#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 2 Total pages filed: 3 CANDIDATE / MS / MRS MR FIRST 171 OFFICEHOLDER OFFICE USE ONLY James C NAME Date Received NICKNAME LAST SUFFIX Sain 4 CANDIDATE / HAND ADDRESS / PO BOX: APT SUITE # CITY: STATE: ZIP CODE **OFFICEHOLDER** MAILING FEB 2 7 2024 **ADDRESS** Change of Address DELIVERED 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** (903)PHONE 6 CAMPAIGN Receipt # MS / MRS MR Amount S FIRST 1.11 TREASURER DEDE NAME Date Processed NICKNAME LAST SUFFIX Date Imaged Fasken STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 7 CAMPAIGN STATE: ZIP CODE TREASURER **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Allach C/OH - FR) Reporting Limit 10 PERIOD Day Year Day Year COVERED 2 6 24 2 26 24 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Month Day Verter Pomary - Runali Description 3 5 General 24 Special 12 OFFICE OFFICE HELD of any) 13 OFFICE SOUGHT (1 incom) Lamar County Tax Assessor THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I 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 TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN THEASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

#### **GO TO PAGE 2**

#### FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME James Cole Sain TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION S PLEDGES LOANS OR GUARANTEES OF LOANS OR TOTALS CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2. 22,110.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS 17,591.26 TOTAL POLITICAL EXPENDITURES 4. CONTRIBUTION 4,518.74 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAKS AS OF THE S LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: TANEESHA R. EDWARDS Notary Public, State of Texas (1) Affidavit Comm. Expires 02-15-2027 Notary ID 130117639 NOTARY STAMP/SEAL Sworn to and subscribed before me by James Cole So this the 27 day of February , to certify which, w tness my hand and seal of office. de Tanesha Title of officer administering oath Signature of officer administering oath Printed name of officer administering path (2) Unsworn Declaration \_, and my date of birth is . My name is \_\_\_ My address is (state) (zip code) (country) (city) (street) Executed in County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_ (month) (year) Signature of Candidate/Officeholder (Declarant)

## LOANS SCHEDULE E

The Instruction Guide explains how to complete this form.				
ain		3 Filer IO (Ethics Commission Filers		
ITEMIZED LOANS		\$		
7 Name of lender	PAC (ID#:)	9 Loan Amount (S)		
		7,649.00		
8 Lender address; City;	State; Zip Code	10 Interest rate		
		11 Maturity date		
2 Principal occupation / Job title (See Instructions)  aw Enforcement  13 Employer (See Instructions)  Lamar County She				
Description of Collateral 15 Check if personal to		nds were deposited into political		
		1		
17 Name of guarantor		19 Amount Guaranteed (\$)		
18 Guarantor address: City;	State: Zip Code			
ion (See Instructions)	21 Employer (See Instructions)			
Name of lender cut-of-stat	He PAC (ID*	Loan Amount (\$)		
Lender address; City:	State; Zip Code	Interest rate		
		Maturity date		
on / Job title (See Instructions)	Employer (See Instructions)			
ateral	Check if personal funds were deposited into political account (See Instructions)			
Name of guarantor		Amount Guaranteed (\$)		
Guarantor address; City:	State; Zip Code			
	,			
	James Cole Sain  8 Lender address; City:  on / Job title (See Instructions)  nent  aleral  17 Name of guarantor  18 Guarantor address; City:  ion (See Instructions)  Name of lender	TEMIZED LOANS  7 Name of lander		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

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		EXPENDITURE CATE	GORIES I	FOR BOX 8(a)	·	·	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Br Gandidato/Officoholder/Politica Cred/Card Payment		Eveni Expense Feus Food/Boverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Poling Exp Printing Ex Salaries/A	spense /ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense	
1 Total pages Schedule F1:		AME Cole Sain			3 Filer ID (Ethic	s Commission Filers)	
4 Date 02/22/2024	5 Payeena Faceboo			··· / /			
6 Amount (\$)	7 Payee ad	ddress:	<del>-</del>	City:	State;	Zip Code	
600.00	Menlo P	ark, Ca					
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			_
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee na	arne		· · · · · · · · · · · · · · · · · · ·	······································		=
02/24/2024	Home D	epot					
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549.91	Paris, T	x 75460					
		/ (See Categories listed at the top of this	ichedulo)	Description			_
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EXPENDITURE							
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Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	· · · · · · · · · · · · · · · · · · ·	Office held	_
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## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### 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-Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officoholder/Political Committee

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

Loan Repayment Reimbursement Office Overhead/Rental Expense Polking Expense Printing Expense Salaries//Vages/Contract Labor Solic tabon Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Paymont	The Instruction Guide explains how to o	complete this form.		
Total pages Schedule F1:	2 FILER NAME James Cole Sain		3 Filer ID (Etnics	s Commission Filers)
Date 02/20/2024	5 Payee name Facebook			
Amount (\$)	7 Payee address:	City.	State:	Zip Code
400.00	Menlo Park, Ca			
<del></del>	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Facebook ad		
	(c) Check titra, el coside of Texas, Complete St hedde T,	Check if Austi	n, TX eßiceholder han	) expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name K	Office sought		Office held
Date	Payes name			
02/20/2024	Roxton Progress			
Amount (\$)	Payee address;	City:	State;	Zip Code
155.00	Roxton, Tx			
	Category (Sec Categories listed at the top of this schodule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Newspaper a	d	
	Check if the allestaids of Tuxus. Complete Schools T.	Check .' Austin, TX, officeholder fiving expense		
Complete QNLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
02/21/2024	Home Depot			
Amount (S)	Payee address:	City:	State;	Zip Code
79.14	Paris, Tx 75460			
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	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### 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/Benking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME James Cole Sain

4 Date 5 Pavee name

4 Date 5 Pavee name 02/12/2024 FaceBook 6 Amount (S) 7 Payee address; City; State: Zip Code Menlo Park, Ca 250.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Advertising Expense Facebook Ad PURPOSE EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Pattonville VFD 02/10/2024 Amount (\$) Payee address; City; State: Zip Code Pattonville, Tx 170.00 Category (See Categories listed at the top of this schedule) Description Advertising Expesne Auction Items/Re-donated **PURPOSE** 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/OH Date Payee name 02/13/2024 Kiwanis of Paris Tx Amount (\$) Payee address; City; State; Zip Code Paris, Tx 400.00 Category (See Categories listed at the top of this schedule) Description Advertising Expense **PURPOSE** Kiwanis Pancake Day Ad OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder fiving expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### 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

Event Expense Fees Food/Beverage Expense Gil/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

Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filter ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME James Cole Sain 5 Payee name 4 Date 02/07/2024 Lamar County Republican Party State: Zip Code 6 Amount (S) 7 Payee address; City; Paris, Tx 300.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Table for Political Event Event Expense PURPOSE **OF EXPENDITURE** Check & travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Republican Woment of Red River Valley 02/07/2024 Zip Code City; State: Amount (\$) Payee address; Paris Tx 20.00 Description Category (See Categories listed at the top of this schedule) RWRRV Fees Fees **PURPOSE EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 02/11/2024 Home Depot Payee address; City; State: Zip Code Amount (\$) Paris, Tx 77.81 Category (See Categories listed at the top of this schedule) Description Zip Ties Advertising Expense PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED