

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>26</b>		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>  Date Received <h2 style="margin: 0;">ELECTIONS</h2> JAN 16 2024 <h2 style="margin: 0;">RECEIVED</h2>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged	
	MR	James	C		
NICKNAME	LAST	SUFFIX			
Sain					
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS - PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
	2930 Clark Ln Paris, Tx 75460				
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	( 903 )	272-7844			
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
		Dede			
NICKNAME	LAST	SUFFIX			
Fasken					
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE),		APT / SUITE #	CITY	STATE, ZIP CODE
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	( )				
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 9th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
<b>10</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
	10	15	23		1 15 24
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	3	5	24	<input type="checkbox"/> General	<input type="checkbox"/> Special
<b>12</b> OFFICE	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known)		
			Lamar County Tax Assessor		
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

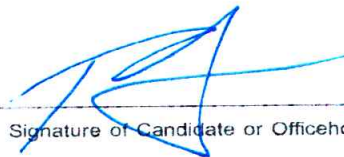
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> James Cole Sain		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. 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
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,018.65
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,091.35
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

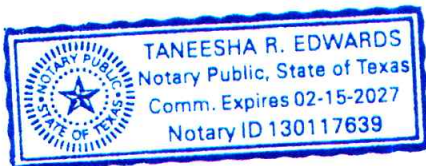
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by James Cole Sain this the 16 day of January, 2024, to certify which, witness my hand and seal of office.

Taneesha R. Edwards Taneesha Edwards Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> James Cole Sain		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 22,110.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 10,018.65
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00



# MONETARY POLITICAL CONTRIBUTIONS

# 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: <b>14</b>
2 FILER NAME <b>Jame Cole Sain</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/15/2023</b>	5 Full name of contributor <b>Dede Fasken</b> out-of-state PAC ID#: _____ 6 Contributor address: City: State: Zip Code <b>Paris Tx 75460</b>	7 Amount of contribution (\$) <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/26/2023</b>	Full name of contributor <b>Andy Fasken</b> out-of-state PAC ID#: _____ Contributor address: City: State: Zip Code <b>Paris, Tx 75460</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/26/2023</b>	Full name of contributor <b>Helen Fasken</b> out-of-state PAC ID#: _____ Contributor address: City: State: Zip Code <b>Paris, Tx 75460</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/04/2023</b>	Full name of contributor <b>April Lockey</b> out-of-state PAC ID#: _____ Contributor address: City: State: Zip Code <b>La Jolla, CA</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <b>James Cole Sain</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/28/2023</b>	5 Full name of contributor <b>Janis Allman</b> out-of-state PAC ID#: _____ 6 Contributor address: City: State: Zip Code <b>Plano, Tx 75074</b>	7 Amount of contribution (\$) <b>150.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/01/2023</b>	Full name of contributor <b>Jay Hodge</b> out-of-state PAC ID#: _____ Contributor address: City: State: Zip Code <b>Paris, Tx</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/04/2023</b>	Full name of contributor <b>Jason Exum</b> out-of-state PAC ID#: _____ Contributor address: City: State: Zip Code <b>Paris, Tx 75460</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/08/2023</b>	Full name of contributor <b>Josh Bray</b> out-of-state PAC ID#: _____ Contributor address: City: State: Zip Code <b>Paris, Tx</b>	Amount of contribution (\$) <b>400.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>James Cole Sain</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/14/2023</b>	5 Full name of contributor <b>Jill and Andy Cobb</b> out-of-state PAC (ID#): _____ 6 Contributor address: City: State: Zip Code <b>Paris, Tx 75460</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11/14/2023</b>	Full name of contributor <b>Clement Family Trust</b> out-of-state PAC (ID#): _____ Contributor address: City: State: Zip Code <b>Reno, Tx 75462</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/21/2023</b>	Full name of contributor <b>Donald G Wilson</b> out-of-state PAC (ID#): _____ Contributor address: City: State: Zip Code <b>Paris, Tx 75460</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/27/2023</b>	Full name of contributor <b>Bret Ables</b> out-of-state PAC (ID#): _____ Contributor address: City: State: Zip Code <b>Paris, Tx 75460</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>James Cole Sain</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/10/2023</b>	5 Full name of contributor out-of-state PAC (ID#): <b>Richard Amis</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address: City: State: Zip Code <b>Paris, Tx 74561</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11/14/2023</b>	Full name of contributor out-of-state PAC (ID#): <b>Lindsey and Jordan Harper</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address: City: State: Zip Code <b>Paris, Tx 75462</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/14/2023</b>	Full name of contributor out-of-state PAC (ID#): <b>Larry Cope</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address: City: State: Zip Code <b>Paris, Tx 75460</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/14/2023</b>	Full name of contributor out-of-state PAC (ID#): <b>Jean Gant</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address: City: State: Zip Code <b>Paris, Tx 75460</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>James Cole Sain</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/08/2023</b>	5 Full name of contributor <b>Advanced Alarm</b> out-of-state PAC ID#: _____ 6 Contributor address: City: State: Zip Code <b>Paris, Tx 75461</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/08/2023</b>	Full name of contributor <b>AKB Contracting</b> out-of-state PAC ID#: _____ Contributor address: City: State: Zip Code <b>Paris, Tx 75461</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/16/2023</b>	Full name of contributor <b>Arc Metal Fab and Construction</b> out-of-state PAC ID#: _____ Contributor address: City: State: Zip Code <b>Paris, Tx 75461</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/18/2023</b>	Full name of contributor <b>Casey and Leah Foster</b> out-of-state PAC ID#: _____ Contributor address: City: State: Zip Code <b>Arthur City, Tx 75411</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <b>James Cole Sain</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/14/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Campaign Kickoff Monetary Donations</b>	7 Amount of contribution (\$) <b>885.00</b>
6 Contributor address: City: State: Zip Code <b>Paris, Tx</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/13/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Campaign Meet and Greet Monetary Donations</b>	Amount of contribution (\$) <del>1,770.00</del> <i>\$1,400.00</i>
Contributor address: City: State: Zip Code <b>Arthur City, Tx</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/14/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Tim Dewitt</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address: City: State: Zip Code <b>Paris, Tx 75460</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/13/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Brad Drake</b>	Amount of contribution (\$) <b>1,400.00</b>
Contributor address: City: State: Zip Code <b>Paris, Tx</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>James Cole Sain</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/13/2024</b>	5 Full name of contributor <b>Braden Gatz Michael</b> out-of-state PAC ID#: _____ 6 Contributor address: City: State: Zip Code <b>Arthur City, Tx 75411</b>	7 Amount of contribution (\$) <b>335.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/13/2024</b>	Full name of contributor <b>Shane Howard</b> out-of-state PAC ID#: _____ Contributor address: City: State: Zip Code <b>Paris, Tx 75462</b>	Amount of contribution (\$) <b>115.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/13/2024</b>	Full name of contributor <b>Charles and Margaret Knight</b> out-of-state PAC ID#: _____ Contributor address: City: State: Zip Code <b>Paris, Tx 75460</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/13/2024</b>	Full name of contributor <b>James A Kain</b> out-of-state PAC ID#: _____ Contributor address: City: State: Zip Code <b>Paris, Tx 75462</b>	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>James Cole Sain</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/13/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <b>Cornerston Counseling Service</b>	7 Amount of contribution (\$)  <b>285.00</b>
6 Contributor address: City: State: Zip Code <b>Hugo OK 74743</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/13/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <b>Annette Gratny</b>	Amount of contribution (\$)  <b>585.00</b>
Contributor address: City: State: Zip Code <b>Arthur, City Tx 75411</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/13/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <b>Jimmy and Ruth Sisson</b>	Amount of contribution (\$)  <b>45.00</b>
Contributor address: City: State: Zip Code <b>Powderly, Tx 75473</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/13/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <b>Payden Michael</b>	Amount of contribution (\$)  <b>170.00</b>
Contributor address: City: State: Zip Code <b>Arthut City, Tx 75460</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>James Cole Sain</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/13/2024</b>	5 Full name of contributor <b>David Mark Buster</b> out-of-state PAC (ID#: _____) 6 Contributor address: City: State: Zip Code <b>Paris, Tx 75461</b>	7 Amount of contribution (\$) <b>2,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/13/2024</b>	Full name of contributor <b>Stephen Holmes and Jonel Eads</b> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code <b>Paris, Tx 75462</b>	Amount of contribution (\$) <b>215.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/13/2024</b>	Full name of contributor <b>Dede Fasken</b> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code <b>Paris, Tx 75462</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/13/2024</b>	Full name of contributor <b>Clay Purcella</b> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code <b>Arthur City, Tx 75411</b>	Amount of contribution (\$) <b>55.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>James Cole Sain</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/13/2024</b>	5 Full name of contributor out-of-state PAC ID#: _____ <b>Carol Sain</b> 6 Contributor address: City: State: Zip Code <b>Arthur City , Tx 75411</b>	7 Amount of contribution (\$) <b>20.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/13/2024</b>	Full name of contributor out-of-state PAC ID#: _____ <b>Larry Cope</b> Contributor address: City: State: Zip Code <b>Paris, Tx 75460</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/13/2024</b>	Full name of contributor out-of-state PAC ID#: _____ <b>Claude and Pearl Hall</b> Contributor address: City: State: Zip Code <b>Arthur City, Tx 75411</b>	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/13/2024</b>	Full name of contributor out-of-state PAC ID#: _____ <b>John Caleb Sain</b> Contributor address: City: State: Zip Code <b>Arthur City, Tx 75411</b>	Amount of contribution (\$) <b>390.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>James Cole Sain</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/23/2023</b>	5 Full name of contributor <b>Renee Harvey</b> out-of-state PAC ID#: _____ 6 Contributor address: <b>Paris, Tx</b> City: _____ State: _____ Zip Code _____	7 Amount of contribution (\$) <b>300.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/23/2023</b>	Full name of contributor <b>Cody Head</b> out-of-state PAC ID#: _____ Contributor address: <b>Paris, Tx</b> City: _____ State: _____ Zip Code _____	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/03/2024</b>	Full name of contributor <b>C4 Construction LLC</b> out-of-state PAC ID#: _____ Contributor address: <b>Paris, Tx 75462</b> City: _____ State: _____ Zip Code _____	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/09/2023</b>	Full name of contributor <b>Capizzies</b> out-of-state PAC ID#: _____ Contributor address: <b>St Paris, Tx 75460</b> City: _____ State: _____ Zip Code _____	Amount of contribution (\$) <b>400.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# 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 <b>James Cole Sain</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/13/2024</b>	5 Full name of contributor out-of-state PAC ID#: _____ <b>Tonie and Patricia Moore</b> 6 Contributor address: City: State: Zip Code <b>Arthut City, Tx 75460</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/13/2024</b>	Full name of contributor out-of-state PAC ID#: _____ <b>Nancy Moore</b> Contributor address: City: State: Zip Code <b>Powderly, Tx 75473</b>	Amount of contribution (\$) <b>125.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/15/2023</b>	Full name of contributor out-of-state PAC ID#: _____ <b>Wayne Brown</b> Contributor address: City: State: Zip Code <b>Paris, Tx</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/14/2024</b>	Full name of contributor out-of-state PAC ID#: _____ <b>Matthew Coyle</b> Contributor address: City: State: Zip Code <b>Paris, Tx 75462</b>	Amount of contribution (\$) <b>180.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# 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 <b>James Cole Sain</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/14/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Justin Allen</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address: City: State: Zip Code <b>Paris, Tx 75462</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/15/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Shane Phifer</b>	Amount of contribution (\$) <b>300.00</b>
Contributor address: City: State: Zip Code <b>Paris, Tx 75460</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/15/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Joey Copeland</b>	Amount of contribution (\$) <b>715.00</b>
Contributor address: City: State: Zip Code <b>Paris, Tx 75462</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# 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 <b>James Cole Sain</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/13/2024</b>	5 Full name of contributor out-of-state PAC (ID#: <b>Clark Sain</b>	7 Amount of contribution (\$) <b>290.00</b>
6 Contributor address: City: State: Zip Code <b>Arthur City, Tx</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/13/2024</b>	Full name of contributor out-of-state PAC (ID#: <b>Joe Williams</b>	Amount of contribution (\$) <b>80.00</b>
Contributor address: City: State: Zip Code <b>Powderly, Tx</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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



# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>9</b>	<b>2</b> FILER NAME <b>James Cole Sain</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/04/2023</b>	<b>5</b> Payee name <b>Build a Sign</b>	
<b>6</b> Amount (\$) <b>2,430.69</b>	<b>7</b> Payee address: <b>11525 Stone Hollow Dr Ste 100A Austin, Tx 78758</b>	City: State: Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Political Signs</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>James Cole Sain</b>	Office sought / Office held <b>Lamar County Tax Assessor</b>
Date <b>11/27/2023</b>	Payee name <b>Build a Sign</b>	
Amount (\$) <b>2,207.22</b>	Payee address: <b>11525 Stone Hollow Dt Ste 100 A Austin, Tx 78758</b>	City: State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Political Signs</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>James Cole Sain</b>	Office sought / Office held <b>Lamar County Tax Assessor</b>
Date <b>12/04/2023</b>	Payee name <b>Build a Sign</b>	
Amount (\$) <b>1,406.97</b>	Payee address: <b>11525 Stone Hollow Dr Ste 100 A Austin, Tx 78758</b>	City: State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Political Signs</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>James Cole Sain</b>	Office sought / Office held <b>Lamar County Tax Assessor</b>

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME James Cole Sain	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/18/2023	<b>5</b> Payee name Build a Sign	
<b>6</b> Amount (\$) 1,745.54	<b>7</b> Payee address; City: State: Zip Code 11525 Stone Hollow Dr Ste 100 A Austin, Tx 78758	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Political Signs
	<b>(c)</b> Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name James Cole Sain	Office sought / Office held Lamar County Tax Assessor
Date 11/06/2023	Payee name Pickle Printing	
Amount (\$) 140.73	Payee address; City: State: Zip Code 2330 Lamar Ave Paris, Tx 75460	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Cards
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name James Cole Sain	Office sought / Office held Lamar County Tax Assessor
Date 11/12/2023	Payee name Home Depot	
Amount (\$) 46.50	Payee address; City: State: Zip Code 3120 NE Loop 286 Paris, Tx	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expenses	Description Christmas Parade
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name James Cole Sain	Office sought / Office held Lamar County Tax Assessor

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

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

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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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME James Cole Sain	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/30/2023	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) 125.00	<b>7</b> Payee address: California	City:                      State:                      Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Face Book Ads
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.                      Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name James Cole Sain	Office sought                      Office held Lamar County Tax Assessor
Date 12/01/2023	Payee name QUick Track	
Amount (\$) 43.09	Payee address: Powderly, Tx	City:                      State:                      Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Gas for Christmas Parade Bus
	Check if travel outside of Texas. Complete Schedule T.                      Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 12/02/2023	Payee name Home Depot	
Amount (\$) 470.55	Payee address: 3120 NE Loop 286 Paris, Tx 75460	City:                      State:                      Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Christmas Parade Supplies
	Check if travel outside of Texas. Complete Schedule T.                      Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME James Cole Sain	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/02/2023	<b>5</b> Payee name Cefco	
<b>6</b> Amount (\$) 16.62	<b>7</b> Payee address; Paris, Tx	City: State: Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Gas for Christmas Parade Bus
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name James Cole Sain	Office sought / Office held Lamar County Tax Assessor
Date 12/03/2023	Payee name Facebook	
Amount (\$) 13.07	Payee address; Facebook	City: State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	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 Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name James Cole Sain	Office sought / Office held LCTA
Date 12/09/2023	Payee name Home Depot	
Amount (\$) 248.81	Payee address; 3120 NE Loop 286 Paris, Tx 75460	City: State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Supplies for Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name James Cole Sain	Office sought / Office held LCTA

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

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

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

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)

The Instruction Guide explains how to complete this form.

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

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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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME James Cole Sain	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12/22/2023	<b>5</b> Payee name Krogers
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<b>6</b> Amount (\$) 74.30	<b>7</b> Payee address: Paris, Tx	City:	State:	Zip Code:
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Food For Meet and Greet
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name James Cole Sain	Office sought LCTA	Office held
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Date 12/28/2023	Payee name Krogers
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Amount (\$) 76.74	Payee address: Paris, Tx	City:	State:	Zip Code:
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Food for Meet and Greet
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/02/2024	Payee name Deadcat Media
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Amount (\$) 428.58	Payee address: Paris, Tx	City:	State:	Zip Code:
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Cards and Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

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

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