Travet Out Of Distinct
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	<u></u>		3 Filer ID (Ethics Commission Filers)		
4 Date 12/02/2023	5 Payee name Cefco				
6 Amount (S)	7 Payee address;	City:	State: Zip Code		
16.62	Paris, Tx				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event Expense Gas for Christmas Parade Bus				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX. officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H James Cole Sain	Office sought Lamar County Tax Asse	Office held		
Date	Payee name				
12/03/2023	Facebook				
Amount (\$)	Payee address:	City:	State; Zip Code		
13.07	Facebook				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Facebook ads	;		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austr	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H James Cole Sain	Office sought	Office held		
Date	Payee name				
12/09/2023	Home Depot				
Amount (\$) 248.81	Payee address: 3120 NE Loop 286 Paris, Tx 75460	City:	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Supplies for Si	igns		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	n TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/O	[⊩] James Cole Sain	LCTA			
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Foes Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services

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

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. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: James Cole Sain 5 Payee name 4 Date 01/11/2024 Krogers Zip Code State: 6 Amount (\$) 7 Payee address; City: Paris, Tx 75460 47.42 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Food for Meet and Greet PURPOSE Event Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH James Cole Sain **LCTA** Payee name 01/13/2024 Krogers Zip Code State: City: Amount (\$) Payee address; Paris, Tx 75460 8.97 Description Category (See Categories listed at the top of this schedule) Supplies for Meet and Greet Event Expense PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH **LCTA** James Cole Sain Payee name Date 01/14/2023 Home Depot Zip Code State: Pavee address: City; Amount (\$) 3120 NE Loop 286 Paris, Tx 75460 145.82 Description Category (See Categories listed at the top of this schedule) Supplies for Signs Advertising Expense PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule 7. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

The Instruction Guide explains how to complete this form.

Advertising Expense
Accounting/Banking
Consulting Expense
Conlitbutions/Donalions Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards: Memonals Expense Legat Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In Distinct Travel Out Of Distinct Other (enter a category not listed above)

3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME James Cole Sain 5 Payee name 4 Date 01/03/2024 Facebook Zip Code City: 7 Payee address: 6 Amount (S) California 67.50 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Facebook Ads Advertising Expense PURPOSE OF EXPENDITURE Check if Austin, TX. officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name **Home Depot** 01/06/2024 Zip Code City: State: Amount (\$) Pavee address; 3120 NE Loop 286 Paris, Tx 75460 102.53 Description Category (See Categories listed at the top of this schedule) Supplies for Signs Advertising Expense PURPOSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY If direct expenditure to benefit C/OH **LCTA** James Cole Sain Payee name Date 01/11/2023 Walmart Zip Code State: City: Payee address: Amount (\$) 3855 Lamar Ave Paris, Tx 75460 296.01 Description Category (See Categories listed at the top of this schedule)

PURPOSE OF EXPENDITURE

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Event Expense

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

James Cole Sain

Food for Meet and Greet

Office sought

LCTA

Check if Austin TX, officeholder living expense

Office held

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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/Memonals Expense Lenal 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 Distinct Travel Out Of Distinct Other tenter a category not listed above?

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME James Cole Sain 5 Payee name 12/22/2023 Krogers Zip Code 6 Amount (S) 7 Payee address: City: State: Paris, Tx 74.30 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Food For Meet and Greet **Event Expense PURPOSE** OF EXPENDITURE Check if Austin, TX. officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to penefit C/OH **LCTA** James Cole Sain Payee name 12/28/2023 Krogers Zip Code State: City: Amount (\$) Payee address: Paris.Tx 76.74 Category (See Categories listed at the top of this schedule) Description Food for Meet and Greet **Event Expense** PURPOSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 01/02/2024 Deadcat Media Zip Code State: Pavee address: City: Amount (\$) Paris, Tx 428.58 Description Category (See Categories listed at the top of this schedule) Cards and Signs Event Expense **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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/Memonals Expense Lenal 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME James Cole Sain 5 Payee name 4 Date 12/10/2023 Home Depot Zip Code State: 6 Amount (\$) 7 Payee address; City: 3120 NE Loop 286 Paris, Tx 75460 15.12 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Supplies for signs Advertising Expense **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Swaim Hardware 12/12/2023 State: Zip Code City: Payee address; Amount (\$) Paris, Tx 8.66 Description Category (See Categories listed at the top of this schedule) Advertising Expense Supplies for signs PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH **LCTA** James Cole Sain Payee name Date 12/16/2023 Quick Track Zip Code City: State: Payee address; Amount (\$) 6404 US 271 N Powderly, Tx 75473 35.30 Description Category (See Categories listed at the top of this schedule) Blossom Christmas Parade Event Expense PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH **LCTA** James Cole Sain ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED